<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sunhill Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004450</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Blackhall Road, Termonfeckin, Louth.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>041 988 5200</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Shane@sunhill.ie">Shane@sunhill.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>LSJ Care Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Shane Kelly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leanne Crowe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>66</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
</tr>
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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.

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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 19 December 2017 09:30  
To: 19 December 2017 12:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

This report sets out the findings of a one day inspection in respect to an application to vary the centre's registration conditions. An extension to the premises had been completed, resulting in a proposed increase of 22 residents being accommodated in the centre, resulting in a total of 92 residents.

An inspection of the existing premises and systems in place to support the operation of the centre had been carried out on 14 November 2017, where inspectors assessed nine outcomes in total. Four outcomes were found to be compliant, three were substantially compliant and a moderate non-compliant judgment was given against Health and Social Care Needs. The inspector followed up on the seven actions arising from the inspection to ensure that they had been progressed.

The inspector found that management systems were in place to support the proposed increase in residents being accommodated in the centre. The provider nominee and the person in charge, along with the management team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements.

The design and layout of the building extension was suitable for its stated purpose and the facilities had been finished to a high standard. The plans to schedule the admission of new residents were discussed with the provider nominee and the
person in charge. An admission schedule of a maximum of four residents per week Monday through Thursday was agreed.

The findings of the inspection are laid out in the body of the following report. There were no actions required from this inspection.
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 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):**

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

**Findings:**

The centre’s governance structure was reviewed in detail at the previous inspection. There was a clearly defined management structure that identified the lines of authority and accountability, and each member of management was aware of their role and responsibilities.

Effective management systems were in place to ensure the delivery of safe, quality care services. An electronic system was in place that supported the recording and analysis of statistical information. This was used to implement an auditing and review schedule that focused on areas like staffing and medication management. The inspector was informed that further upgrades to this system were being made in January 2018. The provider nominee and person in charge stated that this system would be used to ensure that resources would be deployed in an efficient manner as additional residents were admitted to the centre.

An updated statement of purpose to reflect the new premises had been submitted to HIQA as part of the application to vary the centre’s registration conditions. This was reviewed by the inspector and found to contain the proposed staffing complement as well as the facilities, care and services to be provided to residents.

The inspector followed up on the actions identified at the previous inspection and found that these had been completed or were currently being progressed. There was one action under this outcome relating to the display of signage and repainting of corridors. At this inspection, the inspector noted that vibrantly-coloured signage had been placed throughout the centre to support residents to navigate between their bedrooms and communal areas. The centre’s management informed the inspector that additional external signage was currently being developed for visitors to the centre, and this would be erected in the coming weeks. Since the previous inspection all corridors in the centre
had been repainted with a variety of contrasting colours. The inspector was informed that this was already having a positive impact of residents' navigation of the centre.

**Judgment:**
Compliant

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

**Findings:**
At the previous inspection, inspectors found that the health, safety and residents was promoted and protected. A risk management policy was in place which included all of the elements required by the regulations. There was a risk register in the centre that had identified and assessed a number of risks and outlined the measures in place to controls these risks. Reasonable measures were in place to prevent accidents and incidents in the centre and the surrounding grounds.

A plan in place for responding to emergencies had been reviewed since the previous inspection to include information relating to the centre's extension, including evacuation procedures.

The person in charge and the provider nominee informed the inspector that an additional staff member had been recruited for the housekeeping team to ensure that a high standard of general hygiene and infection control was maintained throughout the existing premises and new extension.

Fire procedures had been revised to incorporate changes to the premises, which included the addition of a second assembly point in the event of an evacuation. Fire evacuation procedures were prominently displayed, with additional signage included in each resident's bedroom. Equipment to support the safe evacuation of residents was installed at several easily-accessible points throughout the extension. Emergency lighting, fire alarms and fire fighting equipment had also been installed. An action from the last inspection had been addressed, with twenty-four fire extinguishers being replaced across the existing premises in November. A competent person had assessed the premises and found that all legal requirements of the statutory fire authority were complied with.

**Judgment:**
Compliant
### 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the action identified at the previous inspection had been completed.

The centre’s medication management policy had been reviewed to ensure that it reflected practice in the centre relating to the covert administration of medication. A dedicated care plan had been developed for the resident who received medication in this manner, in consultation with the resident’s general practitioner (GP) and the resident’s family. This care plan will be reviewed every 6 weeks or more frequently if required.

**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:**
At the previous inspection, inspectors found that the management of care planning assessments and documentation required review. In addition to this, staff knowledge of a system used for identification of residents' needs was not sufficient. These actions had been completed in full at this inspection.

