

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Summerville Healthcare
Centre ID:	OSV-0000397
Centre address:	Strandhill, Sligo.
Telephone number:	071 912 8430
Email address:	info@summervillehealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Summerville Healthcare Limited
Provider Nominee:	Mary Gilmartin
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	0

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 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 1 day(s).

The inspection took place over the following dates and times

From: 17 May 2017 09:00 To: 17 May 2017 20:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over one day. As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were sought during the inspection and relatives' questionnaires were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were mainly positive towards the services and facilities provided.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (HIQA). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The fitness of the nominated person on behalf of the provider were previously determined through a fit person process and

demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland throughout the inspection process.

The centre is located in the village of Strandhill in County Sligo. The building is a single storey with capacity to accommodate 47 residents requiring long-term care. The building is bright and spacious and there are sea views from the sitting room and some bedrooms. Evidence was found that residents' healthcare needs were met. Residents had access to doctors and allied support services such as physiotherapy, speech and language therapists and to community health services were also available.

Staff were familiar with the residents and knowledgeable of their care needs. There were appropriate recruitment arrangements in place, and staff had completed all mandatory training areas. Minor improvements were identified in relation to the fee for social activities to allow residents the choice to opt out if they chose to. The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A written statement of purpose was available that described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations. Copies of the document were available in the centre

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose. The senior management team included the provider representative, the person in charge and her deputy, a care supervisor, a general manager, an administration manager and a financial controller. The provider representative was based in the centre and she and the person in charge

were in regular contact and also met on a formal basis at a management meeting held every two months. A clinical governance committee was also established which reviewed the findings of audits carried out on aspects of care and services including medication management; care planning; record keeping; slips/trips and falls; restraint; nutrition; end of life care and health and safety. The inspector saw that any learning from incidents which had consequences for residents were discussed and measures to reduce or prevent recurrences and improve systems were identified.

An annual review of the safety and quality of care was conducted and a report on the review was available. The report was detailed and identified the key issues and included an improvement plan to address areas where improvements were necessary. For example, high incidences of manual handling injuries was identified by the person in charge in one audit. The person in charge had reviewed manual handling practice and additional equipment such as hoist slings was purchased and other equipment replaced. There had been a resultant reduction in injury during the following quarter.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

Findings:

The centre was managed by a suitably qualified and experienced nurse. The person in charge held authority, accountability and responsibility for the provision of the service and also had the qualifications and experience required by the legislation

Throughout the recent inspection process there was evidence that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated this inspection process through preparing documents for review and engaging as required with the inspector.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or

suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The centre policy on prevention of elder abuse was updated to reflect the most recent HSE guidance on safeguarding vulnerable adults. Procedures were in place to protect residents, such as appropriate recruitment arrangements, staff induction and staff training in areas such as responsive behaviours and safeguarding. The inspector reviewed the system in place to manage residents' money and found that appropriate measures were in place and implemented to ensure resident's finances were fully safeguarded and transparent records were available.

Some residents had behaviours and psychological symptoms of dementia (BPSD). There were appropriate referrals and reviews from the community mental health team and from psychiatry of later life. There was a policy in place for behaviour that is challenging. Behaviours logs were being completed to identify triggers and to inform further planned reviews by the psychiatry team. Staff spoken to were knowledgeable regarding how they engaged and redirected the resident to provide reassurance and to reduce the residents' anxiety. Individual behavioural support care plans were developed to inform staff of proactive and reactive strategies to help and ensure a consistent approach. This was an action from the last inspection.

The person in charge kept a restraint register which included 26 residents with bedrails in situ. On review 16 residents had requested the bedrails as a support/enabler for repositioning. The inspector saw that the enabling function of the bedrail was recorded clearly in the care plans reviewed. A risk assessment was completed prior to the use of any bedrail been put in situ and these assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP.

Judgment:

Compliant

***Outcome 08: 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(s):

No actions were required from the previous inspection.

Findings:

The inspector found there were management systems in place to ensure that the health and safety of residents, visitors and staff promoted and protected. The centre was secured and visitors signed a directory. A staff member was on duty in the reception area during the day. Keypad locks secured the building from the inside for residents with a cognitive impairment at risk of leaving the centre. The person in charge confirmed that these locks were disarmed in the event of a fire. The inspector saw that staff practiced the procedure to follow in the event of a resident with dementia leaving the centre.

There were arrangements in place to review accidents and incidents that occurred. The inspector reviewed the centres accident and incident log and saw that where a resident had sustained a fall, their falls risk assessment was reviewed and falls prevention care plans was updated. The person in charge had implemented a falls prevention programme which identified all those at high risk of sustaining a fall and alerted the staff through a discrete symbol. A falls audit was also completed every quarter and the inspector saw that an action plan was developed following each audit.

A risk register was established which was regularly reviewed and updated. All staff had completed appropriate training in moving and handling and the inspector observed that staff implemented the safe practice when assisting residents to transfer.

Appropriate infection control measures were in place. A colour coded cleaning system was in use and there was a sufficient supply of hand gel dispensers, plus disposable gloves and aprons.

There were arrangements in place for the prevention and containment of fire. Suitable fire fighting equipment was provided throughout the building including extinguishers, fire doors, evacuation sheets, emergency lighting and alarm equipment. There were service records of the equipment maintained that confirmed regular servicing took place and they were in good working order. All fire exits were unobstructed and records were read of the daily checks completed nursing staff.

Fire evacuation procedures were prominently displayed in the centre. Training records reviewed confirmed that all staff had been trained in fire safety management, which they completed on an annual basis. The staff who spoke with the inspector knew what procedure to follow in the event of a fire. There were fire drills completed regularly and at a minimum every six months. This was confirmed by records read, which included details of those who attended, what took place and any observations to bring about improvement in efficiency of evacuation.

An emergency plan was read that included the procedures in place to potential risk such as flood, fire or water shortage. There was alternative accommodation available locally if an evacuation from the centre was required.

Judgment:

Compliant

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Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
 Safe care and support

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

Findings:
 Medications were supplied in blister packs by two local pharmacies. The person in charge confirmed that the resident could retain their own pharmacy if they chose to. All medication was checked on arrival and a process was in place for all medication to be checked every four months by the residents GP. Medications were stored in a medication trolley which was locked to the wall in the clinical room. The nurse on duty held the keys to the medication trolley. The person in charge had completed a number of audits of medication practice which included the administration, PRN or as required medication and psychotropic medication.

A sample of medication prescription sheets and medication administration sheets were reviewed and the inspector saw that practice was in line with An Bord Altranais guidelines. Controlled medication was kept in a secure locked cupboard and a register was maintained.

Judgment:
 Compliant

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

Findings:
 Residents' wellbeing and welfare was maintained to a good standard of nursing care and

there was good access to doctors and support services. The inspector found that documentation of care plans had improved and discontinued care plans were removed to avoid confusion. This was an action from the last inspection. There was evidence that appropriate pre-admission assessments were completed. A range of recognised assessment tools were used to identifying key clinical risks and these were reviewed on a four monthly or more frequent basis to detect any changes or risks in areas such as nutrition, dependency, skin integrity and mobility. There were systems in place to ensure that when residents were transferred to hospital appropriate information about their care needs and treatment was shared between the services.

The inspector saw that there were regular GP services available, or they residents could retain the services of their own GP if they wished. Records showed that where medical treatment was needed it was provided. There was evidence of referrals made to other services as required for example, dietician, speech and language therapist. There was also good access to geriatrician and psychiatry of older age services in the area also. A physiotherapist also worked in the centre two days each week and there was a fully equipped room designated for this purpose.

An electronic system was in use for care planning. Inspectors viewed a sample of residents' care plans on this system. Touch screen tablets were located throughout the centre and health care assistants inputted details of the residents daily routine such as any social activities attended or meals taken. A daily report on nursing care was also completed on this system. Evidence of referrals and reviews by specialists were also recorded in the electronic care records.

The inspector reviewed a sample of care plans which were developed for residents' identified healthcare needs and these had person centred information about residents' health, social, emotional and spiritual needs and saw that they reflected the residents' current status and the advice of specialists such as the speech and language therapist, dietician or physiotherapist. Consultation with residents or their families was evident in most care plans and the relatives spoken with confirmed that they were kept up to date with any changes in their care.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. The inspector saw that residents' weights were monitored on a monthly basis and those with difficulty swallowing had a swallowing assessment completed. Nutritional care plans were available which included advice from the dietician and speech and language therapist.

Judgment:
Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

This outcome was reviewed during the last inspection and found to be substantially compliant. A secure outdoor area had been provided for residents to the front of the centre and this had been enhanced with raised beds and additional garden furniture. On the last inspection the area could not be accessed without supervision as a keypad lock was fitted. This had been replaced with an automatic push button opening system which allowed residents to use the facility independently.

Judgment:

Compliant

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(s):

No actions were required from the previous inspection.

Findings:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

In discussion with staff and the person in charge the inspector saw that some complaints including those resolved informally were not always recorded which could result in the management been unaware of on-going issues or patterns of complaints. Residents had access to an independent advocate. The inspector discussed the use of the advocate to assist in resolving more complex complaints.

Judgment:

Substantially Compliant

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

There was an open visitor's policy to the centre and residents could meet visitors in private in a designated meeting room. This was observed to be well used on the day of the inspection. Relatives spoken with and those who completed satisfaction questionnaires confirmed that they were made feel welcome in the centre.

Local and national newspapers were available for residents. Some residents ordered additional newspapers or magazines. There was a well-stocked library available to residents which also had computer facilities. There were arrangements in place for residents to vote in-house at each election, or to use a local polling station if they wished. Mass was celebrated weekly in the centre and celebrants from other denominations also attended to their congregation.

Residents with dementia had access to advocacy services. There was an established resident's committee. On the last inspection minutes were not available for meetings. The inspector saw evidence that meetings were held every month. There was a good level of attendance and topics discussed included activities provided as well as day-to-day issues that concerned residents. The minutes included an action plan and identified who was responsible for each action.

Residents had freedom to plan their own day within a communal setting. They could choose the times they wanted to get up in the morning, where to have breakfast and to take part in the centres 'activities. There was an activities coordinator employed by the centre and the inspector saw that the schedule included exercise to music, arts and crafts, gardening and bingo. While a life history was completed for each resident, a social care plan was not developed that linked the area's residents were interested in with the activities provided. There was also an additional weekly fee of €50 euro for the activities programme. The fee was included in the contract of care provided to each resident. In discussion with the provider they confirmed that residents did not have the option of opting out of this fee.

Judgment:

Substantially Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The person in charge told the inspector that staffing levels and skill mix were based on the assessed needs and dependency levels of residents and were reviewed on a daily basis. A staff allocation system was in place that identified the staff for each area on. The system also identified staff supervision of communal areas throughout the day.

There were normally three staff nurses on duty during in the morning and seven health care assistants, along with the person in charge who worked five days each week. The number of care assistants reduced to 5 in the afternoon and evening. At night there were 2 nurses and 3 care assistants on duty. A copy of the staffing rota was reviewed which confirmed that these staffing levels were normally in place. Systems were in place to provide relief cover for planned and unplanned leave.

There was a written staff recruitment policy in place. The person in charge confirmed that garda vetting had been obtained for all staff working in the centre. The inspector reviewed a sample of staff files and found that garda vetting and all of the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers were also available for all nursing staff.

A training plan was in place to ensure all staff had completed mandatory and clinical care training such as dementia care and infection control. Staff spoken too confirmed also that had received mandatory training in areas such as fire safety, moving and handling and prevention of elder abuse.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Summerville Healthcare
Centre ID:	OSV-0000397
Date of inspection:	17 May 2017
Date of response:	16 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some complaints including those resolved informally were not always recorded which could result in the management been unaware of on-going issues or patterns of complaints.

1. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints

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

and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:

Staff members have been instructed to record any informal or verbal complaints in the incident book which is located in the nurse's station. All other incidents and written complaints to be logged in the complaints or concerns section in our electronic care planning system.

All informal complaints will be discussed at each management meeting.

Proposed Timescale: 10/06/2017-Actioned

Proposed Timescale: 10/06/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a weekly fee of €50 euro for the activities programme which residents did not have the option of opting out of paying.

2. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:

The €50 fee is an inclusive rate but an activity plan will be developed liaising with the Activity Co-ordinator and individual plans will be developed for residents who cannot participate in group activities. A new form will be developed in written format as our electronic care planning system's touch care cannot provide enough flexibilities to record activities properly. Social Care plans will be developed for all residents including activities which residents enjoy and an activity plan based on each resident's interests.

Proposed Timescale: Activity Plans: 30/08/2017.

Social Care Plans: 31/01/2018

Proposed Timescale: 31/01/2018