



Statement of Purpose and Function

GLENAULIN NURSING HOME
LUCAN ROAD
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Registered Provider:	Ms. Veronica McCormack.
Address:	Glenaulin Nursing Home, Lucan Road, Chapelizod, Dublin 20
Person in Charge:	Ms. Orla Quigg.
Address:	Glenaulin Nursing Home, Lucan Road, Chapelizod, Dublin 20
Registration Details:	11/1/0041
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Registration Expiry Date:	8 January 2015
Registration Conditions:	As Per Registration Certificate

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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 inspections@hiqa.ie or are available at the nursing home upon request. Our most recent inspection report is available at the back of this document. Conditions of our registration is outlined at back of this statement.

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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.

PROFILE OF RESIDENTS.

Glenaulin Nursing Home is a nursing facility that is registered for 84 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 and residents with mental health needs. 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 delegated C.N.M 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:

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.

(Source: Department of Health and Children, (2006), Long Stay Activity Statistics).

High Dependency Nursing Care: Our newly relocated 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.

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. 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 and three clinical nurse managers. 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, clinical nurse managers, 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 and a Professional Certificate in Gerontological Nursing 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, Rehabilitation and Care. Before joining Glenaulin Nursing Home, Orla worked as Director of Nursing in a 42 bedded Nursing Home in Cork. 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 2009. 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 (2008). She reports to the registered provider and management team on all aspects of her role and responsibilities. She is supported in her role by three clinical nurse managers.

Each clinical nurse manager (CNM) is 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 is accountable to the person in charge for the effective management of nursing and care services in their area.

There are 2 Care Assistant Supervisors who support and manage the Care Assistants 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 and the person in charge.

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. They ensure 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.

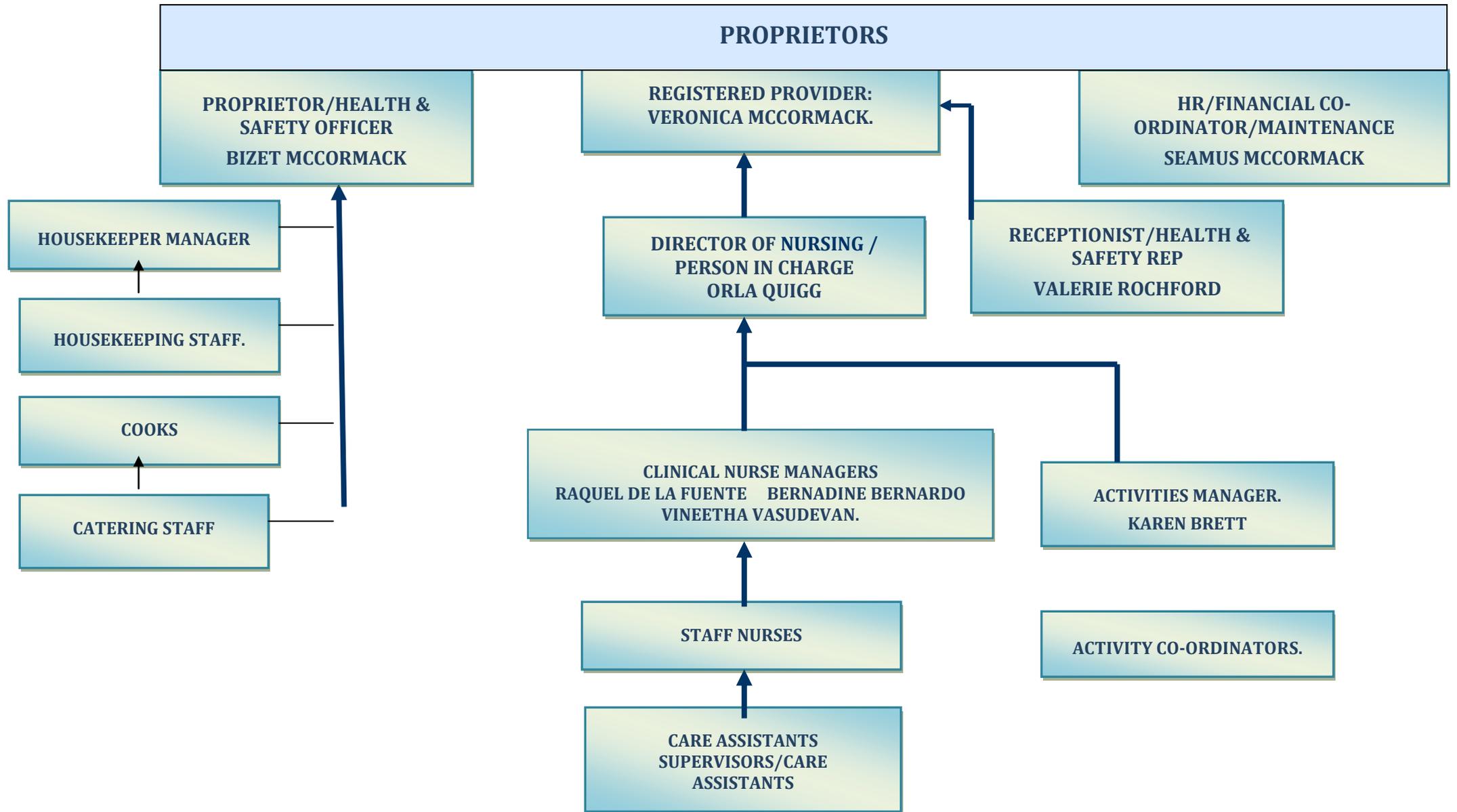
Glenaulin Nursing Home is committed to continuous improvement. Clinical governance, including risk management and continuous quality improvement is facilitated by two committees, namely the management committee and the clinical governance committee. Both committees meet on a regular basis to monitor 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 clinical nurse managers (when required). The committee meets every 5/6 weeks and reviews the quality and safety of services in the home.

The clinical governance committee in Glenaulin Nursing Home meets every 5/6 weeks. 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.

A diagrammatic representation of the Governance and Management framework of Glenaulin Nursing Home is provided in Fig.1.

Fig. 1: Governance and Management Framework.



LOCAL MANAGEMENT CONTACTS.

Name	Position	Contact Number
Ms. Veronica McCormack	Registered Provider	01 6264677
Ms. Orla Quigg	Person in Charge	01 6264677
Ms. Bizet McCormack	Proprietor	01 6264677
Mr. Seamus McCormack	Proprietor	01 6264677
Ms. Catherine O' Neill & Kevin Cahill	Lead Chefs	01 6264677
Ms. Lynda Dunne	Housekeeping Manager	01 6264677
Ms. Karen Brett	Activities Manager	01 6264677

STAFFING ARRANGEMENTS.

Nursing Care:

Glenaulin Nursing Home provides a 24 hour registered nursing service supported by care assistants. 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 for the overall performance of their duties. The care assistant supervisors meet weekly with the person in charge and the registered provider and report any issues/concerns they may have.

All nurses are registered with An Bord Altranais and most 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.

In addition to nursing services, we have a chef, catering staff, domestic staff, housekeeping staff, a laundry assistant and activities co-ordinators. All of our clinical staff are 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 will be reviewed at our management meetings/Clinical Governance meetings as part of our ongoing auditing and monitoring process.

Listed below is our staff complement in a 24 hourly period and our current staffing levels based on the RCN tool.

- | | |
|-------------------------------|-----------------|
| • Director of Nursing x1 | 8am – 5pm |
| • Clinical Nurse Manager x 1 | 8am – 8pm |
| • Receptionist x 1 | 9.30am – 8pm |
| • Staff Nurses x 3 | 8am – 8pm |
| • Staff Nurse x 1 | 8am – 6pm |
| • Health Care Assistants x 2 | 8am – 2pm |
| • Health Care Assistants x 12 | 8am – 8pm |
| • Staff Nurses x 3 | 7.45pm – 8.15am |
| • Health Care Assistants x 5 | 7.45pm – 8.00am |
| • Activities Manager x 1 | 9am – 5pm |
| • Activity Co-ordinators x 4 | From 9am – 8pm |
| • Domestic Staff x 3 | From 7am – 8pm |
| • Chef x 1 | 7am – 5.30pm |
| • Laundry x 1 | 8.45am – 3.30pm |