An audit of care planning documentation was completed since the previous inspection, and any gaps identified had been addressed by staff. The inspector was informed that
all residents receiving any form of regular analgesia now have the relevant assessments and care plans in place. The inspector reviewed a sample of care plans and found that they each contained an up-to-date pain assessment using an evidence-based assessment tool. These assessments were reviewed regularly and used to inform the development of dedicated care plans for appropriate pain management. Additionally, a number of assessments that hadn't been undertaken following a resident's admission had been completed since the previous inspection. Appropriate care plans had also been developed as required. There was evidence that the sample of care plans examined were reviewed regularly and amended as needed.

A traffic light system and leaf system was in place in the centre that supported the rapid identification of falls risks, emergency response interventions and evacuation methods. At the previous inspection, a number of staff who spoke with inspectors were unable to explain the meaning of these various symbols. Information regarding these systems were displayed on corridors and in staff areas and were communicated at staff handovers to increase staff awareness. The inspector spoke with a number of staff at this inspection, who were all knowledgeable of the various systems and could outline the specific risks or needs relating to a sample of residents.

Access to key clinical information on residents' resuscitation status had also been reviewed since the last inspection. This was now held in designated areas throughout the centre that supported staff to quickly ascertain each resident's status. Staff who spoke with the inspector were aware of where this information was held, should they require it.

**Judgment:**
Compliant

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**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):**

**Findings:**
To inform the centre's application to vary their registration conditions, the extension to the existing premises was assessed in detail at this inspection. The inspector found that the location, design and layout of the centre will be suitable for its stated purpose and will meet residents' individual and collective needs in a comfortable and homely way.
The centre's Statement of Purpose had been recently revised to reflect the extension to the premises.

The existing premises was purpose built to accommodate 70 residents. The recent extension comprises 22 single ensuite bedrooms, resulting in the creation of three units within the centre named after local town lands: Sandpit, Seapoint and Baltray. Overall the premises had sufficient lighting and ventilation in all corridors and rooms. An under floor heating system had also been installed throughout the new unit.

The single ensuite bedrooms were found to be spacious and contained ample storage space including a lockable drawer for residents' valuables. These were decorated to a high standard, and the inspector was informed that current residents and staff had been involved in choosing the fabrics and furnishings for the new bedrooms. A ‘smart’ TV had been installed in each room and telephone facilities could be provided to residents if they so wished. Each bedroom had direct access to secure courtyards or private garden spaces. The ensuite facilities consisted of large shower rooms which were spacious enough to accommodate the use of assistive equipment. Grab rails had been installed in each ensuite shower room to support residents' movement. Piped water was thermostatically controlled to ensure residents were protected from scalding.

Several communal spaces were available to residents. One large dining room and a smaller dining room were sufficiently spacious to accommodate residents and any assistive equipment they may require. Kitchen facilities were installed in each of these dining rooms to create a more domestic-style environment. These appliances were fully operational and it was planned that they could be used to facilitate baking and cooking activities. A spacious TV room could accommodate a large number of residents, and two smaller sitting rooms would provide a quiet space for residents and visitors. In addition to this, two multipurpose rooms had been developed to be used by residents as recreational facilities and for other activities.

The inspector was informed that two rooms in the existing premises, previously used as office space, were also currently being refurbished as communal rooms, resulting in a total of 12 communal rooms being located throughout all three units.

A clinical room and sluice room were located in the new unit, with a swipe system in place to restrict unauthorised access.

There were several storage rooms and areas for linen and other equipment.

An accessible call bell system was installed in all bedrooms, ensuite facilities and communal areas.

Judgment:
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
**Theme:**
WORKFORCE

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

**Findings:**
This outcome was assessed in full at the previous inspection and found to be compliant. In order to inform the centre's application to vary its registration conditions, this outcome was partially reviewed at this inspection.

A proposed staff roster and staffing plan was submitted to HIQA to support the application to vary the centre's registration conditions. This outlined the increase in staffing complement across all disciplines and the number of hours of direct care to be provided to residents. The proposed staffing whole time equivalent to meet the 92 residents' needs was discussed with the person in charge and the provider nominee on the day of the inspection. They confirmed to the inspector that the staffing complement would be monitored as admissions to the centre increase, and would be amended if required.

In advance of the proposed increase in the staffing complement, a number of clinical, care and housekeeping staff had been recruited. The person in charge confirmed that these staff had completed a full induction following recruitment and had been working full or part time within the centre for the last number of months. The inspector spoke with a number of staff and found that they were knowledgeable of current residents' care needs and of the centre's policies and procedures.

**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:

Leanne Crowe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority