<table>
<thead>
<tr>
<th>Centre name:</th>
<th>San Remo Nursing and Convalescent Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000093</td>
</tr>
<tr>
<td>Centre address:</td>
<td>14/15 Sidmonton Road, Bray, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 286 2328</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@williscaregroup.ie">info@williscaregroup.ie</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>San Remo Nursing and Convalescent Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>41</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>17 September 2018 11:00</td>
<td>17 September 2018 17:30</td>
</tr>
<tr>
<td>18 September 2018 09:30</td>
<td>18 September 2018 14:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Non-Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non-Compliant - Moderate</td>
<td>Non-Compliant - Major</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's and inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. The journey of a number of residents with dementia was tracked within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observation tool. Documentation such as care plans and staff training records were reviewed.

San Remo Nursing and Convalescent Home is a two-storey centre, which provides
residential care for 51 people. Approximately 50% of residents have dementia. This centre does not have a specific dementia unit.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment undertaken. The inspector noted that there was a Family Support Manager in post, to assist families during the admission and settling in periods.

Some improvements were required to ensure that meals and mealtimes were an enjoyable experience for all residents. The inspector saw many examples of good practices in relation to maintaining residents' privacy and dignity but improvements were also identified.

Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Recruitment practices met the requirements of the regulations and staff were offered a range of training opportunities including a range of specific dementia training courses.

The planned building works need to be completed to ensure that premises meets the needs of the residents living there.

These are discussed further in the report and included in the Action Plan at the end of this report.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. Some improvement was required around meals and mealtimes.

The inspector was satisfied that each resident was provided with food and drinks in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. The menu provided a varied choose of meals to residents. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents’ food intake and fluid balance were accurately completed when required.

However, the inspector saw that on day one of inspection, there was insufficient assistance available to a resident. Four residents were seated at a table and three staff were seen assisting three residents. However, the fourth resident did not have anybody to assist him although he was sitting at the table.

There were two sittings for meals. The more dependent residents were allocated the first sitting. The inspector saw that dinners were served early around 11.45am while evening teas started around 3.45pm. This was discussed with the management team as these were not conventional meal times and there was no indication if residents' choice informed the timings.

There was a small dining room available which the more independent residents used. The inspector saw that many residents stayed in the dayrooms for their meals. It was noted that dining tables were used and settings were in place.

Samples of clinical documentation including nursing and resident records, were reviewed which indicated that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident. A care
plan was developed within 48 hours of admission based on the resident's assessed needs.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, cognitive impairments and skin integrity.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process.

The inspector reviewed the management of clinical issues such as nutritional care, falls management and dementia care and found they were well managed and guided by robust policies. The inspector found that, at the time of inspection, residents were protected by safe medication management practices. Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

The inspector saw that caring for a resident at end of life was regarded as an integral part of the care service provided. In the sample of care plans reviewed, there was documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. Advice and support was provided by the local palliative care team if required.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including dietetic, speech and language, and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that some residents had been referred to these services and results of appointments were written up in the residents’ notes.

Judgment:
Non-Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse and this had been an action required from the previous inspection. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Detailed assessment and treatment plans were in place. Staff had attended extensive training. Support and advice were available from the psychiatric services if needed. During the inspection staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The inspector found that the overall use of restraint remained low, and additional equipment such as low beds had been purchased to provide less restrictive alternatives. Detailed assessments were completed, adequate guidance was outlined in care plans, and safety checks were carried out when restraint was in use.

The provider acted as a pension agent for a number of residents, and arrangements were in place to afford adequate protection and access to these finances.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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:
The inspector was satisfied that residents were consulted on the organisation of the centre. Some improvement was required to ensure that residents' right to privacy was consistently upheld.

The inspector heard two staff members discussing a resident's condition in the company of other residents. In addition, some improvement was required to ensure that more interactions with residents resulted in positive connective care.
As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day rooms. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 50% of interactions demonstrated positive connective care, 20% reflected task orientated care while 17% indicated neutral care. Importantly, 9% of observations indicated protective and controlling care while 4% indicated institutional type care. These results were discussed in detail with the provider representative and person in charge at the end of inspection as there were missed opportunities for positive care.

The inspector noted that the activity coordinator was very committed to meeting the needs of the residents. 'This is me' was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. A range of dementia appropriate activities were available and a programme of activities was on display. This included music, games and crafts. One to one activities such as hand massage and aromatherapy were carried out for residents who did not wish to engage in group activities.

Despite the limitations of the premises, in particular the multi-occupancy rooms, staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Adequate screening was available in shared rooms. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

Independent advocates were available and contact details were on display in the front hall. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends. During the day residents were observed to move around the centre freely.

Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that arrangements were in place for residents to vote in the upcoming election. Residents were satisfied with opportunities for religious practices.

There was a residents’ committee in operation. The inspector viewed the minutes of some meetings and saw that suggestions made by residents had been taken on board. For example, the inspector saw where suggestions regarding activity choices had been acted upon. The inspector also noted the involvement of several community groups that aimed to provide additional companionship for residents including residents with dementia.

**Judgment:**
Substantially Compliant

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**Outcome 04: Complaints procedures**
**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre’s first inspection by the Authority.

**Findings:**  
A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall and on the first floor, met the regulatory requirements.

Some residents spoken with were clear about who they would bring a complaint to. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

**Judgment:**  
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**  
Workforce

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

**Findings:**  
The inspector found there was an appropriate number and skill mix of staff to meet the holistic and assessed needs of the residents, including residents with a dementia. Residents and staff spoken with felt there was adequate levels of staff on duty.

Staff were supervised to their role. An actual and planned roster was maintained in the centre with any changes clearly indicated.

The inspector examined a sample of staff files and found that all were complete. The recruitment policy met the requirements of the regulations. Staff appraisals were carried out annually and included agreed specific interventions to improve performance when required.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. The inspector saw that an up to date matrix was maintained which indicated that staff had attended training including on dementia care, mealtimes in dementia care, managing responsive behaviours, person-centred care along with mandatory trainings. Staff told the inspector how valuable they
had found the training provided.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities which the residents said they thoroughly enjoyed and appreciated. The inspector found they had been vetted appropriate to their role and their roles and responsibilities were set out in writing as required by the regulations. In addition, the inspector noted that all volunteers had signed a confidentiality agreement.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
As at previous inspections, the inspector found that the design and layout of the centre did not meet the needs of the residents in a number of areas. The provider and the person in charge (PIC) were aware of the non-compliances and had submitted plans to extend and reconfigure the premises to HIQA. A time bound schedule of works for the planned build had been submitted.

As previously described, accommodation is laid out over two floors. The ground floor provides one single bedroom, four twin bedrooms, three triple bedrooms and one multi-occupancy room with six beds. Communal areas consist of a quiet day room overlooking the front garden, a visitors' room, a small dining room, the main day room in the centre of the building and the conservatory/dining area overlooking the courtyard and the rear garden. There is a second day room designed as a low sensory room for residents who prefer a quiet space. There is also a covered resident smoking area which is accessed from the rear garden exit.

Accommodation on the first floor provides two single rooms, eight twin bedrooms and three triple rooms. The first floor is accessed by stairs or by using a chair lift. Only residents who are independently mobile are admitted to the first floor. This is clearly stated in the centre's statement of purpose and potential new residents are informed about the criteria for admission to first floor accommodation prior to admission.

Bedrooms were nicely decorated and personalised with residents' photographs and artefacts from home. Never the less, the larger multi-occupancy rooms made it difficult to maintain privacy. This is to be addressed as part of the planned building works. Residents have access to lockable storage space if they need it. The provider
representative discussed plans to provide appropriate locks on bedroom doors.

Communal areas are comfortably furnished and decorated with good use of colour and paintings on the walls to help residents to orientate themselves to each room. Contrasting colours were also in use to provide further orientation. For example, all toilet doors were painted red. Orientation boards were also noted around the centre. Many of the corridors were decorated with old memorabilia and tactile pictures.

All toilets and bathrooms had been refurbished since the previous inspection. The provider representative was aware of the requirement to provide additional accessible toilets and showers and this is included in the submitted plans. Storage space remained an issue.

In addition to assistive equipment such as hoist and mattresses, the inspector noted that individual memory boxes were prepared for residents. Also of note was the availability of fidget and fiddle cushions, blankets and boards to assist residents.

The centre has a well-maintained enclosed garden and a small courtyard. The garden area is wheelchair accessible and is furnished with tables and chairs. The garden provides a safe and pleasant outdoor area for residents. The inspector saw many residents accessing this area on the days of inspection. One resident was sitting outside having his meal.

The designated centre is situated close to local shops and amenities and is accessible by public transport routes and a short walk. There is a small car park at the front of the building with off street parking also available.

**Judgment:**
Non-Compliant - Major

**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:**

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<tr>
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<td>OSV-0000093</td>
</tr>
<tr>
<td>Date of inspection</td>
<td>17/09/2018</td>
</tr>
<tr>
<td>Date of response</td>
<td>17/10/2018</td>
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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 01: Health and Social Care Needs

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Dinners were served early around 11.45am while evening teas started around 3.45pm.

1. Action Required:
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the

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

Please state the actions you have taken or are planning to take:
The timing of mealtimes of residents who are fully dependent and have been assessed as requiring full assistance as referenced in the body of the inspection report have been reviewed by the PIC. Lunch for the identified residents now commences at 12:00pm with the evening meal commencing at 4:00pm. The timing of same will remain under active review by the PIC.

**Proposed Timescale: 17/10/2018**

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
On day one of inspection, there was insufficient assistance available to a resident at lunch time.

2. **Action Required:**
Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

Please state the actions you have taken or are planning to take:
The systems of support from Health Care Assistants during meal time have been reviewed to ensure that adequate capacity is provided for within the system of allocation to ensure appropriate assistance is always readily available at the appropriate time. Such system improvements have been disseminated to relevant staff groups.

**Proposed Timescale: 17/10/2018**

### Outcome 03: Residents' Rights, Dignity and Consultation

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

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Two staff members were heard discussing a resident's condition in the company of other residents.

3. **Action Required:**
Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

Please state the actions you have taken or are planning to take:
1. Meetings and debriefings have been conducted to re-educate the specific staff involved in the identified interaction. Individual learning outcomes were therefore discussed and communicated to the individuals. General learning outcomes were also
communicated to the broader staff team.

2. Mandatory training on Residents’ Rights, Dignity and Consultation will continue to be provided as part of the induction training to all staff and will be updated at least two yearly.

3. Quality of Interaction Schedule (QUIS) Audits will be conducted on a quarterly basis to monitor interactions between residents and staff which will be conducted by the Social Care Manager with the findings of same to be presented to the Registered Provider’s senior management team.

**Proposed Timescale: 17/10/2018**

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The inspector found that the design and layout of the centre did not meet the needs of the residents in a number of areas as identified in the report.

**4. Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
A time-bound, costed and viable development plan had been advanced and agreed as set out in the document “Proposal for the Redevelopment of San Remo Nursing Home”. As noted in the body of the inspection report, a time bound schedule of works for the planned build has been submitted to the Authority. The current status of the development plan remains on course with engagement of professional team to commence in January 2019. The Provider undertakes to provide an update to the Authority, with immediate effect, in circumstances where-by there are any matters that could have a material effect on the proposed development plan as set out. The basis of admission and accommodation of residents will continue to be implemented in line with the details specified in the Statement of Purpose for the Designated Centre.

**Proposed Timescale: 31/12/2020**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Improvements were required to ensure that the premises meets the requirements of the regulations including but not limited to numbers of accessible toilets and bathrooms, storage facilities, multi-occupancy rooms and separate dining facilities.
5. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Please see the response to Action 4.

Proposed Timescale: 31/12/2020