



Statement of Purpose and Function

Registered Provider: Glenaulin Nursing Home Limited

Address: Lucan Road, Chapelizod, Dublin 20

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Centre ID: OSV – 0000041

Date: November 2018

Revision Number: 10

Registered Provider:	Glenaulin Nursing Home Limited
Registered Provider Representative	Veronica McCormack
Person in Charge:	Orla Quigg
Persons participating in Management:	Bernadine Bernardo (Assistant Director of Nursing) Raquel De La Fuente (Clinical Nurse Manager)

Registration Expiry Date: 7th January 2021

Conditions of Current Registration: Appendix 1

Services and Facilities in Glenaulin Nursing Home

Aims and objectives

ABOUT GLENAULIN NURSING HOME.

In 1903 this splendid period residence was built. It was once the home of the first Governor General – Mr Tim Healy and then established as Glenaulin Private Residential Nursing Home in 1986 by Mary McCormack. Glenaulin, a family run private nursing home is located in West Dublin on the old Lucan Road in an area called Chapelizod. The home is nestled in two acres of landscaped parkland overlooking the banks of the River Liffey. A fifteen minute drive from the City Centre or a short walk from Chapelizod and Palmerstown villages makes Glenaulin Private Residential Nursing Home easily accessible to relatives and visitors. It is close to all amenities, shops, churches and public transport. We are regulated by the Social Services Inspectorate under the Health Information & Quality Authority (HIQA) since July 2009. Inspections may be announced or unannounced; reports may be viewed on their website www.hiqa.ie or are available at the nursing home upon request. Our most recent inspection report is available at the back of this document or through our website. Conditions of our registration are outlined at back of this statement.

OUR AIMS.

At Glenaulin Nursing Home, we recognise that the need to move to residential care can bring feelings of loss, sadness and fear. Therefore, our overall aim is to provide a place that residents will be able to call home. We strive continuously to promote an environment where residents feel safe, comfortable, valued for who they are and most importantly, that residents feel happy and fulfilled. As moving to residential care means that residents have additional care needs that cannot be met in their own home, we aim to provide care that meets the needs of each resident and is informed by the best available evidence.

OUR OBJECTIVES.

The delivery of care and services to our residents is guided by the following objectives:

- To provide a person centred approach to care that recognises the unique value of each resident.
- To provide care and services in a manner that is informed by best practice, and complies with all relevant legislation and standards.

- To safeguard and protect each resident's health and wellbeing.
- To promote quality of life and quality of care for each resident.
- To promote a culture of continuous learning so that we can continuously improve the care and services we deliver to each resident.
- To enable individual residents to live their lives to their maximum potential by promoting and enabling and empowering environment.
- To listen to our residents so that they can keep us informed of where we need to improve

OUR ETHOS.

At Glenaulin, our philosophy of care is based on the recognition that each resident is a unique person with their own individual beliefs, life experiences and values. We believe that every resident must be respected and cared for in a manner that recognises their uniqueness and in accordance with their needs and wishes.

We also believe in the promotion of optimum health, happiness and independence for each resident. We promote an approach where our residents are encouraged to be partners in their care as far as each resident is able.

We believe that each resident has a right to live in a safe and caring environment that supports them to maximise their potential and to have appropriate advocacy mechanisms to safeguard their rights where their own ability to do so is compromised.

The specific care needs that the Glenaulin intends to meet:

Glenaulin Nursing Home is a nursing facility that is registered for 87 residents and provides extended /long term care; respite and convalescence care? to adults over 18 years of age with varying conditions, abilities and disabilities. These include residents with dementia and cognitive impairment; residents with physical, neurological and sensory impairments, residents with mental health needs and palliative care. We accommodate both male and female residents. We do not provide acute medical or hospital treatments and services and all prospective residents are assessed by our person in charge or assistant director of nursing prior to admission so as to ensure that we can cater for their needs. Each resident's individual needs are assessed regularly by the D.O.N and the type of room that is most suitable for them is decided. This decision is discussed with the General Practitioner, the resident and their families. Our resident's choice and dignity is foremost in all our decision

making process's .Our residents include those whose dependency ranges from low to maximum dependency according to the following descriptions:

Low Dependency: Persons who need some support in the community and the more independent residents in residential accommodation who require little nursing care. They are usually independently mobile but may use a walking stick and have difficulty managing stairs.

Medium Dependency: Person whose independence is impaired to the extent that he/she requires residential care because the appropriate support and nursing care required by the person cannot be provided by the community. Mobility is impaired to the extent that the person requires supervision or walking aid.

High Dependency: Independence is impaired to the extent that the person requires residential care but is not bed bound. The person may have a combination of physical and mental disabilities, may be confused at times and be incontinent. He/she may require a walking aid and physical assistance to walk.

Maximum Dependency: Person whose independence is impaired to the extent that he/she requires nursing care. The person is likely to be bed bound, requires assistance with all aspects of physical care and may be ambulant but confused, disturbed and incontinent.

High Dependency Nursing Care: Our high dependency units are specifically staffed as we meet the particular needs of residents with significant medical and physical conditions. These units cater for residents with higher medical and nursing care needs to include residents in need of 24-hour high support nursing care or who are in transition from hospital to the nursing home care environment. Our aim is to maintain a high a level of solemnity, independence and dignity. Our highly skilled nursing team provide person centred care that meets the physical, emotional and spiritual needs of highly dependent residents. Historically, Glenaulin Nursing Home has identified a specific priority need for the provision of high dependency care with residents whose assessed needs indicate they need close monitoring. The high nursing support units have a higher staff to resident ratio with a specific nurse's station located adjacent to and in close proximity of the two units.

(Reference Department of Health (2011) Long stay Activity Statistics 2011)

Facilities which we provide:

Glenaulin Nursing Home is registered for a maximum of 87 residents. All of our rooms are decorated with tasteful colours ensuring a warm and peaceful surrounding.

- 2 x 4 = 8 - Bedded high dependency unit.
- 41 x Single rooms.
- 13 x 2 = 26 - Double rooms.
- 4 x 3 = 12 - Triple rooms.

Each of these rooms caters for personal care and comfort requirements, providing:

- En-suite Bathrooms on the Liffey Wing, Healy Wing and Cedar Wing.
- Maple Wing has assistive bathrooms
- Nurse Call Bell
- Private Telephone facility
- Television Point
- Wheelchair accessibility
- Lockable Lockers

Other environmental facilities include:

- Nurses Work Station x 4
- Visitors Room x 1
- Relaxation Room x 1
- Bathrooms x 3
- Wheelchair Accessible Toilets
- Day Room x 2
- Sunroom x 1
- Oratory/Prayer Room x 1

- Treatment Room x 1
- Laundry Room x 1
- Large Reception Area x 1
- DON / ADON Office x 1
- Activities/Physio Room x 1
- Hairdressing Room x 1
- Administration Office x 1
- Meeting / Training Room x 1
- End of Life Room x 1
- Sluice Room x 2
- Dining Room x 1
- Day Room / Dining Room x 2
- Wi Fi Enabled Common Areas
- Storage Room x 3

We also have a large outdoor garden space overlooking the meandering river Liffey with seating for our residents. We have also two additional secure garden areas complete with seating and planted areas with reflective water features.

There are 3 kitchenettes located around the nursing home for residents and family members to use freely. They can be used to prepare snacks/meals, tea/coffee etc. However, supervision is required with some residents in these kitchenettes as there is a hot water supply in the burcoboilers. Two of the kitchenettes are safeguarded by doors with pin-codes to protect the resident's health and safety. If closed, access can be obtained by asking any member of staff

Room Sizes.

Please see Appendix 2 for full details of bedroom sizes.

Description of Care and Services

Services Provided.

Glenaulin Nursing Home provides the following services to our residents:

- Accommodation
- Full board
- Food
- Heating and Lighting
- Laundry
- Provision of nursing care on a 24 hour basis to provide personal care as outlined in your care plan
- Nurse Call System
- Insurance including loss and liability cover.
- Physiotherapy

The following professional services may be obtained from the Health Services Executive. Our residents will be supervised by a member of staff while they avail of these services in house. Any private fees payable for the following services is the responsibility of the individual resident:

- Dietician
- Dental Care
- Optician
- Speech and language therapy
- Chiropody
- Occupational Therapy
- Palliative Care Team
- Nurse Specialists

Medical Cover.

Medical cover is provided by each resident's general practitioner. General practitioners visit the home to see the residents and liaise with nursing staff regarding their care and treatment. In so far as is reasonably practical, resident's may request their own GP to attend the nursing home. Each general practitioner employs the services of a locum service to care for their residents outside of normal hours.

Pharmacy Services

Glenaulin avail of the services of City Pharmacy which is located on Dame Street. However, upon admission each resident will be asked if this pharmacist is acceptable to them. The Pharmacist is available monthly to meet with Residents/Families to discuss any issues/concerns they may have. Items that are not covered under the Medical Card will be charged directly to the resident/family by the pharmacy.

We can arrange any of the following for residents, but at an additional cost:

- Dry Cleaning Services
- Labelling of Clothing
- Hairdressing
- Newspapers and Magazines
- Personal Toiletries
- Any items ordered from the Chemist not available on Script
- Taxis
- Staff to accompany residents to medical/social appointments
- Specialised Chair or Equipment
- Any private arrangements made for treatment other than that provided by the HSE.
- One to One care of the residents

Physiotherapy

We have a chartered physiotherapist who attends the nursing home 3 times a week. All new residents are assessed upon admission by our physiotherapist and any private sessions that are required will be discussed with the resident/family, GP and the person in charge. An additional cost may apply.

Newspapers/magazines/shopping requirements

Any or all of the above can be delivered daily to the resident's room on request. A fee will apply for newspapers where a resident requests their own.

Hairdresser

We have a hairdresser who visits the Nursing Home. Nursing staff/families make arrangements with the hairdresser on behalf and at the request of residents. Each Resident is responsible for the cost of the hairdressing.

Television

All sitting rooms are equipped with a television and arrangements can be made to provide a television in a resident's room as required.

Telephone

Residents have access to the use of a portable phone for making and receiving phone calls. Arrangements can be made to place personal phones in resident's bedroom.

Skype

Residents have access to use skype.

Wi-Fi

Residents have access to Wi-Fi in most areas of the nursing home.

Admissions to Glenaulin Nursing Home		
Registered Numbers:	Bed	· 87
Age range of residents to be accommodated:	of be	· Adults over 18 years
Gender of residents to be accommodated:		· Both Male and Female
Criteria used for admissions:		

ADMISSION PROCESS.

All admissions to Glenaulin Nursing Home are planned admissions. Glenaulin does not accept emergency admissions. Referrals for admission to Glenaulin Nursing Home come from a variety of sources. These include:

- Private self-referral.
- Acute hospitals.
- Community healthcare services.

- Other residential care settings for older people.

Assessment and Care Planning.



The assessment and care planning process in Glenaulin nursing home is underpinned by our person centred ethos. In keeping with this, following an initial enquiry or referral, each prospective resident is visited by a member of our nursing management team, mainly by our Person in Charge. The

purpose of the visit is to carry out a pre admission assessment of the resident's health, personal and social care needs to ensure that we can meet these needs. Prospective residents and their representatives are invited to visit the nursing home where they will be given a tour of the facility and have an opportunity to ask questions about life in Glenaulin Nursing Home. Following the pre admission assessment and visit, and subject to the person's needs and wishes, a date for admission is arranged

OUR STANDARDS.

At Glenaulin Nursing Home, we strive for excellence in care and service provision. This means continuously monitoring and improving practice against national standards and regulations as well as international standards applicable to our setting.

Policies that Inform our Care.

Our policies are underpinned by both a person centred and evidenced based practice approach. Current policies and procedures are informed by national and international best practice and legislation including:

- The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013
- The National Standards for the Care of Older People in Residential Care, HIQA (2016).
- National Standards for the prevention and control of healthcare associated infections (HIQA, 2009).
- Report of the Commission on Patient Safety, 2008.

- An Bord Altranais, (2009) Professional Guidance for Nurses Working With Older People.

Regular review of our policies and procedures is undertaken. The following is a list of key policies and procedures that inform practice in Glenaulin Nursing Home and these are available on request from the Person in Charge.

- Governance and Management Framework
- Clinical Governance
- Emergency Plans
- Risk Management
- Assessment and Care Planning
- Admissions
- Discharges and Transfers
- Consent and Advocacy
- Privacy and Dignity
- Safety & Safe Guarding Older Persons
- Use of Restraints
- Management of Behaviours that Challenge
- Managing Episodes of Violence and Aggression
- Care of Residents with Dementia
- Management of Cognitive Impairment
- Management of Mood Disorders
- Management of Pain

- Percutaneous Endoscopic Gastrostomy feeding Tubes PEG
- Nutrition and Hydration
- Oral Hygiene and Dental Care
- Continence Care
- Management of Communication Needs
- End of Life Care
- Promotion of Health and Psychosocial Wellbeing
- Management of Resident Elopement
- Wound Management
- Sexuality and Intimate Relationships
- Falls Prevention
- Resuscitation/CPR
- Communication & Provision of Info to Residents
- Management of Residents' Information / Records Management
- Management of Residents' Accounts / Property
- Complaints
- Whistleblowing
- Delegation and Clinical Supervision
- Recruitment and selection of staff
- Staff Training and Education
- Medication Management
- Smoking Policy

- Infection Control
- Self-Harm and Suicide
- Administration of Subcutaneous Fluids
- Closed Circuit Television (CCTV)
- Moving and Handling
- Management of Hypoglycaemia
- Management of Anaphylaxis
- Positive Risk Taking
- Volunteers Policy

Management and Staffing

Total Staffing Complement (in whole time equivalent)

Staffing Levels – 87 Beds

Department	RCN Recommendations (Whole Time Equivalent)	Glenaulin Nursing Home (Whole Time Equivalent)
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Clinical Staff

- | | | |
|---------------------------------|----|----|
| ● Director of Nursing | | 1 |
| ● Assistant Director of Nursing | | 1 |
| ● Staff Nurses | 14 | 15 |
| ● Health Care Assistants | 25 | 48 |

Non Clinical Staff

- | | |
|----------------|---|
| ● Proprietors | 3 |
| ● Catering | 8 |
| ● Housekeeping | 5 |

- Housekeeping Manager 1
- Activities 5.6
- Activities Manager 1
- Administration 1.70
- Physiotherapist 1
- Maintenance Supervisor 1

The above figures are based on the average number of hours worked in a 24 hour period 7 days a week using the RCN (Royal College of Nursing) Acuity-Quality Method

Staffing Arrangements

Nursing Care:

Glenaulin Nursing Home provides a 24 hour registered nursing service supported by care assistants. The Person in Charge and the registered nurses are responsible for assessment, planning, delivery and evaluation of care to individual residents assigned to them. Registered nurses in Glenaulin Nursing Home report directly to the clinical nurse manager. They are accountable to the person in charge and registered provider for the provision of safe and effective nursing care to residents in compliance with national nursing home regulations and standards. Registered nurses are also accountable to An Bord Altranais for their professional conduct and maintenance of competence in accordance with their role.

Care assistants provide direct care under the direction and supervision of the care assistant supervisors and the registered nurse and report directly to them, but are accountable to the person in charge and registered provider representative for the overall performance of their duties.

All nurses are registered with An Bord Altranais and the majority of our care assistants have FETAC level 5 training in Care of the Older Person. We also provide opportunities for continuing professional development for all of our nursing and care staff. Mandatory training and education is provided in house for staff. We support staff to pursue continuing education off site. The number and skill mix of staff on duty is determined and provided according to the needs of our residents and their dependency levels. This is subject to constant review

by the Person in Charge and the management committee. Staffing levels and training needs are determined by:

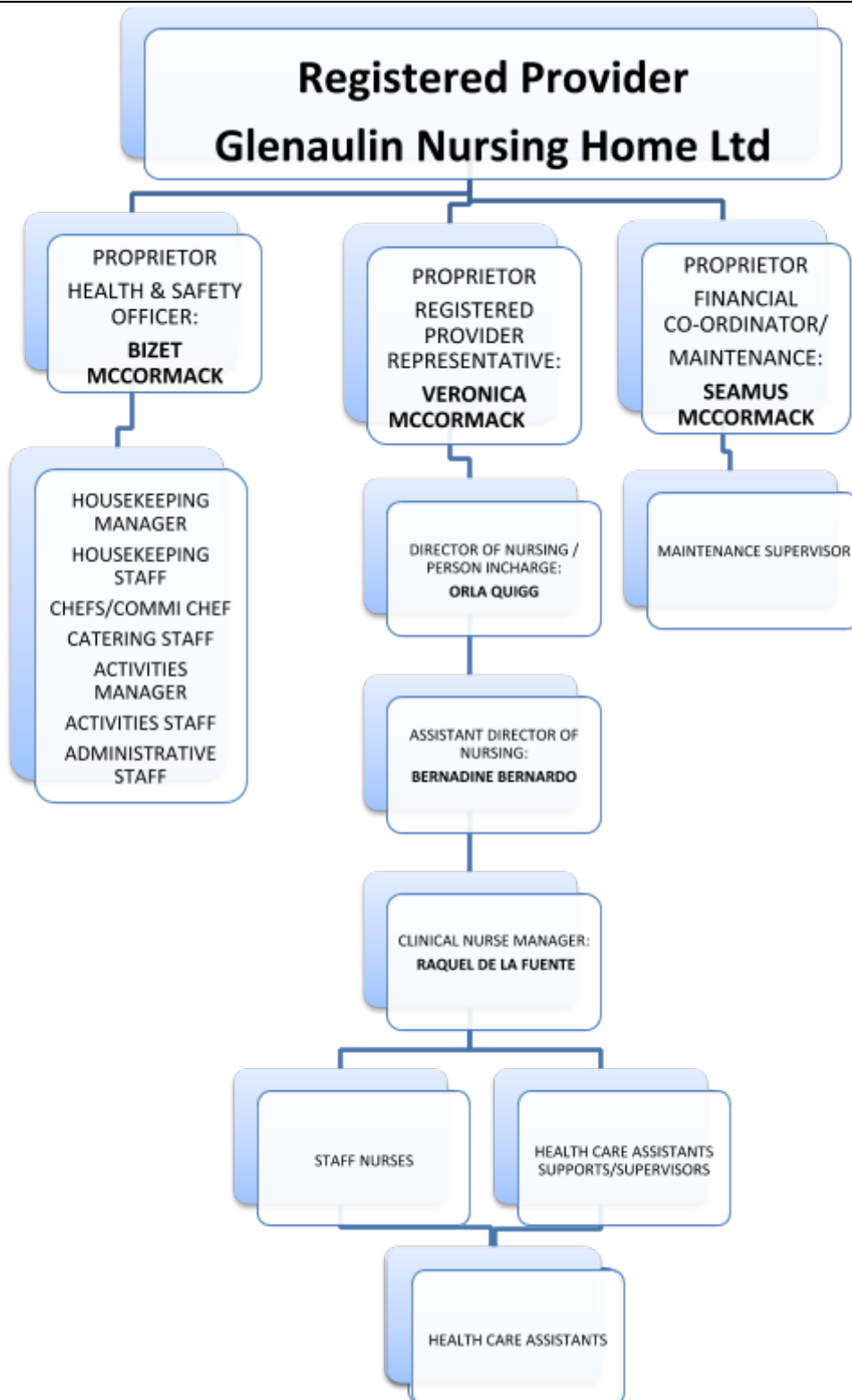
- The assessed needs of Residents.
- The number of residents in the home.
- The size and layout of the home.
- Monitoring the quality and safety of care as part of our clinical governance framework.
- Feedback from current staff

In addition to nursing services, we have a chef, commi chef, catering staff, domestic staff, housekeeping staff, and activities co-ordinators. All of our clinical staff is regularly provided with ongoing training as part of our professional development ethos .This enables us to broaden their clinical knowledge and enhance their overall care delivery techniques. As we continuously monitor and audit the delivery of care to our residents the quantity of care staff, their skill sets and our ever changing needs of our residents are measured accordingly. The overarching methodology used in this process is the Acuity-Quality Method. As a sub set of this method we utilise the (Royal College of Nursing) RCN tool in tandem with our professional judgement and experience. The RCN tool is the preferred option in many Irish organisations. Our staffing levels are regularly reviewed as part of our ongoing auditing and monitoring process to ensure staff levels are meeting resident's needs at all times.

Confidentiality

All personal healthcare information relating to residents in Glenaulin Nursing Home is deemed as confidential. We have a robust policy in place for the management of residents' records. All members of staff are requested to sign a confidentiality agreement on commencement of employment.

Organisational Structure



GOVERNANCE AND MANAGEMENT.

Glenaulin Nursing Home is a family run facility which is owned and managed by three providers. These are Ms. Veronica McCormack; Ms. Bizet McCormack and Mr. Seamus McCormack. Ms. Veronica McCormack is the designated registered provider representative. She has many years of experience in the business sector and takes responsibility for the H.R. function and day to day running of the facility and liaises closely with the nursing staff. Ms. Bizet McCormack oversees the maintenance of standards for general housekeeping and catering services for the centre as well as bed management. Both Ms. Veronica and Ms. Bizet McCormack sit on the management and clinical governance committees. Mr. Seamus McCormack oversees the maintenance of external and internal aspects of the buildings and premises and ensures that they comply with all planning, building / Fire and health and safety regulations. The providers are supported in the delivery of clinical services by a person in charge, assistant director of nursing and clinical nurse manager. Non clinical management support is facilitated by a household manager for general housekeeping, a head chef for catering services and an activities manager for activity co-ordinators.

OPERATIONAL MANAGEMENT.

The operational management of clinical care and services is implemented through defined roles, responsibilities and reporting relations for clinical staff. These include the person in charge, assistant director of nursing, clinical nurse manager, registered nurses, care assistants supervisors and care assistants. The person in charge for Glenaulin Nursing Home is Ms. Orla Quigg. Orla holds a Diploma in General Nursing Studies from the University of Limerick, a Diploma in Management Practice from the University of Ulster, a Professional Certificate in Gerontological Nursing from the Royal College of Surgeons and most recently a BSc in Nursing Management from the Royal College of Surgeons. Orla has worked as a Nurse in New Zealand and Australia and has many years' experience in Care of the Older Person. Ms. Quigg is accountable to the Chief Inspector for the delivery of direct care and services to residents in accordance with her responsibilities outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. She is also accountable for ensuring that the direct care and services to residents comply with the National Standards for the Care of Older People in Residential Care, HIQA (2016). She reports to the registered provider and management team on all aspects of her role and responsibilities. She is supported in her role by ADON and CNM.

Ms. Quigg does not hold a post of PIC in any other nursing home. Where the PIC is absent from the nursing home for 28 days or more, the ADON will have overall responsibility with the assistance of the Registered Provider, Veronica McCormack

The ADON and CNM are assigned specific duties to manage and oversee. He/she acts as the team leader for nursing and care staff on a day to day basis and reports to the person in charge on all aspects of assessment, planning, delivery and evaluation of care. He /she are accountable to the person in charge for the effective management of nursing and care services in their area.

There are 4 Care Assistant Support personnel who support and manage the Care Assistants team and provide support to the nursing team. They monitor the quality of care that is provided and ensure best practice is adhered to at all times. They report directly to the registered provider representative and the person in charge. This support is provided 24/7

The activities manager is responsible for the co-ordination, delivery and monitoring of activities for residents in Glenaulin Nursing Home. She reports to and is accountable to the person in charge for the quality of the activities provided to residents. The activities manager is supported by activities co-ordinators who report directly to her.

The household services are managed by the Household Manager, Ms. Lynda Dunne. Household services in Glenaulin Nursing Home are comprised of general cleaning of the facility and premises; specialised cleaning including disinfection and fumigation and laundry services. These services are provided by household cleaners, housekeeping staff and a laundry assistant who report directly to the household manager.

There are 2 lead chefs, Catherine O'Neill and Kevin Cahill, who are supported daily with the assistance of a Comi Chef. They ensures the provision of appropriately prepared and nutritious meals for residents. They are also responsible for ensuring that all areas of the kitchen and activities undertaken comply with HACCP requirements. They report to Ms. Bizet McCormack.

CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT.

Glenaulin Nursing Home is committed to continuous improvement. Clinical governance, including risk management and continuous quality improvement is facilitated by two

committees, namely the management committee and the clinical governance committee. Both committees meet on a regular basis to monitor and review the quality and safety of care and services, identify areas for improvement, develop improvement plans and initiate same.

The management committee of Glenaulin is comprised of Ms. Veronica McCormack, Ms. Bizet McCormack, the person in charge and the CNM (when required). The committee meets every 2 months and reviews the quality and safety of services in the home.

The clinical governance committee in Glenaulin Nursing Home meets every 2 months. The purpose of the committee is to implement clinical governance and risk management activities in the home as determined by the management committee. The committee is comprised of representatives of management and staff in the nursing home.

Resident Wellbeing and Safety

Review and development of residents' care plans

On admission, the person in charge or in her absence the CNM along with the designated 'core' nurse will prepare a care plan, based on the assessed health, personal and social care needs of the residents. This should be commenced within 48 hours after the resident is admitted to Glenaulin. The assessment of the resident will continue over the next seven days so as to facilitate the development of a person centred care plan that is developed and agreed with the resident/relative. The assessment is aimed at identifying the resident's health, personal and social care needs.

The comprehensive assessment will also identify potential for improvement, psychosocial well-being. We will seek information of the resident's life history in order to enable staff to get to know the resident and be able to relate to them thus allowing them to live well emotionally and socially during their time at Glenaulin. Our Activity team will assist with this process.

Assessment and care planning in Glenaulin is an ongoing activity as we recognise that providing person centred care means getting to know the resident as a unique individual. Care plans are updated on a continuous basis as the needs of the resident change and a formal review of the care plan takes place every 4 months. The resident may, with the consent of the resident or where the person-in-charge considers it appropriate, make the

care plans available to his or her family. To facilitate this, the resident's core nurse will arrange to meet with the resident and / or their representative along with one of the management team on a regular basis to discuss the care plans. The residents GP may be requested to attend some meetings if deemed necessary.

Medicines.

It is important that we know what medicines residents are taking. This information is collected both as part of the pre assessment process and the admission assessment. In order to assist us, we ask that any resident coming from home would bring any medicines they are taking and any current prescriptions with them.



Nurses in Glenaulin Nursing Home administer medications to residents at the times prescribed. Medicines are kept for safety reasons in a medicine trolley and medicine cupboard. Residents who wish to continue to self administer their own medication should discuss this with their core nurse and complete the appropriate documentation.

We kindly request residents/families do not disturb the nursing staff when they are administering medication, unless of an emergency. The nursing staff wear red aprons to indicate that they are conducting a medication round.

Respecting residents' privacy and dignity

It is our wish that each resident will be able to think of Glenaulin Nursing Home as their home from home. Safeguarding each resident's privacy and dignity, we believe is an essential part of feeling at home.

Staff is required to protect residents' privacy and dignity in all aspects of care and service delivery and particularly by:

- Knocking before entering a resident's room
- Asking the resident's permission prior to undertaking any assessments, personal care and nursing interventions.
- Respecting the wishes of residents.
- Ensuring that the door/bed curtains are closed when giving personal care.

We encourage residents to inform us if they feel that their privacy and dignity is being compromised.

Social activities, hobbies and leisure interests

Glenaulin Social & Recreational Programme won first place at the NHI Care Awards 2013. Our seven day programme is centered around the social, cognitive, physical, emotional, spiritual, mental and creative needs of each resident.

Residents are assigned a personal activity coordinator who assists with gathering life history information which is used around care planning and life story work, supporting a residents sense of self, bringing out their skills, memories and habits. A schedule of flexible activities is created from this information so as to ensure a person centred approach of meaningful activities for the residents. The programme is designed around the basis needs of the individual for physical activity, spirituality, social contact, emotional wellbeing, creative expression, mental stimulation and sense of purpose.

The programme includes the following activities:

- Physical programmes include: Siel Bleu, Rings game, skittles, bowling, muscle movers, joint jiggers, tai chi, darts, music and movement, parachute game, table tennis, bicycle pedals, balloon and ball throw, dancing, going for walks. Our outdoor gardening programme is held in our interior sensory garden and includes exercise through normal activities such as planting, weeding, walking, bending., etc.
- Weekly bingo, quizzes, nail care, hairdressing, pet therapy, reminiscence time, sing-songs, hand massage, card games, jigsaw puzzles, crosswords, percussion workshops.
- Creativity sessions such as flower arranging, rug making, painting, and craft time; sing songs, weekly karaoke sessions.
- Alzheimer's care programme is especially designed to promote a gentle yet stimulating atmosphere for residents. Activities concentrate on cognitive and sensory stimulation including music, texture time, rhythm, dance, massage including the Sonas programme and sensory boxes.
- Spiritual activities include daily rosary at 12.00, weekly mass, meditation sessions, celebrations of the yearly religious festivals calendar such as Christmas, Easter, May Procession etc, reading sessions to allow for spiritual reflection, residents choir.
- Residents can assist with familiar activities such as setting tables, window cleaning, key collection, towel folding, sock sorting etc. This is encouraged by creating physical environmental aids such as interior garden and kitchen space where dishes are washed and baking and cooking carried out.
- Our mobile library service runs weekly with the residents and gives more variety in books which are available.
- Outings are arranged to social gatherings i.e. local dinner dances, or to events such as concerts in the National Concert Hall. We also have an annual calendar of events

which run monthly and include Healthy Eating Week, Summer Celebrations including sports day, outings to various places of interest, the seaside and countryside, local shopping centres and schools. Hospice Coffee morning, Tea dances, Bealtaine Festival and other cultural events.

- Families are also encouraged to take part and join in events to assist with this a monthly newsletter is sent out to each residents family as well as being circulated in house.
- Annual Trips to Lourdes is arranged along with a trip to knock.

Additional cost may be incurred depending on the outing. Consent to pay additional costs will be consulted prior to event.

Consultation with, and participation of, residents in the operation of the designated centre.

We are committed to continuous quality improvement of the care and services provided to you. We actively promote and monitor quality and standards through our 'clinical governance' system. An essential part of this system is the involvement of residents, families and visitors in improving our services. This is achieved through our residents' forum and through quality surveys conducted with residents at varying intervals.

We have Focus Group meetings with our residents on a 2/3 months. This involves meeting with our residents to ascertain their views on our service and identify areas for improvement. An independent person chairs these meetings and the minutes are taken and action points given to the relevant teams.

We welcome comments and suggestions at any time for improving our care and services. The suggestions box located in the reception area can be used for this purpose.

Advocacy.

We employ the services of Sage – Support & Advocacy Service for Older People to act as our resident's advocate, when required. Residents are consulted with reference to how we operate the nursing home at their "Open Door" advocacy meetings. Resident's participation in the operation of the nursing home is vital to the quality of care that we provide.

Access to religious services of residents' choice

Residents' spiritual needs are accommodated at Glenaulin Nursing Home. An oratory is available for residents who want to spend some quiet time in worship. Roman Catholic Mass is celebrated at Glenaulin once a week and on Holy Days of Obligation. Worship and spiritual needs for residents of denominations other than Roman Catholic are facilitated through provision of a quiet area as required for personal prayer. Clergy of other denominations visit the nursing home on a frequent basis and services are held on site as required. We can arrange to contact clergy as required by residents.

Contact between residents and their relatives, friends and carers

Visiting is always encouraged from family and friends. However, to protect our residents and for Health and Safety reasons we ask that all visitors sign in on entering and leaving the Nursing Home. Occasionally, it may be necessary to restrict visiting arrangements where the visit or time of visit is deemed to pose a safety risk or where the resident requests restrictions. We also ask that visitors consider the needs of residents around meal times as we encourage a protected mealtime for our residents. However, arrangements can be made with staff to work around those times if necessary.

We kindly ask families/visitors to refrain from bringing dogs/animals to Glenaulin Nursing Home as they may pose a Health & Safety risk to our residents and staff. However, dogs may be brought in to residents own private rooms only.

Dealing with Complaints

We welcome all comments and complaints so that we can use them to inform continuous improvement in the nursing home. Making a complaint whether verbally or in writing will in no way affect the care and services provided to a resident. The following outlines the process and procedures for complaints handling in Glenaulin Nursing Home.

Who can complain?

- Any resident in Glenaulin can make a complaint.
- Anyone who is affected by, or may be affected by an action, omission or decision of Glenaulin Nursing Home may also make a complaint.
- Staff
- A relative or representative may wish to make a complaint either on a person's behalf or because they have concerns about a person's treatment or care. In such a case, unless there are special circumstances, then the resident's written permission to provide confidential information will be required before a complaint can be investigated.

The staff of Glenaulin will do everything they can to ensure that residents are cared for properly and in a prompt manner. If, however, a resident or representative is unhappy about any aspect of the resident's care, they can express their concerns directly to us through our complaints process.

Our aim is to address any concerns that a complainant may have and to thoroughly investigate and respond to these concerns promptly. We treat all complaints whether verbal or in writing seriously.

Our staff must follow Glenaulin Complaints Policy and Procedures and report all complaints (including verbal complaints) about any aspect of our services to the Complaints Officer Ms. Orla Quigg or the most senior nurse on duty. Procedure for Management of Verbal Complaints

- A verbal complaint can be received by any member of staff from a resident and /or representative or visitor. The staff member should aim to address the complaint at the point of contact if this is possible and if it is within their area of responsibility. Where the complaint cannot be resolved by the staff member receiving it, the staff member must report it to the nurse on duty / PIC.
- Where a complaint cannot be resolved to the satisfaction of the complainant by the nurse on duty, the complainant will be advised of the need to refer the complaint to the nurse in charge / PIC. Where a verbal complaint cannot be resolved at the point of contact to the

satisfaction of the complainant, he /she will be offered the opportunity to submit his/her complaint as a written formal complaint.

- Should the complainant require assistance or advice, their Next of Kin can assist the person with making a complaint or help him/her with contacting their advocate, details of which can be obtained from reception or from the activities manager. Where the complainant does not wish to express his/her dissatisfaction or concerns to he/she can:
 - Be furnished with a copy of the complaints form and fill it out at his/her convenience and return it for the attention of the complaint's officer.
 - Speak directly to the complaints' officer at Glenaulin Nursing Home – Bernadine Bernardo
 - Email their complaint to info@glenaulin.com or orla@glenaulin.com
 - Write a letter to the complaints' officer (Orla Quigg) at *Glenaulin Nursing Home, Lucan Road, Chapelizod, Dublin 20.*

PROCEDURE FOR MANAGEMENT OF WRITTEN COMPLAINTS.

Written complaints received by any member of staff are given to the complaints officer. The complaints form is completed and the complaints officer informed of same. The complaints officer will consider whether or not it is appropriate and feasible to conduct a formal investigation of the complaint. This will depend on the nature of the complaint, requirements for consent of the complainant and / or other persons to whom the complaint relates and the seriousness of the complaint. For example, a complaint may be made by a person on behalf of a resident, but the resident may not agree with the complainant

- The complaint's officer will acknowledge the written complaint within 5 working days. Where the complainant agrees to a meeting, the complaint's officer will meet with them, listen to their concerns and ascertain what the complainant wants to happen. The complaints officer will provide an outline of how the complaint will be investigated and what the complainant can expect to happen next. An outline of expected timeframes will be provided.
- Where a formal investigation is being carried out, the complaints officer will endeavour to complete the investigation within 20 working days of the complaint being acknowledged. Following investigation of the complaint, the complaints officer should write to the

complainant to inform him/her of the findings of the investigation. As per Offices of Ombudsman (2015)

“If you are not happy with this complaint outcome you may contact the Offices of the Ombudsman. The contact details are as follows:

The Office of the Ombudsman

18 Lower Leeson Street

Dublin 2

Phone LoCall 1890 22 30 30 or 01 639 5600

Email: ombudsman@ombudsman.gov.ie

You can also complain online using the online complaint form www.ombudsman.gov.ie”

A full copy of our Complaints Policy can be obtained from the Nurse in Charge / PIC

Obtaining Assistance in Making a Complaint .

The person in charge in Glenaulin Nursing Home is available to provide information on and assistance with making a complaint. However, should a resident request the assistance of their Advocate, this will be arranged.

Monitoring and Continuous Improvement.

The PIC and the registered provider meet monthly to review any incidents/accidents and complaints. All complaints are reviewed at the Clinical Governance meetings and our regular staff meetings as part of the clinical governance process. Improvements required are handled by the clinical governance committee who ensure that relevant information from learning is disseminated to appropriate staff.

The registered provider, Ms. Veronica McCormack monitors the documentation and recording of complaints and any investigations undertaken. A root cause analysis is completed on all complaints.

A list of advocacy services is available at the back of this document and on the information board, located outside the main office in Glenaulin Nursing Home.

If you would like a copy of our complaints policy, you may obtain one from reception.

Fire Precautions and Emergency Procedures

Safety.

We take safety very seriously in Glenaulin Nursing Home.. We take a proactive approach to promoting the safety of all of our residents, staff and visitors through our clinical governance committee, education and ongoing safety initiatives. All staff in the nursing home have a responsibility to promote the health and safety of residents, staff and visitors. We also encourage residents and visitors to be involved in the promotion of safety by informing us of anything that they feel may pose a risk to the safety of any person residing, working or visiting Glenaulin Nursing Home. We have a nominated safety representative, Caroline Burns, who conducts routine safety walks. Any recommendations/repairs are acted upon immediately in line with good health and safety practise.

Emergencies.

In addition to general safety, we have a programme for responding to major emergencies. Our clinical governance committee monitors and reviews emergency planning to ensure that we are prepared for any foreseeable emergencies that may occur. Our emergency plans involve the input of external agencies who have a role in responding to emergencies in the local area. All of our safety plans are reviewed on a regular basis.

Fire Safety.



In the event that the fire alarm is activated (other than Thursdays at 10am), the fire warden (Member of Management (MOB) or Liffey Nurse – Day & Night Shift) will make their way to the main fire panel located on the main floor, near reception. A Nurse from each floor will also attend to the fire panel and wait instructions from the Fire Warden. If on duty the Commi Chef / Activity Manager and Housekeeping Manager to attend fire Panel also. All other employees will stay in their area and wait instruction from their nurse. The Fire Warden will read from addressable system, the location of activation and instruct 2 members of staff to proceed to that area. Depending on the nature of the situation, fire procedure protocol will be activated accordingly.

Further details on the above procedure are outlined at main fire panel, beside reception. It is also displayed in the staff canteen.

Glenaulin Nursing Home has a fire safety programme in place. Our fire safety programme includes regular fire drills, simulated fire evacuations and testing of the fire alarm. Residents are informed of any tests/drills prior to their initiation. All of our staff attend internal fire training, annually, to respond appropriately to fire and other emergencies. Our fire safety programme has the involvement of an external Fire Safety Officer who conducts regular fire safety inspections of the building. We also have a fire safety co-ordinator on site. The person in charge maintains a *Fire Safety Register* that is available for inspection by the statutory authorities in accordance with legislation.

In the event of a total evacuation of Glenaulin Nursing Home, due to fire or other emergency, the West County Hotel and 2 other nursing homes within the area have permitted us to use their facilities should the need arise. Details of the procedure to follow in the event of a total evacuation are outlined in our Emergency Plan Policy – copy of which can be obtained from the Director of Nursing.

Our Fire Alarm and Emergency lighting is serviced quarterly and our firefighting equipment (fire extinguishers) is serviced annually by registered companies.

Other relevant information

Infection Prevention and Control.

We adopt a proactive approach to the prevention and control of infection.. An important part of this is 'clean hands'. All of our staff attend mandatory training on Healthcare Associated Infections. which includes hand hygiene. We also ask residents and visitors to use the hand hygiene facilities provided throughout the building and in particular when entering and leaving Glenaulin Nursing Home.

Personal Items

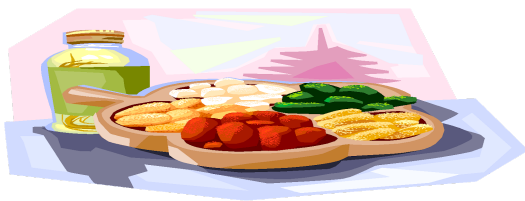
At Glenaulin, we want our resident to feel at home, and therefore we encourage any resident, who is planning to stay for longer periods of time, to personalise their rooms with any favourite items and small pieces of furniture. For safety reasons, we ask that all furniture is fire retardant. This can be discussed prior to admission. We offer the facility of labelling all

of residents' clothes on admission and thereafter where any additional clothes are brought in. All personal clothing should be handed in at reception for labelling. This service incurs an additional charge. On admission, all items of possession are logged on our system.

Valuables

We encourage residents, where possible to send home any money or valuables that they will not require during their stay at Glenaulin. However, where any resident needs to keep monies or valuables with them, these may be kept for safe keeping on request in the office. On admission, we ask that all residents or family member complete a property form stating what valuables or money is being placed in safe keeping. All transactions involving receipt and return of residents money and valuables are recorded and signed by the resident or representative and the staff member involved. Each resident has a lockable locker in their room with their own individual key.

Meals and Mealtimes.



Glenaulin Nursing Home won the NHI award for Nutrition & Hydration in 2014. We are committed to promoting a healthy and nutritious diet with choice and variety for our residents in a calm and unhurried environment. As well as providing a tray room service, residents can choose to dine in the dining room. We cater for special diets as well as individual needs and preferences.

We try to ensure that dining here is a social experience, to be looked forward to and enjoyed by all. All our food is prepared by our well trained chefs and commi chefs, who prepare menus that comprise fresh, seasonal ingredients so that every meal looks and tastes delicious. We pride ourselves in offering a balanced, nutritious diet using fresh, good quality local ingredients, to meet all our resident's preferences and any specific dietary requirements that they may have. We provide a choice of homemade dishes and freshly baked goods which residents can choose to take in the dining rooms or if they prefer, in the comfort of their own room.

Breakfast is served each morning to residents in their bedrooms or in a location to their preference. Other meals can be taken in the spacious dining room or in the privacy of the

residents' own room. Refreshments are provided at different intervals during the day. These consist of juices/smoothies/soup and other nutritional drinks.

A discussion of any special needs or preferences that residents may have for meals and mealtimes takes place as part of the assessment process. Our menu is displayed each day in the dining rooms. A choice of soft drinks, juices and water are always available.

Meal Times

Breakfast (ongoing)	8am – 10.00 am (approx)
Lunch: First Sitting*	12.30 noon
Second Sitting	1.30pm
Evening: First Sitting*	4.30pm
Second Sitting	5.30 pm
Supper:	7.30pm – 11.00pm

**In order to respect the dignity of our more dependent resident who may require assistance with meals, we have two separate sittings.*

Visiting

Visiting is always encouraged from family and friends. However, to protect our residents and for Health and Safety reasons we ask that all visitors sign in on entering and leaving the Nursing Home. Occasionally, it may be necessary to restrict visiting arrangements where the visit or time of visit is deemed to pose a safety risk or where the resident requests restrictions. We also ask that visitors consider the needs residents around meal times as we encourage a protected mealtime for our residents. However, arrangements can be made with staff to work around those times if necessary.

We kindly ask families/visitors to refrain from bringing dogs/animals to Glenaulin Nursing Home as they main pose a Health & Safety risk to our residents and staff. However, dogs maybe brought into the nursing home only in the residents private bedrooms and must be kept on a lead at all times

Appendix 1:

Conditions of Registration:

Condition 1

The designated centre Glenaulin Nursing Home shall be operated at all times in compliance with the Health Act 2007 as amended from time to time.

Condition 2

The designated centre Glenaulin Nursing Home shall be operated at all times in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended, consolidated, restated or replaced from time to time) and in compliance with all other regulations made under the Health Act 2007 as amended from time to time.

Condition 3

The designated centre Glenaulin Nursing Home shall be operated at all times in compliance with the National Standards for Residential Care Settings for Older People in Ireland (as amended, consolidated, restated or replaced from time to time) and in compliance with all other standards made under the Health Act 2007 and as the Chief Inspector may notify to the registered provider from time to time.

Condition 4

The designated centre Glenaulin Nursing Home shall be operated at all times in compliance with all other legislation, regulations and standards which are applicable to it.

Condition 5

Subject to any prohibitions or restrictions contained in any other condition(s), the designated centre Glenaulin Nursing Home shall be operated at all times in accordance with and shall provide only the services set out in its Statement of Purpose as annexed hereto, as delivered and amended from time to time in accordance with Regulation 3 of the Health Act 2007 (Care and Welfare of Residents In Designated Centres for Older People) Regulations 2013 (S.I. 415 of 2013) (as amended, consolidated, restated or replaced from time to time).

Condition 6

No person under the age of 18 years of age shall be accommodated at the designated centre Glenaulin Nursing Home at any time.

Condition 7

The maximum number of persons that may be accommodated at the designated centre Glenaulin Nursing Home is 87.