Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Swords Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Mowlam Healthcare Services Unlimited Company</td>
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<tr>
<td>Address of centre:</td>
<td>Mount Ambrose, Swords, Co. Dublin</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>01 March 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000181</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0028659</td>
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About the designated centre

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

Swords Nursing Home is a purpose-built facility which can accommodate a maximum of 52 residents. The centre provides long term residential, respite, convalescence, dementia and palliative care to a mixed gender of 18 years old and over. Care is provided to those of low, medium, high and maximum dependency. The main objective of Swords Nursing Home is to ensure the continued delivery of high quality consistent person-centred care to all residents. There philosophy is based around a quality of life and quality of care for residents. They use a multifaceted approach to care to achieve this. Accommodation available to residents include eight twin and 36 single bedrooms some of which have bathrooms en-suite. It is located in the countryside within five kilometers of Swords village.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 42 |
How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (hereafter referred to as inspectors) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Sunday 1 March 2020</td>
<td>14:00hrs to 16:00hrs</td>
<td>Sheila McKevitt</td>
<td>Lead</td>
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What residents told us and what inspectors observed

This was an out of hours inspection to follow up on information that had been received by the Chief Inspector. The issues included staffing levels and the provision of activities for residents in the designated centre. During the inspection the inspector also followed up on the actions that were required in relation to premises following the previous inspection in September 2019.

Residents spoken with were happy. The inspector observed residents watching movies in two of the three sitting rooms. The inspector spoke with some of the residents and they said that they were enjoying the movie. The environment was quiet, calm and peaceful.

The inspector observed that there were good staffing levels. Staff communications with residents were positive and demonstrated empathy and respect.

The inspector spoke with relatives visiting residents. They said there were no restriction on visitors and they were always made to feel welcome in the centre. Relatives told the inspector that they felt it was home from home for their loved one.

The residents and relatives who spoke with the inspector were positive about the care and services provided in the centre and did not have any complaints. Residents and families did not raise any concerns in relation to staffing levels in the centre.

Capacity and capability

This was a well managed centre for the benefit of the residents who lived there. The management team in this centre remained unchanged since May 2019 which had contributed to improved governance and oversight of the service. The person in charge attended feedback at the end of this unannounced inspection and demonstrated a commitment to improving compliance with the regulations.

The centre was well resourced. There were sufficient staff with the right skills and knowledge to care for the 42 residents living in the centre. The staffing numbers and skill mix on the day of this inspection were maintained by the use of agency staff. The person in charge confirmed that there were three vacant health care assistant posts in the centre and that these were in the process of being filled. The appointment of three new health care assistants would reduce the amount of agency staff working in the centre and improve continuity of care for the residents.

The premises was in the process of being redecorated and refurbished. The person
in charge was confident that once these works were completed this would better support residents to maintain their independence in their day to day lives.

Regulation 15: Staffing

The staffing levels and skill-mix were adequate to meet the needs of the 42 residents living in the centre on the day of inspection. Staffing levels were reviewed on a frequent basis to ensure they were adequate to meet residents' needs.

Agency staff were working to cover vacant posts.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents living in the centre were being cared for by staff who knew them well and who demonstrated respect and empathy in their interactions with those they cared for. As a result residents appeared to be receiving a good standard of service.

Each resident’s privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and were enabled to exercise choice over their life and to maximise their independence.

The premises was well maintained. The re-decoration works were facilitating residents to remain independent for as long as possible. The communal areas provided a mixture of small and large rooms in which residents could enjoy activities and social events. The smaller rooms facilitated residents who preferred a quiet space or who wanted to meet their visitors in private. The inspector found that since the last inspection in September 2019 the provider had taken appropriate actions to address the issues in relation to three bathrooms and two en-suite facilities.

Regulation 17: Premises

The premises was being redecorated and refurbished. The planned works included re-papering the walls of the corridors and painting each bedroom door in different colours. In addition memory boxes were being installed outside resident's bedroom doors for those residents who wished to have one. These would help the residents to more easily locate and identify their bedrooms.
The provider had taken appropriate actions to address the malodour that had been present in three of the communal bathrooms and two en-suite facilities since the last inspection. The inspector found that there was a slight odour present in two of the communal bathrooms, one of which was out-of-order. The third communal bathroom and the two en-suites were now found to be odour free.

The inspector noted that the two smaller sitting rooms and the visitors room felt cool. The temperature dial in the two sitting rooms read 19 degrees and 20 degrees and the visitors room read 18 degrees. They were all set at 21 degrees or above. The person in charge confirmed that a heating engineer had been called out and would be on site to check the heating prior to the inspector leaving the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Resident's rights were upheld in the designated centre and residents were able to exercise choice in the care and services provided for them and in their daily routines.

There were opportunities for meaningful occupation through a planned recreation and activities programme. Residents were observed participating in activities coordinated by staff. Those residents living with dementia and other cognitive impairments were facilitated to participate. The activities co-ordinator met with residents every four months to discuss and plan activities in accordance with their interests and capacities. Minutes of these meetings were available for the inspector to review.

Residents religious preferences were respected and residents told the inspector how much they enjoyed watching Mass on television and other religious services provided to them each Sunday.

Judgment: Compliant
Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Compliance Plan for Swords Nursing Home OSV-0000181

Inspection ID: MON-0028659

Date of inspection: 01/03/2020

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 17: Premises:
Following extensive works which involved installation of Soil Stack Ventilation, upgrade of Mechanical Ventilation and installation of Passive Fresh Air Inlets in the above areas the malodor has been resolved. We continue to monitor these rooms and all areas of the Home daily.

The issue of room temperatures on the day of inspection has been addressed by the Mechanical Contractor. A fault was identified with the ignition detection electrode on the Heating Boiler. The detection electrode has been replaced and the Boiler is now working effectively. The Sitting Room & Visitor Room as well as all other rooms throughout the Home are being maintained at a satisfactory temperature.
Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
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<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td></td>
<td>31/03/2020</td>
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