- Housekeeping Manager x 1 7am – 4pm
- Housekeeping x 5 From 7am – 3.30pm
- Maintenance Supervisor On Call
- Grounds Keeper Monday, Wednesday, Friday 6am – 2pm

Current Staffing Levels – 84 Beds

Department	RCN Recommendations (Whole Time Equivalent)	Glenaulin Nursing Home (Whole Time Equivalent)
• Health Care Assistants	22.98	39.52
• Nursing Staff	13.86	17.65

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 (except personal items and dry cleaning)
- ▶ Cleaning of room and communal areas
- ▶ 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. 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. Each general practitioner employs the services of a locum service to care for their residents outside of normal hours.

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

- ▶ Dry Cleaning Services
- ▶ Hairdressing
- ▶ Newspapers and Magazines
- ▶ Personal Toiletries
- ▶ Any items ordered from the Chemist not available on Script
- ▶ Taxis
- ▶ Specialised Chair or Equipment
- ▶ Any private arrangements made for treatment other than that provided by the HSE.

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 is 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.

Worship

Residents' spiritual needs are accommodated at Glenaulin Nursing Home. An oratory is available for residents who want to spend some quiet time in worship. 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.

Hairdresser

We have a hairdresser who visits the Nursing Home. Nursing staff 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.

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. The purpose of the visit is to carry out a pre admission assessment of the person's needs and preferences 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.

On admission, a designated 'core' nurse will undertake an initial assessment of the resident's needs, including any safety needs related to risks. A care plan to address these needs is commenced at this stage. A comprehensive assessment of the resident's needs and preferences 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 residents health, personal and social care needs.

The comprehensive assessment will also identify potential for improvement, psychosocial well being. To aid this process each resident or their representative will be asked to complete a questionnaire regarding their hobbies, interests and preferences which will enable us to

guide them towards an activity that will suit their needs. We will also 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.

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 three months. We encourage the involvement of the resident's family in care planning and review, particularly if the resident is unable to convey their needs and wishes to staff. In order 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.

PRIVACY AND DIGNITY.

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 are 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.

ACTIVITIES.

Glenaulin Nursing Home has an active wellness programme. The activity team works with the nursing staff to ensure that each resident's requirements are being monitored and met.

Residents are assigned a personal activity coordinator who helps them to create a life story book with assistance from their family. These also help to inform the timetable of activities

and help to promote a person centered approach to the provision of meaningful activities for residents.

The programme includes the following activities:

- Physical programmes include: Siel Bleu, Rings game, skittles, boules, muscle movers, joint jiggers, tai chi, darts, music and movement, parachute game etc.
- Weekly bingo, quizzes, nail care, pet therapy, reminiscence time, sing-songs, hand massage, card games, percussion workshops.
- Creativity sessions such as flower arranging, painting, craft time, sing song, weekly karaoke sessions.
- Glenaulin resident's choir is being organised with Rachel Mungra from Royal College of Music.
- Alzheimer's care programme is especially designed to promote a gentle yet stimulating atmosphere for resident. Activities concentrate on cognitive and sensory stimulation including music, texture time, rhythm, dance, massage including the Sonas programme.
- Spiritual activities include daily rosary at 12.00, weekly mass, meditation sessions, and reading sessions to allow for spiritual reflection.
- Residents can assist with familiar activities such as setting tables, window cleaning, key collection, towel folding, sock sorting etc.
- An in-house shop runs with the residents which provides a social outlet and the familiar experience of shopping. Residents are encouraged to browse. 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, Burns Suppers, Summer Celebrations, Hospice Coffee morning, Tea dances, Bealtaine Festival and other cultural events.
- Families are also encouraged to take part and join in events.

ENVIRONMENTAL FACILITIES.

Glenaulin Nursing Home is registered for a maximum of 84 residents. All of our rooms are decorated with tasteful colours ensuring a warm and peaceful surrounding.

