<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Summerville Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000397</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Strandhill, Sligo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>071 912 8430</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@summervillehealthcare.com">info@summervillehealthcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Summerville Healthcare Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Gilmartin</td>
</tr>
<tr>
<td>Person in charge:</td>
<td></td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Marie Matthews</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>46</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</table>
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From:          To:
20 May 2014 09:30  20 May 2014 17:30
21 May 2014 09:00  21 May 2014 18:00

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

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

Summary of findings from this inspection
This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. The current registration of this centre is due to expire in 31/10/2014. This was the fifth inspection of this centre undertaken by the Authority.

The inspector observed evidence of good practice during and was generally satisfied that residents received a good standard of care with appropriate access to a general practitioner (GP) and to allied health professionals such as a dietician or physiotherapist as required. There was a range of social activities available and residents said they could participate or not depending on their interests. The centre
was bright, spacious and comfortable. It was decorated to a high standard and appeared clean and well maintained. Residents spoken with stated “they felt well looked after” and confirmed that they felt safe in the centre due to the continued presence of staff. They were positive in their comments regarding the care they received.

Pre-inspection questionnaires from residents and their families were also reviewed. The Inspector found that residents and relatives were positive in their feedback to the Authority and expressed satisfaction about the facilities and services and care provided. Residents told the inspector they were well cared for and were complimentary about their day to day life, the meals provided and the staff team.

The provider submitted reviewed written evidence, from a suitably qualified person confirming the building meets all the statutory requirements of the Fire and Planning Authority, with regard to the use of the building as a residential centre for older people. This was reviewed by the inspector prior to the inspection. In addition all other documents submitted by the provider, for the purposes of renewal of registration were reviewed prior to the inspection.

The inspector found some aspects of the service that needed improvement. The Person in Charge (PIC) was unavoidably on leave on the day of inspection and a replacement had not been identified to oversee care and ensure clinical supervision. There was still no safe, secure outdoor area provided for residents which was an action from the last inspection. Documentation in relation to wound management and the use of restraints required improvement to reflect evidence based practice. Some of the centres' policies also required review to reflect practice in the centre. The Action Plan at the end of this report identifies mandatory improvements required to come into compliance with Regulations.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose and function was reviewed by the inspector. It described the service and facilities provided in the centre. The ethos was reflected in day-to-day life through the manner in which staff interacted, communicated and provided care.

The statement of purpose had recently been reviewed and updated and included the registration number, the expiry date and conditions attached by the Chief Inspector to the designated centre’s registration under Section 50 of the Health Act 2007 and the maximum number of residents who will be accommodated in the designated centre. The Provider was aware of the requirement to keep the document under review and to notify the Chief Inspector of any changes.

**Judgement:**
Compliant

### Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The inspector reviewed a sample of completed residents’ contracts and saw that they had been agreed with the resident within a month of admission. They contained details of the services included in the fee and the cost of accommodation. A new template had been prepared to comply with the Regulations. Some of the older contracts reviewed did not however include a clear breakdown of any additional fees to be charged for services.
such as hairdressing, chiropody or physiotherapy.

**Judgement:**
Non Compliant - Minor

<table>
<thead>
<tr>
<th><strong>Outcome 03: Suitable Person in Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</td>
</tr>
</tbody>
</table>

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The PIC was unavoidably on leave at the time of the inspection. His absence had been appropriately notified to the Authority. A key senior manager who deputised for the PIC resigned her post to take up a position in another centre one month prior to the PIC's absence and therefore there was no PIC or deputy PIC in post at the time of the inspection. The key senior manager who resigned had returned to work at the centre on a part time basis to prepare for and assisted during the registration inspection.

Since the last inspection the Authority has been notified that a new PIC has been recruited and is due to commence duties in September. In the interim period the provider has advised that departed key senior manager will work part time at the centre to oversee clinical governance and the new PIC will attend the centre on a number of times during the summer. The provider stated that a senior nurse will cover the PIC's hours daily and she will be supported by two additional staff nurses.

**Judgement:**
Non Compliant - Moderate

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Operating policies and procedures were in place as required. Records reviewed confirmed that in general documents such as staff rosters, accidents and incidents to residents and staff, nursing and medical records and operational policies and procedures were maintained in a manner so as to ensure completeness and accuracy as required by the Regulations.

The centres adult protection policy and the complaints policy had been revised in response to the action plan following the previous inspection. This is discussed further in the relevant sections in outcomes 6 and 13. Some policies required minor review to simplify guidance and accurately reflect practice. For example, the medication policy did not identify the name of the pharmacy supplying medication to the centre or where controlled drugs were stored in the centre. The policy on managing residents finances did not reflect practice or give clear guidance to staff to manage residents.

Judgement:
Non Compliant - Minor

<table>
<thead>
<tr>
<th>Outcome 05: Absence of the person in charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</td>
</tr>
</tbody>
</table>

| Theme: |
| Leadership, Governance and Management |

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

Findings:
As discussed in outcome three, the position of the deputy person in charge was vacant at the time of inspection and replacement staff member had not been identified to fill this most. The provider had engaged the services of the previous Deputy PIC on a temporary basis to oversee clinical care and to prepare for and facilitate the registration inspection. The provider also stated that in the interim period one of the senior staff nurses would provide cover for Person in charge in his absence and she will be supported by two nurses.

Judgement:
Compliant

<table>
<thead>
<tr>
<th>Outcome 06: Safeguarding and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.</td>
</tr>
</tbody>
</table>

| Theme: |
| Safe Care and Support |

| Outstanding requirement(s) from previous inspection: |
| No actions were required from the previous inspection. |
Findings:
There were measures in place to safeguard residents and protect them from abuse. Staff knew what constituted abuse and what to do in the event of a suspicion or disclosure of abuse, including who to report any incidents to.

Residents stated that they felt safe in the centre and that there were adequate measures in place to protect them. The entrance to the unit was protected by a key padded lock. Close Circuit TV surveillance monitored the entrance and car park. A visitor's book was used to log all those visiting the centre. Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Síochána vetting forms examined by the inspector. Staff spoken with were clear on the reporting arrangements and were knowledgeable of the different forms of abuse. Training records reviewed by the inspector confirmed that all but two staff had received training on 'Identifying and responding to elder abuse'. The inspector saw that training for these staff was scheduled to take place in early June.

A policy on Adult Protection was available. The policy required revision to ensure it reflected the reporting system and personnel in the centre and to include local contact numbers for the appropriate authorities, for example, the Garda Síochána. The policy also omitted guidance for staff in the event of an allegation of abuse been made against a senior member of staff and it did not prompt staff to notify the Authority of any allegations as required in the regulations.

Resident’s finances were reviewed by the inspector. The provider confirmed that she was not acting as an agent on behalf of any of the residents. Smaller sums were stored safely for residents. The deputy manager / administrator was responsible for managing these sums of money. Each residents’ money was kept in a separate wallet. The inspector observed that an electronic record of each transaction was maintained. Only one staff member signed when transactions took place which did not afford the maximum protection to either the resident or the staff member managing the money and which was not in keeping with best practice. A policy on managing residents finances was available however it did not reflect practice in the centre or give sufficient guidance to staff.

Judgement:
Non Compliant - Moderate

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

Theme:
Safe Care and Support

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

Findings:
The Authority was provided with written evidence from a suitably qualified person
confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for older people. Smoke detectors were located in all bedrooms and general purpose areas. Emergency lighting was provided throughout the building. The inspector viewed contracts of the servicing of fire alarms, smoke and heat detectors. Routine inspection of the automatic fire door closer were undertaken to ensure they were operational. Fire fighting equipment was inspected routinely to ensure it was in place and intact. Individual evacuation plans had been devised to show the evacuation route and method for each resident. Service records showed that the fire alarm system was serviced on a monthly basis and the emergency lighting and fire equipment regularly. The inspector read the records which showed that daily inspections of fire exits and the fire panel were undertaken. Training records were available which confirmed that all staff had attended fire training in the last year. All staff spoken with were clear about the procedure to follow in the event of a fire. Simulated fire evacuation drills were conducted regularly and the inspector saw that this included an analysis of the time taken to complete the evacuation. An emergency plan was available which referenced a list of the residents and detailed the means of evacuation for each resident which was update daily.

A Health and Safety Statement was available and risk management policies and procedures were in place to assist in the identifying, assessing and controlling risks. The inspector observed that separate policies were available to guide staff in the areas identified by the regulations, e.g. managing challenging behaviour, accidental injury however the centres risk management policy did not reference these other policies so it was more difficult for staff to access comprehensive guidance in all of these areas. The policy was also generic in nature and did not reflect the specific risks relevant to this centre. For example, the building is located on a site overlooking and in close proximately to the sea. The risk of a resident leaving the centre unaccompanied or unknown to the person in charge was discussed with the provider. The provider stated that the all exit doors were locked and the external area behind the building was protected by a perimeter fence to mitigate against this risk.

A missing person policy was in place and the entire perimeter of the building was monitored by CCTV (closed circuit television) surveillance. Photographic identification was in place for each resident and a missing person profile description sheet was available, to provide to emergency services in the event of a resident going missing. Records of missing person drills were not available although several staff members confirmed that they took place. Two maintenance personnel were employed by the provider to undertake repairs and ensure the building and services were well maintained. There was a maintenance log book available for staff to record details of any equipment, or item that required repair on a routine basis. The inspector saw that this was well used in practice and that issues requiring repair were attended to promptly.

Arrangements were in place for recording and investigating incidents and accidents which were reviewed monthly by the person in charge. The PIC had conducted a review of accidents for the first half of the year which showed a reduction in the number of falls. Information recorded included details of the accident/incident including the time of day the accident occurred and the inspector saw that that neurological observations and vital signs were checked and recorded. Falls were investigated and preventative
strategies to minimise the risk of re-occurrence. Manual handling assessments were completed for each resident and staff had completed training in this area.

Arrangements were in place to ensure good infection control practice. Soiled laundry was segregated and laundered separately. Staff were observed to use disinfection gels provide and a colour coded cleaning system was in use.

Judgement:
Non Compliant - Minor

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

Theme:
Safe Care and Support

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

**Findings:**
There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration. Medication was supplied by a local pharmacy and all unused medication was returned to this pharmacy.

The nursing staff were knowledgeable of the medications being administered. The prescription sheets reviewed were clear, legible and distinguished between PRN (as needed) and regular medication. The maximum amount for PRN (as required) medication was indicated on sample of prescription sheets viewed by the inspector. Photographic identification was available on the drug charts for each resident to help ensure the correct identity of the resident receiving the medication and reduce the risk of errors.

GP’s reviewed each resident’s medication every three months or more frequently should a change in residents’ health occur. The inspector reviewed medical files and noted the medication review by the prescribing practitioner, which was documented in the sample of residents’ medical notes examined.

Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. None of the current residents were self medicating. 9 staff nurses involved in the administration of medications had undertaken training in medication management.

The policy on medication management required minor revision to reflect practice with regard to the requirement for two signatures where medication is transcribed. This alteration was made to the policy during the inspection.
Judgement:
Compliant

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

**Theme:**
Safe Care and Support

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

**Findings:**
The inspector reviewed the accident and incident log maintained at the centre and cross referenced these with the notifications submitted to the Authority. A small number of falls which resulted in serious injury were appropriately notified. Quarterly notifications were submitted appropriately by the person in charge in a timely manner. The provider had notified the Authority of the Absence of the PIC within the required time frame.

**Judgement:**
Compliant

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

**Theme:**
Effective Care and Support

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

**Findings:**
A system for quality assurance and continuous improvement was in place. Audits were undertaken on several aspects of the service including falls, complaints, residents’ finances, care plans and food and nutrition. A quality of Life audit was also competed by the PIC at the end of 2013. The inspector could see that improvements were identified and practice had improved in several areas, e.g. a decrease in the number of falls was identified as a result of preventative strategies.

Residents were consulted with through a residents’ forum which met two monthly and was chaired by the activities co-ordinator. A newsletter produced every two months also summarised the findings of the quality of life audit completed in 2013. Feedback from residents and relatives in the questionnaires returned to the Authority were very complimentary of the service provided and the staff team.

Whilst the newsletter contained a brief summary of the audit completed, there was no
overall report available at the time of inspection on the quality and safety of care and quality of life in accordance with Regulation 35.

Judgement:
Non Compliant - Moderate

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

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:

Findings:
The actions from the last inspection were partially addressed. Improvements were noted in care planning and most care plans showed a process of review that reflected resident’s needs and care requirements. However further areas were identified where improvements are needed.

