Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Gallen Priory Nursing Home
Centre ID:	ORG-0000037
Centre address:	Main Street, Ferbane, Offaly.
Telephone number:	090 645 4742
Email address:	info@gallenpriory.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Gallen Priory Partnership
Provider Nominee:	James McCrystal
Person in charge:	Celestine Ward
Lead inspector:	Gary Kiernan
Support inspector(s):	Marian Delaney Hynes
Type of inspection	Unannounced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	7

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 March 2014 10:00	04 March 2014 17:30
04 March 2014 21:30	04 March 2014 22:30
05 March 2014 09:30	05 March 2014 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was carried out in order to monitor ongoing compliance and to inform a registration renewal decision. This inspection was unannounced and took place over two days. As part of the monitoring inspection, inspectors met with residents, relatives and staff members and an interview was held with the newly appointed clinical nurse manager (CNM). Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall inspectors found that there was an improved level of compliance with the

requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. This was evidenced in the positive outcomes for residents which were observed throughout the two days of inspection. Improvements in the staffing arrangements were evident. The physical environment had been improved and there were enhanced governance structures in place.

Areas for improvement continued to be identified. These areas related to risk management, the provision of meaningful activities for residents, the review of quality of care and consultation with residents about the operation of the centre. Some ongoing improvements were identified in the management of restraint. A secure outdoor space continued to be unavailable to residents.

The healthcare needs of residents were met and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. Safe medication management practices were observed. Residents in the centre felt safe and there were systems in place to respond to any allegation of elder abuse. Staff respected the privacy and dignity of residents and there were appropriate levels of staff to meet the needs of the residents. Residents received a varied and nutritious diet which offered choice and respected individual preferences.

Inspectors returned to the centre, unannounced, at 9.30pm on day one of this inspection in order to monitor arrangements during the night shift. Inspectors found that the centre was secure and fire precautions were satisfactory at this time. Staffing levels and skill mix were adequate to meet the needs of residents during the night and inspectors found that night staff were knowledgeable with regard to their fire safety duties and the protection of vulnerable adults.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was a statement of purpose in place which met with the requirements of the Regulations.

Inspectors read the statement of purpose and found that it had been maintained up to date and had been amended to reflect recent changes to the management structure and to the make up of the provider entity. The statement of purpose accurately reflected services and facilities provided and described the aims, objectives and ethos of the service. Inspectors found that the service operated in line with the statement of purpose.

Outcome 02: Contract for the Provision of Services
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

Inspectors read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated as was any charge for any additional service not included in the weekly fee.

Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The arrangements for the post of person in charge met the requirements of the Regulations.

The person continued to demonstrate her commitment and dedication to improving the service for residents. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a very good understanding of her role and responsibilities as outlined in the Regulations. Staff and residents in the centre spoke highly of the person in charge and sated that she was supportive and routinely available to them. The person in charge demonstrated a very in-depth knowledge of the resident needs and closely supervised the care delivered to them.

The person in charge had maintained her continued professional development and had attended a number of courses in relevant clinical areas such as dementia, medication management and wound management. She was working closely with a health care consultant to introduce improved governance and management structures in order to introduce and sustain improvements in the centre.

The person in charge was supported in her role by the clinical nurse manager who deputised in the absence of the person in charge. The clinical nurse manager commenced in her role in January 2014. She participated fully in the inspection process and demonstrated strong clinical knowledge during an interview with inspectors. The clinical nurse manager knew the residents very well and demonstrated a thorough understanding of her roles and responsibilities under the Regulations.

Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:
Leadership, Governance and Management

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:
The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place. Satisfactory details regarding the insurance cover for the centre were not in place.

Details of the insurance cover for the centre were requested. Inspectors were informed that the centre was insured and the provider gave inspectors a copy of an email from the insurance company which outlined that appropriate insurance cover was in place. However, the policy was not available for inspection and therefore inspectors could not assess the adequacy of the insurance cover in place.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. Inspectors found that staff members were sufficiently knowledgeable regarding these operational policies. Inspectors found that medical records and other records, relating to residents and staff, were maintained in a secure manner.