- ▶ 1 x 4 Bedded high dependency unit.
- ▶ 1 x 3 Bedded high dependency unit.
- ▶ 34 x Single rooms.
- ▶ 14 x Double rooms.
- ▶ 5 x Triple rooms.

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

- ▶ En-suite Bathrooms (Liffey Wing, Healy Wing, Cedar Wing and Maple Wing)
- ▶ Nurse Call Bell
- ▶ Private Telephone facility
- ▶ Television Point
- ▶ Wheelchair accessibility

Other environmental facilities include:

- ▶ Nurses Work Station x 4
- ▶ Visitors Room x 2
- ▶ 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
- ▶ Single Room Assigned for End of Life x 1
- ▶ DON/ CNM Office x 1
- ▶ Activities/Physio Room x 1
- ▶ Hairdressing Room x 1
- ▶ Administration Office x 1
- ▶ Meeting / Training Room x 1
- ▶ Sluice Room x 2
- ▶ Dining Room x 1
- ▶ Day Room / Dining Room x 2
- ▶ Wi Fi Enabled Common Areas

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.

Room Sizes.

Rooms.	Size Range	
	From	To
Treble Rooms	21.5sqm	26sqm
Double Rooms	14.8sqm	23.5sqm
Single Rooms	11.5sqm	17.1sqm
High Dependency Units	43 sqm	50sqm
Sitting Rooms.	65 sqm	110sqm
Dining Room	32sqm	50sqm
Bathrooms	5sqm	10sqm
Toilets	4sqm	6sqm

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 who conducts routine safety walks with the Person in Charge. 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.



Glenaulin Nursing Home has a fire safety programme in place. Information on fire safety is displayed at strategic points throughout the building. Our fire safety programme includes regular fire drills and testing of the fire alarm. Residents are informed of any tests or practice drills prior to their initiation. All of our staff have on-going training 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 early 2009, all area's of Glenaulin Nursing Home has been fitted with new smoke heads and fire alarm system.

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 receive training on infection prevention including 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.

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 take their own medication should discuss this with their core nurse and complete the appropriate documentation.

Quality of Care and Services.

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 monthly basis. 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 also host a monthly residents/relatives forum. The purpose of the forum is to provide an opportunity for residents and their relatives to keep us informed of any issues that they feel affect the quality and safety of their care and everyday life.

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

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 tagging all of residents' clothes on admission and there after where any additional clothes are brought in. All personal clothing can be handed in at the nurses station for tagging. This service incurs an additional charge.

Valuables

We encourage residents, where possible to send home any money or valuables that they will not require during your 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.

Meals and Mealtimes.



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 cooks 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 room 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 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	6.00 pm
Supper:	7.30pm – 11.00pm

**In order to respect the dignity of our more dependent resident who needs 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.. However, arrangements can be made with staff to work around those times if necessary.

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.

Advocacy.

Ms. Mary Kennedy is the independent resident advocate in Glenaulin Nursing Home. She Attends the monthly resident/relatives meetings where residents or their representative may raise any concerns with her.

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 Person in Charge or the most senior nurse on duty.

Complaints Procedure –General.

If the person is unhappy with any aspect of our services there are a number of ways that they can express their concerns.

1. The complainant can speak directly to the staff involved who will try to address any issues or where this is not possible, the staff member will arrange for the nurse in charge to speak with the resident. The staff nurse must document the complaint/issue.
2. The complainant can contact the allocated nurse on duty. She/he will try to resolve the complaint on the spot or where this is not possible, she will advise the complainant of the formal complaints process and inform the Person in Charge.
3. If the complainant does not wish to express their concerns or dissatisfaction directly with the staff involved, the complainant can ask to speak with the Person in Charge or Ms. Veronica McCormack directly. Both will endeavour to address the complainant's concerns or issues raised or where the issue is more complex, they will advise the resident on our written complaints process.
4. The resident can put any complaints in writing to Ms. Orla Quigg, Person in Charge who will undertake an investigation of the complaint and provide the complainant with a written response.

While, we would attempt to resolve every complaint to the satisfaction of the person making the complaint as soon as it is received, some complaints may be of a more complex nature and may require further investigation.

Stage 1: Verbal Complaints.

1. Verbal complaint is made to a staff member. Depending on the nature of the complaint, the staff member will either try to resolve the issue at the point of contact or refer the complaint to the nurse on duty. The nurse on duty will aim to resolve the complaint to the satisfaction of the person making the complaint. It will be documented in Glenaulin's " Issue's Register" .
2. If it is not possible to resolve the complaint/issue at this level, the nurse on duty will offer to refer the complaint directly to the Person in Charge or Ms. Veronica McCormack in her absence, or advise the resident about making a written complaint.
3. The Person in Charge will receive the complaint, meet with the complainant and aim to resolve the complaint to the satisfaction of the complainant.
4. If the complaint is resolved at this level to the complainant's satisfaction the details of the complaint and outcome will be recorded and reviewed as part of our continuous quality improvement programme.
5. Where a complaint cannot be resolved at this level, the Person in Charge will explain the reasons why and offer the person the opportunity to make a written complaint.

Stage 2: Written Complaints.

1. All written complaints will be received by the Person in Charge who will conduct a preliminary review of the complaint to determine the most appropriate course of action including the need for a formal investigation process. She will acknowledge the complaint in writing within five working days of receipt of the complaint and provide details of what will happen next.
2. Where a formal internal investigation is required, the Person in Charge will provide details of how the investigation will be conducted, by whom and the expected timeframe of investigation of the complaint and any further information required.

3. Where a formal investigation is required, we will aim to provide the complainant, in writing, the findings of the investigation and our response within twenty eight working days. However, this timeframe may change depending on the complexity of the issues raised; the number of people / staff involved and the availability of information required. If for any reason, we are unable to complete the investigation within twenty eight working days, we will inform the complainant in writing.
4. Where a formal investigation is being carried out, the Person in Charge will provide the complainant with an update on the progress of the investigation at pre determined agreed timescales.
5. If for any reason, the resident or any other person making a complaint is not satisfied with the response to or handling of the complaint, the Person in Charge will meet with the person making the complaint to arrange for an independent review of the response to and investigation of the original complaint. The complaint will then be addressed by the independent/second person Ms. Maura Galvin. She will then investigate the complaint raised and report back to the complainant.
6. All complaints and their outcomes are recorded in the complaints log.

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 an Advocate, Ms. Mary Kennedy, independent advocate will be available to advise a resident/relatives on how to make a complaint.

Appeals Process.

- If a complaint remains unresolved the complaint will then be addressed to the most senior person, (The Registered Provider, Veronica McCormack) who will investigate the complaint and report back to the complainant.
- All formal complaints will be brought to the attention of the Registered Provider.
- Residents/relatives are at all times free to direct a complaint to our nominated independent person:

Maura Galvin

Padre Pio Nursing Home

50-51A Cappaghmore
Clondalkin
Dublin 22
01 4573339

Monitoring and Continuous Improvement.

All complaints are reviewed by the management committee at their monthly 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.

CONTRACT OF CARE.

Following agreement to take up residency within Glenaulin Nursing Home, each resident will be given a contract of care within the first month. The contract of care outlines the range of services provided by the nursing home and the overall fee applicable for these services. The contract will identify any additional charges for services that are not included in the standard fee. The contract of care ensures that each resident or a representative acting on their behalf is fully aware of both their entitlements and the terms and conditions of Glenaulin Nursing Home.

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.

- ▶ The National Standards for the Care of Older People in Residential Care, HIQA (2008).
- ▶ 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.

We have recently undertaken a review of our policies and procedures. 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.

<i>Policy Name.</i>	<i>Section</i>
Governance and Management Framework	1.
Clinical Governance	2.
Emergency Plans	3.
Risk Management including incident reporting.	4.
Assessment and Care Planning	5.
Admissions, Discharges and Transfers	6.
Consent and Advocacy	7.
Privacy and Dignity.	8.
Elder Abuse	9.
Use of Restraints.	10.
Management of Behaviours that Challenge.	11.
Managing Episodes of Violence & Aggression	12.
Care of Residents with Dementia.	13.
Management of Cognitive Impairment.	14.
Management of Mood Disorders	15.
Management of Pain.	16.
Percutaneous Endoscopic Gastrostomy feeding Tubes PEG	17.
Nutrition and Hydration	18.
Oral Hygiene and Dental Care.	19.
Continence Care.	20.
Management of Communication Needs.	21.
End of Life Care.	22.
Promotion of Health and Psychosocial Wellbeing.	23.
Management of Resident Elopement.	24.
Wound Management.	25.
Sexuality and Intimate Relationships.	26.
Falls Prevention	27.
CPR	28.
Manual Handling	29.
Management of Residents' Information / Records Management.	30.
Management of Residents' Accounts / Property.	31.
Complaints.	32.
Whistleblowing.	33.
Delegation and Clinical Supervision.	34.
Staff Training and Education.	35.
Recruitment and selection of staff.	36.
Medication Management	37.
Smoking Policy.	38.
Infection Control	39.

Self-Harm and Suicide	40.
Administration of Subcutaneous Fluids	41.
Closed Circuit Television (CCTV)	42.

USEFUL CONTACTS

Advocacy Group	Phone Number	Fax Number	Contact Name	Email address	Postal address
Age Action Ireland www.ageaction.ie	01 475 6989	01 475 6011		info@ageaction.ie	Age Action Ireland Ltd, 30/31 Lower Camden Street, Dublin 2
Citizens Information Board (formerly Comhairle)	01 605 9000	01 605 9099	Helen Lahert Manager Advocacy and Accessibility	helen.lahert@ciboard.ie	Citizen's Information Board, 7 th Floor, Hume House, Ballsbridge, Dublin 4
Equality Authority www.equality.ie	Lo call 1890 245 545	01 417 3331		info@equality.ie	The Equality Authority, 2 Clonmel Street, Dublin 2
Irish Advocacy Network	047 389 18 (087 754 0763)		Colette Nolan	admin@irishadvocacynetwork.com	Irish Advocacy Network, c/o Health Care Unit, Rooskey, Monaghan
Irish Cancer Society www.cancer.ie Prostate Cancer Information Service: Action Breast Cancer	01 231 0500 1800 200 700 (Mon – Thurs 9am- 7pm and Fri 9am-5pm) 1800 380 380 1800 309 040	01 231 0555		helpline@irishcancer.ie prostate@irishcancer.ie abc@irishcancer.ie	Irish Cancer Society, 43/45 Northumberland Road, Dublin 4
Irish Heart Foundation www.irishheart.ie	01 668 50 01	01 668 5896	Caroline Cullen	info@irishheart.ie	Irish Heart Foundation, 4 Clyde Road, Ballsbridge, Dublin 4
Irish Patients Association www.irishpatients.ie	01 272 2555	01 272 2506	Stephen Mc Mahon	stephenmcmahon@eircom.net info@irishpatients.ie	Irish Patients Association, Unit 2, 24 Church Road, Ballybrack, County Dublin
Mental Health Ireland www.mentalhealthireland.ie	01 284 1166	01 284 1736	Ted Tierney	ted@mentalhealthireland.ie	Mental Health Ireland, Mensana House, 6 Adelaide Street, Dun Laoghaire County Dublin
Patient Focus	01 885 1611 01 885 1617 01 885 1633		Cathriona Molloy Shelia O' Connor Jim Reilly	support@patientfocus.ie	Patient Focus, Unit 9A Sky Business Centre, Plato Business Park, Damastown, Dublin 15

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 2009 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (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 article 5 of the Health Act 2007 (Care and Welfare of Residents In Designated Centres for Older People) Regulations 2009 (S.I. 236/2009) (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 84.

Room 43 is permitted a maximum capacity for 4 persons. Room 42 is permitted a maximum capacity of 3 persons. Both room 42 and 43 can only be used for residents who require 24 hour high support nursing.