The inspector reviewed a sample of residents' care plans. In general nursing and medical care needs of residents were assessed and appropriate interventions implemented. There were 46 residents accommodated in the centre on the day of this inspection.

Residents had access to general practitioner (GP) services including an out of hour’s service. There was evidence of appropriate allied health care for example, referrals to the dietician, occupational Speech and Language therapist, physiotherapists and specialists in wound care. Detailed pre-admission assessments were completed. Recognised assessment tools were used to assess care needs. These included assessments of resident’s risk of falls risk, developing pressure ulcers, risk of constipation, and malnutrition. Two residents had pressure wounds. Specialist pressure relieving equipment was in use for residents identified as at risk of developing pressure ulcers and there was evidence of regular repositioning of these residents. The inspector reviewed the care plan of a resident who had a wound on his foot. The resident had been referred a specialist tissue viability nurse. Appropriate reference tools were used by staff to grade the wound. Pain assessments were documented and appropriate analgesic administered. Although there were pictures of the wound taken at regular intervals, there were no measurements documented to assist staff to monitor if the wound was healing which was not in accordance with evidence based practice.

There was evidence that the care provided supported and promoted residents health
and independence. There was a range of assistive equipment provided. A dedicated physiotherapy room was available and a physiotherapist attended the centre on 3 days each week. All residents had received the flu vaccine at the start of the winter.

Arrangements to meet residents’ assessed needs were set out in individual plans of care. Most assessments informed the care plans, e.g., where a resident was assessed as at risk of weight loss, a nutritional care plan was available. The inspector reviewed a sample of four care plans. In one care plan reviewed the resident's next of kin had signed to say they wished to be involved in the review of care however there was no evidence of their involvement in the review documented and in some care plans reviewed there was no narrative in respect of what areas of each care plan were reviewed.

Risk assessments were undertaken prior to bed rails or other restraints been put in place. There was evidence of regular release of the restraint and of regular checks on the resident while the restraint was in use. The involvement of a multidisciplinary team in the decision to use a restraint was not recorded on one care plan reviewed. While a policy on restraint was available it did not reflect the national policy on restraint.

The inspector observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information to residents to ensure that the resident understood what was being said to them. Social assessments were documented in the care plans reviewed which included details of the residents’ interests and preferences. Life stories had been compiled by the centres activities coordinator for some residents and this work was ongoing. There was a good range of activities provided in consultation with residents to ensure they reflected their interests. The inspector saw residents taking part in baking, knitting, art and exercise during the course of the inspection.

There was some evidence that residents who had a cognitive impairment component to their diagnosis were provided with opportunities to participate in meaningful activities. Daily progress notes maintained electronically showed the activity engaged in by each resident.

Judgement:
Non Compliant - Moderate

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

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
No changes had carried out to the structure of the building since the last inspection. The centre is a single storey, purpose designed and built taking into consideration the needs of dependent persons. The inspector was satisfied that the design and layout of the centre was suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. There are a variety of communal areas available to residents such as the main sitting room which overlooked the sea, a visitors room, a library, an oratory and a dining room. Additional rooms include a physiotherapy room, hairdressers, recreation room and a treatment/clinical room. Adequate car parking is available to the front and side of the centre. There was appropriate equipment for use by residents or staff which was maintained in good working order.

Most residents were accommodated in single bedrooms which are spacious and suitable to meet the comfort and care needs of the residents. Three bedrooms are two bedded rooms. There is a call bell system in place at each resident’s bed. There is suitable lighting provided in each bedroom to meet the needs of the residents including a dim light facility. The en suite facilities in each bedroom are suitably adapted to meet the needs of residents. Showers are level with the floor finish providing ease of access.

Although there is ample space around the centre there is no safe, secure outdoor area provided for residents. This was an action from the previous inspection. The centre was designed to with patio doors off many of the bedrooms but in practice these were kept locked to prevent residents at risk of wandering from leaving the centre unaccompanied. The provider showed the inspector plans for renovations to the front of the centre which incorporated a new entrance and an enclosed outdoor space with seating for residents. This action is restated in the action plan attached to this report.

Judgement:
Non Compliant - Moderate

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

Theme:
Person-centred care and support

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

Findings:
There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complainant and the appeals process. This was displayed in a prominent position and residents and relatives who submitted pre inspection questionnaires were aware of the process and said they would speak to any of the staff if they had any issues they were unhappy with.
The inspector examined the complaints log. Four complaints had been documented in the previous six months. All had been resolved. Records showed that complaints were promptly investigated and resolved and the log recorded the outcome for the complainant and whether the complainant was happy with the outcome. The inspector also spoke with residents during the inspection who confirmed that they would have no hesitation in making a complaint should the need arise and said they would feel comfortable speaking to any staff member.

Judgement:
Compliant

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

**Theme:**
Person-centred care and support

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

**Findings:**
One resident was receiving end of life care at the time of the inspection. The inspector reviewed the end of life care plan for this resident. The care plan included discussions in relation to life saving treatments which had been signed by the resident’s GP. The resident’s personal wishes regarding her spiritual needs and the family members to be contacted if her condition deteriorated were also documented in this care plan. The residents family were accommodated should they wish to stay overnight. The provider described good access to the staff from the North West hospice.

The inspector viewed evidence that six nurses and 5 care attendants had completed training on end-of-life care in the past 18 months. Training was provided by a staff member from the local palliative care team.

An end of life policy was available to guide practice which had been reviewed on 11/5/14. Staff spoken with were aware of the policy and implemented care accordingly. It included procedures to ensure residents’ psychological, spiritual and physical care at the end of their life.

20 residents had died in the past 2 years. 14 of these residents died in the centre and 6 in hospital. Most residents were nursed in single rooms. The provider stated that all efforts are made to accommodate residents who share accommodation in a single room and that families are facilitated to stay with their loved one when they are dying.

Judgement:
Compliant
**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was a food and nutrition policy in place to guide staff which had been reviewed in May 2014. The policy prompted staff to carry out nutritional screening and oral assessments for all residents on admission. The inspector verified that this took place and residents identified as at risk of weight loss or with swallowing difficulties were appropriately referred to a Dietician or Speech and Language Therapist. Residents and their relatives expressed satisfaction with the food provided and the choices available to them.

The inspector reviewed the menu and discussed options available to residents with the catering manager. There was a choice of nutritious, wholesome food provided for the lunch and the evening time meal. Records of dietary preferences and any special dietary requirements were kept by the catering manager in the kitchen. The inspector noted that food that was puréed was attractively presented in individual portions and in accordance with the menu of the day.

The dining room could accommodate 35 residents. There were two sittings at each meal time to ensure residents who required assistance were afforded privacy. Food was served from a ban marie positioned between the kitchen and the dining room. The inspector observed the main meal and found that it was hot and attractively presented. Residents were offered a choice of food and individual preferences were accommodated. There were nutritious snacks offered between meals to ensure sufficient dietary intake including yoghurt's and milk puddings.

Care staff provided snacks for residents during the night. Drinks, including water, juices and soft drinks were observed to be readily available in the main foyer and in residents’ bedrooms.

**Judgement:**

Compliant

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**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*
Theme:
Person-centred care and support

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

Findings:
There was evidence of a good communication amongst residents and the staff. Residents said that they felt able to talk to staff at any time and that they could contribute their views and were listened to. A residents’ committee was in place which was facilitated by the centres’ activities coordinator and meetings were held every two months. Notes of the meetings were kept and the inspector could see that issues raised were dealt with promptly. There was a good attendance at these. Pre inspection questionnaires were completed and returned from 6 residents and 8 relatives prior to the inspection. These were generally very positive regarding the care received.

Residents told the inspectors that they could choose how they spent their day. Most residents had their own bedroom. Two bedded rooms had curtains between beds. Each bedroom had a television and there were televisions in the communal areas. Newspapers were delivered to centre every day.

There were good links maintained with the local community and there was a choice of areas where residents could talk with their visitors privately including a visitor’s room. Mass was celebrated regularly and the oratory provided a quiet space for residents who wished to use it.

The inspector saw that residents’ privacy and dignity was respected during personal care which took place in the residents own bathrooms.

Copies of the residents’ guide, statement of purpose and complaints policy were available on a table in the main foyer.

Judgement:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
A list of resident’s property was maintained by nursing staff. The provider said families are requested to label clothing before bringing it to the centre.
There was adequate space provided for residents’ personal possessions in all bedrooms with good hanging and storage space. Each resident had a lockable storage facility in their bedrooms. The inspector observed that wardrobes were maintained in an organised manner. Clothing in wardrobes was observed to be individually labelled.

The inspector saw that arrangements were in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Judgement:**
Compliant

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**Outcome 18: Suitable Staffing**

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

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was a policy available on the recruitment, selection and vetting of staff. Staff confirmed to the inspector that they undertook an interview and were requested to submit names of referees. This was further evidenced on reviewing staff files.

Three staff files were reviewed by the inspector. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed. Garda Síochána vetting was obtained in respect of all staff. Yearly staff appraisals were documented and this process was used to help identify training needs.

A training matrix was available which showed that staff had access to ongoing education. This was managed by the centres administrator. The inspector found that staff had attended training in a range of clinical areas including wound care, restraint, falls management, infection control, Cardio pulmonary resuscitation (CPR) and end of life care. All staff had also completed mandatory training in fire safety, manual handling and adult protection. Professional identification numbers (PINs) from An Bord Altranais were available for all registered nurses.

The inspector reviewed staffing rosters and discussed the staffing levels with the provider. 46 residents were accommodated in the centre. 14 of these were assessed as having maximum dependency levels. A further 20 residents had high dependency levels. 22 residents were identified as having some level of cognitive impairment. Most residents were positive regarding staff and described them as kind and caring. A small number described staff as helpful but very busy.
There were two nurses and 6 care attendants on duty in the morning to assist residents getting up. This reduced to two nurses and 4 care assistants in the afternoon. One nurse and three carers were on duty until 10 pm and one nurse and two carers from 10 pm. At night there was one nurse and two carers on duty. Considering dependency levels, observing practice, talking to residents and relatives and to staff and taking account of the building layout, the inspector was satisfied that staffing levels and the skill mix were adequate to meet the needs of residents during the day. Staff reported that it was difficult to attend to all of their duties at night time and described the night shift as rushed particularly if a resident was ill. The inspector relayed this to the provider at the end of the inspection who agreed to carry out a review of staffing levels and deploy staff to ensure residents’ needs were fully met.

As discussed in outcomes 3 and 5 there was no PIC or deputy PIC in post at the time of the inspection and the provider was going through the recruitment process with respect to these positions. The provider told the inspector that an experienced staff nurse would be rostered every day in addition to two staff nurses to cover the work of the PIC.

**Judgement:**
Non Compliant - Moderate

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**Closing the Visit**

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

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Summerville Healthcare</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000397</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>20/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>31/07/2014</td>
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</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme:
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some residents' contracts did not include a breakdown of the cost of additional services provided for resident.

Action Required:
Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Please state the actions you have taken or are planning to take:
All Residents will receive the updated version of the contract of care.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
### Outcome 03: Suitable Person in Charge

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no person in charge or deputy person in charge in post in the designated centre.

**Action Required:**
Under Regulation 15 (1) you are required to: Put in place a person in charge of the designated centre.

**Please state the actions you have taken or are planning to take:**
A new PIC has been appointed. She attended Summerville 21st, 22nd & 23rd July. She is due to attend for 1 week in August (date to be confirmed) with full commencement at the start of September. The new PIC has access to our epiccare system where she can review and monitor Residents.

**Proposed Timescale:** 31/08/2014

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**Proposed Timescale:** 01/09/2014

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although the provider had made arrangements for clinical supervision, there was no full time person in charge in post.

**Action Required:**
Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

**Please state the actions you have taken or are planning to take:**
As stated above a new PIC has been appointed and will commence employment at the start of September. In the interim the Deputy PIC has agreed to oversee on a part time basis. She has attended Summerville on the 29th June, 1st, 17th, 18th, 22nd, 23rd July and the 1st August. She will continue to attend Summerville (other dates to be confirmed). A Senior Nurse will be lead nurse; working the PIC roster Monday to Friday 8am – 4:30pm and she will be assisted by two nurses.

**Proposed Timescale:** 31/07/2014
### Outcome 04: Records and documentation to be kept at a designated centre

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some policies required minor review to simplify guidance and accurately reflect practise. For example, the medication policy did not identify the name of the pharmacy supplying medication to the centre or where controlled drugs were stored. The policy on managing residents' finances did not reflect practice or give clear guidance to staff to manage residents.

**Action Required:**
Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

**Please state the actions you have taken or are planning to take:**
The above mentioned policies will be updated to reflect same. All written operational policies and procedures will be updated at least every three years.

**Proposed Timescale:** 31/08/2014

### Outcome 06: Safeguarding and Safety

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy required revision to ensure it reflected the reporting systems and personnel in the centre and to include local contact numbers for the appropriate authorities, for example, the Gardai Siochana. The policy also omitted guidance to staff in the event of an allegation been made against a senior member of staff and it did not prompt staff to notify the Authority of any allegations as required in the regulations.

Two staff members had not completed training in Adult Protection.

Only one staff member signed when transactions took place which did not ensure adequate protection for either the resident or staff member managing residents' money and which was not in keeping with best practice. A policy on managing residents' finances was reviewed which did not reflect practice or give clear guidance to staff.

**Action Required:**
Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
The Adult Protection policy will be amended to include:
• The reporting systems and personnel in the centre
• The local contact numbers for the appropriate authorities
• Guidance to staff in the event of an allegation been made against a senior member of staff
• Guidance to staff to notify the Authority of any allegations as required in the regulations.

2. One staff member has completed training in Adult Protection and the other is scheduled for 15/7/14.

3. Two staff member will now sign for all transactions and the policy will be amended to reflect practice and give clear guidance to staff.

**Proposed Timescale:**
1. 31/8/14
2. 15/7/14
3. 31/8/14

**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centres risk management policy did not reference these other policies, e.g. the missing persons policy or the policy on challenging behaviour so it was more difficult for staff to access comprehensive guidance in all of these areas. The policy was also generic in nature and did not reflect the specific risks relevant to this centre.

**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:
The risk assessment policy will be amended to incorporate references to appropriate policies in order for staff to access comprehensive guidance in all areas of risk. A full centre specific risk assessment is carried out yearly; the policy for same will be reviewed to incorporate centre specific terminology.

**Proposed Timescale:** 31/08/2014

**Theme:**
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Instructions were displayed for the safe evacuation of residents and staff in the event of fire however the print used was small and difficult for either staff or residents with poor vision to follow.

**Action Required:**
Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

**Please state the actions you have taken or are planning to take:**
Instructions for safe evacuation in the event of a fire will be enlarged to ensure that it is visible to all staff and residents.

**Proposed Timescale:** 31/08/2014

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

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Whilst the newsletter contained a brief summary of the audit completed, there was no overall report available at the time of inspection on the quality and safety of care and quality of life in accordance with Regulation 35.

**Action Required:**
Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
Summerville are in the process of compiling an overall report based on the completed audits for quality and safety of care and quality of life.

**Proposed Timescale:** 30/09/2014

**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no measurements documented to assist staff to monitor if a wound was healing which was not in accordance with evidence based practice.

The involvement of a multidisciplinary team in the decision to use a restraint was not recorded on one care plan reviewed which was not in accordance with evidence based practice.
**Action Required:**
Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

**Please state the actions you have taken or are planning to take:**
1. A measurement tool will be sourced and procedure for same will be put in place to assist staff to monitor if a wound is healing.
2. The involvement of a multidisciplinary team in the decision to use a restraint is now complete and recorded.

**Proposed Timescale:**
1. 31/8/14
2. Complete

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
In one care plan reviewed the resident's next of kin had signed to say they wished to be involved in the review of care however there was no evidence of their involvement in the review documented and in some care plans reviewed there was no narrative in respect of what areas of each care plan were reviewed.

**Action Required:**
Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

**Please state the actions you have taken or are planning to take:**
We are in the process of revising the procedure for reviewing care plans. This will ensure that the evidence of the next of kin’s involvement is recorded and that narratives are in place for all areas of each care plan that are reviewed.

**Proposed Timescale:** 31/08/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although there is ample space around the centre there is no safe, secure outdoor area provided for residents.

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

**Please state the actions you have taken or are planning to take:**
The safe, secure outdoor area for residents will be completed by 31/8/14.

**Proposed Timescale:** 31/08/2014

<table>
<thead>
<tr>
<th>Outcome 18: Suitable Staffing</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Workforce</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> Staffing levels at night require review to ensure that resident needs are met at all times.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 16 (1) you are required to:** Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> We will continue to review our night staffing rosters to ensure that Residents needs are appropriately met at all times.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/12/2014</td>
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</tbody>
</table>