The inspector read the Residents' Guide and found that it had been drawn up in line with the requirements of the Regulation.

Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

Outcome 06: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found that measures were in place with regard to the safeguarding of residents.

A policy relating to elder abuse and whistle-blowing was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made.

All residents spoken to said that they felt safe and secure in the centre. Residents stated that they attributed this to the staff and the person in charge who they stated were trustworthy and caring. Inspectors found that staff on duty, were knowledgeable with regard to their responsibilities in this area. The person in charge stated that staff members were required to attend this training annually. Inspectors reviewed the training records which showed that all staff had recently attended training in this area.

Inspectors reviewed the systems in place for safeguarding residents' money and found evidence of transparent recording systems to protect residents. The person in charge and the administrator were responsible for safekeeping small amounts of money for some residents. A locked, safe was provided for this purpose and the secure code was only known to the appropriate people. Documentation was in place to monitor and record all transactions which were accompanied by at least two signatures.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that, while improvements had been made since previous inspections, action was required in order to bring about substantial compliance in this area.

There was a centre-specific risk management policy which had been revised and updated in January 2014. However, while this policy contained a lot of useful guidance, it did not address all the risks specified in the Regulations, for example, self harm. Inspectors also found that the policy was not implemented in full. The policy required a number of committees to be set up including a risk management committee and a health and safety committee. However, while inspectors saw evidence that these committees were being set up, they had not yet met at the time of inspection. The policy also described procedures for the identification of hazards such as routine health and safety checks which had not as yet been implemented. Inspectors were therefore not satisfied that satisfactory risk management systems had been implemented.

There was a safety statement in place which had been updated in 2013. Staff had been provided with recent training in risk assessment and inspectors found that this knowledge had been used to update the risk register and carry out risk assessments for areas such as the passenger lift and the smoking room. The person in charge was aware of the need to update the register in the event of any new risk being identified. A hazard log had been introduced in to each area of the nursing home and staff had been instructed to notify the person in charge of any hazards identified using this mechanism. The person in charge had recently introduced a documented bedroom safety checklist which was required to be completed on a daily basis. This covered areas such as the mattress, the wardrobe and flooring. Inspectors saw that it had been maintained up to date.

Inspectors followed up on the procedures in place for the maintenance of the passenger lift which was the subject of an action from the previous inspection report. This matter was found to have been addressed. The passenger lift had been refurbished and documentation was in place which indicated it was in safe working order. Lift maintenance personnel were also observed on site at the time of this inspection carrying out routine preventative maintenance.

Inspectors found fire safety procedures and associated records were satisfactory. Fire orders were prominently displayed, fire exits were unobstructed and staff members, spoken to by inspectors, were knowledgeable with regard to the procedures to follow in the event of fire. The training records showed that all staff had up-to-date training in this area and records were also in place to show that regular fire drills took place. Inspectors also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form included a section on learning outcomes and interventions to prevent reoccurrence. Neurological observations were carried out in the event of any un-witnessed fall or possible injury to the head. All accidents and incidents were reviewed by the person in charge and discussed with the staff in order to identify any further interventions to prevent re-occurrence. Inspectors saw that there was a proactive system of falls management system in place. There was a low number of falls incidents overall. Inspectors spoke with the person in charge and the physiotherapist regarding falls. Both attributed the low number of falls to the strong supervision arrangements in the centre. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds, sensor alarms, and increased supervision were provided as appropriate. Inspectors reviewed the records of a resident who had a recent fall. Inspectors saw that the resident had a care plan in place which was being implemented, post fall assessments were carried out and targeted interventions such as low bed and hourly checks were in place.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of evacuation. The plan provided detailed information with regard to evacuation procedures, alternative accommodation and transport.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were knowledgeable about the procedures to follow to prevent the spread of infection. Inspectors noted that the provider had recently introduced a large number of sanitising hand gel dispensers in response to a review of infection control carried out by the person in charge.

Procedures were in place to protect residents who smoke. There was an internal smoking room and inspectors noted that it had been risk assessed. An additional health care assistant had been provided in the evenings specifically to supervise this area. Individual risk assessments were carried out for the residents who smoked in order to determine their ability to smoke independently or with assistance. A number of smoking aprons had also been provided procedures were in place for the safe storage of cigarettes and lighters.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found that policies and processes were in place for the safe management of medications.

There was a comprehensive medication management policy in place which provided detailed guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications were stored appropriately. Staff had received training and audits were conducted to ensure compliance with the centres policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out and this process involved the pharmacist as well as the GP and the nursing staff.

Satisfactory arrangements were in place for medications that required strict control measures (MDAs) at the time of this inspection.

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Care and Support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Outcome 10: Reviewing and improving the quality and safety of care
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The person in charge had some systems in place to monitor the quality and safety of care on an ongoing basis however, improvements were required.

The person in charge and the clinical nurse manager were gathering and monitoring information relating to clinical risk on a weekly basis in order to identify any patterns or changes in the condition of residents. The information gathered related to incidences of infections, weight loss, wounds and residents who experienced pain.

A detailed resident survey had recently been carried out with questionnaires issued to all residents. Inspectors reviewed a sample of the responses and saw that in general, a high level of satisfaction was expressed. Where areas of negative feedback were identified, for example, relating to food preferences, action was taken to address this.

The person in charge was carrying out some audits in areas such as clinical documentation, medication management, restraint and falls. However, there was no meaningful analysis of the information gathered. The person in charge said that the audits had led to some improved practices in medication and in the maintenance of clinical records; however, the available documentation did not support this. Inspectors found that improvements were required to ensure that this system was focussed on improving outcomes for residents.

Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector was satisfied that each resident's well-being and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Some ongoing improvement was required with regard to the management of restraint. The provision of meaningful engagement for residents was not satisfactory and remained outstanding from previous inspections.

The previous inspection found that care plans had not been developed and kept up-to-date based on residents' changing needs. Inspectors found that overall there had been an improvement in the standard of clinical assessment and care planning. Although residents care needs were well described, inspectors, identified a small number of gaps. For example, inspectors reviewed a care plan for catheter care which had did not provide a sufficient level of detail to guide care. However, this matter had been addressed before the close of the inspection. Inspectors found that other care plans contained sufficient detail and were regularly reviewed with some evidence of consultation with the residents during this process.

Inspectors reviewed the use of restraint and found evidence of some good practices however some improvement was required. A high usage of restraint was observed with 36 residents using bed rails at the time of inspection. No other forms of restraint were in use. All residents were checked at hourly intervals during the night to ensure the safety of bed rails. A restraint assessment was carried out, however, this assessment did not demonstrate the consideration of alternatives or that restraint had been used as a last resort in accordance with national guidelines. The person in charge undertook to address this matter and to examine ways in which to reduce the use of bed rails in the centre.

Inspectors reviewed the management of other clinical issues such as wound care, falls management, dementia care including the management of behaviours that challenge and found they were well managed and guided by robust policies.

The arrangements for residents to participate in meaningful social engagement were not satisfactory. Some activities which included bingo, live music and cards and board games were provided and two health care assistants were assigned the role of activity coordinator each day. However, up-to-date social assessments were not carried out in order to determine residents' interests and inform a meaningful schedule. There was also a lack of choice for residents who had dementia or communication difficulties and a satisfactory programme of appropriate activities had not been developed for these residents. The provider and person in charge undertook to address this as a matter of priority. A number of residents were facilitated and supported to be independent where possible and many residents went out during the day for a walk.

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The premises were well maintained at the time of this inspection and a good standard of hygiene was noted.

The provider had made a number of improvements to the physical environment since the previous inspection. Two new wet rooms had been created with improved and accessible showers for residents' use. New floor covering had been provided on the ground and first floor corridors which improved safety and infection control. A large amount of painting and decorating had been carried out which considerably brightened many areas of the premises. At the time of this inspection part of the building was not longer being used as a convent. As a result the provider outlined plans to increase the communal space available to residents and to convert some existing twin rooms into single rooms in the future. Some of these works were ongoing at the time of inspection, although not completed.

The centre was surrounded by amble grounds. However, there was no secure outdoor space which residents could access independently. This matter had been raised at a

number of previous inspections. There was also lack of garden furniture to facilitate residents sitting out during fine weather. The provider undertook to address this matter and provide a secure space in the south facing area to the front of the centre.

Maintenance records were in place to show that equipment such as hoists and specialised mattresses were routinely serviced. The passenger had been renovated and serviced in accordance with the requirements of the previous inspection. A range of comfortable seating was provided. There was adequate communal space for residents which included three large living rooms and two large separate dining rooms. There were adequate numbers of accessible toilets and bathing facilities to meet the needs of residents. Inspector visited a number of bedrooms and found that they were comfortable and well maintained with a functioning call bell system in place.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. Two appropriately equipped sluice rooms, containing functioning bed pan washer, sluice sink and wash hand basin were maintained in a clean condition.

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was evidence of good practice in the area of complaints management. However, the policy required some improvement.

The procedure for complaints was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a centre-specific policy in place which provided clear guidance to staff. The inspector noted that it required some additional detail in order to comply with the requirements of the Regulations. For example, the complaints policy did not identify an independent person for the purposes of monitoring all complaints.

The person in charge and the provider demonstrated a positive attitude towards complaints. The complaints log was read and inspectors found evidence of good complaints management, including a record of the complainant's level of satisfaction with the outcome of a complaint investigation. Residents and relatives said that they felt

comfortable making a complaint and stated that all feedback was welcomed by the person in charge.

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found evidence that end of life care was well managed.

No resident was receiving this care at the time of inspection however adequate procedures were in place. There was a policy on end-of-life care in place which was detailed and centre specific. A number of staff members had been provided with specialised training in palliative management and staff members were sensitive to the needs of residents and families at this time. Inspectors reviewed a number of resident's files and saw that in some cases residents' wishes and preferences with regard to end of life care were recorded. The person in charge stated that this was an area which she was planning to develop further to training in end of life which she had recently attended. The person in charge stated that the centre maintained strong links with the local palliative care team and staff members knew how to make contact and organise support from this service.

The nursing staff stated that the residents had access to a priest or other religious ministers as required. A large chapel was available and residents families were facilitated to stay overnight if necessary.

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that residents received a varied and nutritious diet that offered choice.

Inspectors observed the service of the main meal and spoke to residents who stated they were very happy with the food on offer. The food provided was nutritious, hot and attractively presented. Residents had a choice at each meal time and individual preferences were readily accommodated. Inspectors found that this was a social and unhurried experience. Residents who required assistance with their meals were aided in a discrete and respectful manner.

The person in charge together with the nursing staff monitored the meal times closely. Inspectors observed a choking incident during the course of the main meal. Inspectors noted that staff moved quickly and efficiently to address the situation and ensure the safety of the resident. The incident was being recorded and investigated in line with the centres policy on accidents and incidents at the time of inspection. Inspectors were satisfied with the steps which were being taken following the incident in order to increase safety and ensure there was learning following the event. This included follow up with staff responsible for assisting the resident and a prompt referral to the speech and language therapist (SALT).

Inspectors saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Inspectors visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. Inspectors spoke to the chef and found that he was knowledgeable with regard to residents' special dietary requirements and those residents who required a modified consistency diet. A record of these requirements was maintained in the kitchen, however, inspectors found that it has not been maintained up to date. The person in charge outlined plans to improve the documentation supplied to the kitchen regarding residents' dietary needs.

Residents were routinely screened to identify residents at risk of poor nutrition. Residents identified as being at a high risk had care plans in place to address this need and were prescribed supplements where appropriate. There was good access to the dietician and SALT for those residents who required this.

Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:
Person-centred care and support

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was evidence that staff respected the resident's privacy and dignity, however, residents were not consulted with regard to the operation of the centre.

A residents meeting had not taken place since the summer of 2013. Inspectors found that although consultation took place on an informal basis, there was insufficient evidence that residents were involved and consulted in the organisation of the centre.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. Inspectors observed staff interacting with residents in a courteous and respectful manner.

Residents' religious and spiritual beliefs were respected and supported. A mass took place in the centre on a weekly basis and ministers from other religious denominations visited as required. Residents commented that they valued the weekly mass this very much and also mentioned that they liked to use the chapel.

The person in charge had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and she had facilitated a number of residents to vote at the recent referendum.

Residents stated that their visitors were made feel welcome at any time and the inspectors observed visitors in the centre during the night time part of this inspection. Residents had access to news papers and television was provided in each bedroom.

Outcome 17: Residents clothing and personal property and possessions
Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms which comprised of a wardrobe and bedside locker as a minimum. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space available.

Inspectors visited the laundry and found that it was well organised and provided with appropriate equipment. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

A list of personal property and possessions was maintained for each resident. However inspectors noted that it had not been maintained up to date in a number of cases. The person in charge and the clinical nurse manager undertook to address this.

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

Inspectors observed staffing levels and skill mix on day and night shift and reviewed the rosters and found evidence that improvements had been made in this area. Two nurses were now scheduled on night duty. Inspectors had some concerns with regard to the sustainability of staffing levels due to the number of whole time equivalent nurses available. However, the provider and person in charge gave verbal assurances that this matter was being addressed through ongoing active recruitment of nursing staff.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and inspectors noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. Inspectors requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses in relevant areas.

No volunteers were attending the centre at the time of inspection, however, the provider was aware of the documentation requirements for volunteers.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Gallen Priory Nursing Home
Centre ID:	ORG-0000037
Date of inspection:	04/03/2014
Date of response:	08/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Evidence of satisfactory insurance cover was not available.

Action Required:
Under Regulation 26 (1) you are required to: Ensure that the designated centre is adequately insured against accidents or injury to residents, staff and visitors.

Please state the actions you have taken or are planning to take:
The Registered Provider Mr. J. McCrystal , to provide Insurance Certificate to the Authority. Insurance Certificate displayed on Public Notice Board in Gallen Priory.

Proposed Timescale: 08/04/2014

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy was not being implemented.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
Implementation of the risk management policy

• Risk Management policy will be implemented through an implementation plan.
• All Staff will receive training, refresher training and safety briefings.
• The management team will continue to monitor and audit clinical and non-clinical practices.
• Improvement action plan on the findings of the audits will be formulated with timelines and authority.
• Feedback to Board of Directors, Staff, Resident's, Stakeholders will be provided ongoing.

Health and Safety Risk Management Committees have been set up, membership established and scheduled dates set for the meetings (meetings schedule attached)

Proposed Timescale: 30/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not address all the risks specified in the Regulations.

Action Required:
Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Please state the actions you have taken or are planning to take:
Risk Management policy has been reviewed and specified risks as outlined by the inspectorate are included in the Policy: (these risks have also been included in Clinical Risk Management Policy.)
The Risk Management policy covers the precautions in place to control the specified risks.
The Control Measures for the specified risk will be implemented throughout the nursing home ongoing.

Health and Safety Risk Management Committees have been set up, membership established and scheduled dates set for the meetings.

Proposed Timescale: 08/04/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system for reviewing and improving the safety and quality of care was not satisfactory.

Action Required:
Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Please state the actions you have taken or are planning to take:
We are reviewing and improving our resident's safety and quality of care systems and practice processes through the following;
• Clinical and non-clinical audits, risk assessment and ongoing improvement of the risk of control measures,
• Improvement action plans and feedback to staff for learning and improvement of practice will be discussed at staff meetings.
• We have reviewed our audit schedule and audit frequency is under constant review.
• We encourage resident participation and involvement in their own safety and welfare by promoting safety precautions at all times. We invite resident suggestions about their needs, concerns and comforts and document in resident's care plan where applicable to the individual. A high priority is placed by the staff on the resident's comfort and security.
• A report in respect of audits completed has been devised and will be made available to the Registered Provider and Board of Directors for Inspection.

Proposed Timescale: Ongoing

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Practice in relation to the management of restraint required improvement.

Action Required:
Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

Please state the actions you have taken or are planning to take:
Restraint Management: Improvement Needed:
• We have updated our restraint policy and reviewed the adequacy of our restraint assessment tools. We continue to use the restraint release charts personalised to each resident.
• We have introduced a new restraint.
• We will review all residents immediately and consult the resident and their families.
• On admission we will endeavour to avoid any form of restraint (as far as reasonably practical) as would be the case in the persons own home.

Timescale: 30th April and ongoing,

We will ensure fully comprehensive care planning and involvement of the resident and/or their family with regard to the resident's clinical needs.

Proposed Timescale: 30/04/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements for residents to participate in meaningful social engagement were not satisfactory.

Action Required:
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:
Arrangements of resident's to participate in meaningful social engagement
• Gallen Priory has engaged an activities coordinator who commences employment on 1st April 2014.
• We will immediately update social assessment of the resident's.
• We will enhance our daily schedule of activities for all residents appropriate to their needs, interest and ability.
• The registered provider intends to provide Sonas training for the activities coordinator, and support to the staff in order to enhance activities and meaningful daily schedules for our resident's.
• The Person-In-charge and the Clinical Nurse Manager will monitor the effectiveness of the activities.
• Resident and Family involvement (where possible)

Proposed Timescale: 30/05/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A safe and secure outdoor space was not available to residents.

Action Required:
Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

Please state the actions you have taken or are planning to take:
• Mr. McCrystal, Registered Provider and Registered Person-in-Charge to plan and develop an outdoor garden with secure space and be fit for purpose.
• Landscape architect to design the space in 1 month and work to commence in May 2014. To be available for the residents for the August 2014

Proposed Timescale: 31/08/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy did not identify an independent person to oversee the management of complaints in the centre.

Action Required:
Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Please state the actions you have taken or are planning to take:
Independent Appeals Person Named. Complaints Procedure displayed in resident communal areas.

Proposed Timescale: 08/04/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents were not sufficiently consulted with regard to the operation of the centre.

Action Required:
Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:
Resident's not sufficiently consulted with regard to the operating of the centre:
We will address this through the following communication, discussion and consultation;
• Resident's Surveys e.g., quarterly (individual to each resident)
• Resident's Forum meetings are regular intervals
• Executive safety walkabouts of the Management Team (including the Registered Provider and Family Representative(s) every eight weeks.
• Daily rounds by the PIC and/or the CNM who make themselves available to the resident's to express need and / or wishes.
• Information, leaflets, Ferbane Community newsletters, Hiqa reports are displayed in Resident Communal Areas.
• Inter-denominational services are available and clergy are available at all times.

Show evidence of resident's participation in the organisation of the designated centre:
◦ Resident's Survey (conducted quarterly)
◦ Set up Resident Forum
◦ Schedule Resident forum meetings at regular intervals
◦ Agenda for meetings displayed on notice boards in resident dining room and sitting room one week ahead of meeting.
◦ Minutes, improvement action plan and feedback to resident's
◦ Comments, suggestion, complaints box is available to resident, family and visitors.
◦ Residents are invited to make suggestions which will be acted upon with documentary evidence of actions available to residents and displayed in resident communal areas.

Proposed Timescale: 30/05/2014