

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Seanchara Community Unit
Centre ID:	OSV-0000515
Centre address:	St. Canice's Road, Glasnevin, Dublin 11.
Telephone number:	01 704 4400
Email address:	gmdnc@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michelle Forde
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	3

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.

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 Quality 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: 02 September 2016 09:00 To: 02 September 2016 16:00

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 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant

Summary of findings from this inspection

This inspection was to monitor on-going compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013. An assessment of the application made by the provider to remove condition eight of the current registration certificate was also made. This relates the requirements for identified improvements required to the premises.

The last inspection took place on 6 and 7 January 2015 and provider's action plan response after this was considered. The provider and person in charge had addressed seven of the 11 action plans in full. Four actions were not yet addressed for a major non-compliance with the premises, which were identified as not meeting the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2016 nor the National Standards for Residential Care Settings for Older People in Ireland (2016). Planned works to address improvements required were due to commence August 2015, and complete in August 2016. The Health Information and Quality Authority (HIQA) was notified that the works had been delayed until the end of 2018. As part of the inspection the inspector reviewed notifications, and unsolicited information received by HIQA.

The statement of purpose reflected the service provided for 40 residents and the current governance and facilities. 34 long-term beds are in place with the remaining six beds used for short-term respite care. The centre operates on a ground floor purpose-built building which is separated into two corridors known as East and West.

As part of the inspection, the inspector met with residents, visitors and staff. The inspector observed practices and reviewed documentation such as care plans, accident and incident forms, medical records, policies and procedures. The inspector was satisfied that the provider and person in charge had a good standard of governance and offered safe, good quality care at the centre. Residents who spoke with the inspector expressed satisfaction with all aspects of care provided. They praised the staff, food service and activities available to them.

The findings of this inspection confirmed evidence of good practice across all outcomes. The centre was found to be in full compliance with seven of the eight outcomes inspected against. There were no major non-compliances. The provider had submitted written confirmation that the works required to address the action plan for the premises were funded and would be completed by August 2016. However, this had now been delayed and written confirmation from the provider, that all outstanding works to the premises has been requested by the inspector.

The action plan at the end of this report reflects the non-compliances found with the premises and the improvements required. The provider is responsible for addressing the non-compliance in premises.

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:

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 submitted with the application to remove the condition of registration, this accurately detailed the aims, objectives and ethos of the service. The information was in line with legislative requirements. The provider kept this document under review following recent changes in governance notified to HIQA.

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):

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

Findings:

The inspector found that the governance structure in place ensured a safe service. Adequate supervision, monitoring and review of practice was found. Established audit systems and reporting could be clearly evidenced. Improvements had taken place since the time of the last inspection. For example, completion of the annual review of quality

and safety with inputs from residents. Issues identified with storage of resident's property and laundry had also been addressed. Nonetheless the planned works to the premises to fully implement the action plan from the last inspection had not commenced. These improvements relate to increasing the number of bath/shower rooms available to residents and improvements to reduce the numbers accommodated in multiple occupancy bedrooms.

The person in charge had changed since the last inspection. Her fitness to undertake this role and confirmation of information submitted was confirmed by the inspector prior to this inspection. She is working in her role as assistant director of nursing, supported by a director of nursing and the provider. A satisfactory management structure was in place to support her regulatory responsibilities.

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):
No actions were required from the previous inspection.

Findings:

The person in charge had changed since the time of the last inspection, this change was notified to HIQA in May 2016. The new person in charge was an assistant director of nursing. She provided a high standard of governance and clinical leadership to the staff team in all aspects of care delivery.

She was suitably qualified as a registered nurse, and had completed post-graduate management qualifications in management. She had also worked as a person participating in management in this centre for a number of years, and was well known to residents, relatives and staff.

There was a clearly defined management structure in place to support the person in charge, who reports to the area director of nursing.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and

Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

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 provider and person in charge had addressed the non-compliances following the last inspection.

The inspector reviewed the records and staff had received training in implementing the national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). Staff demonstrated improvements in documenting alternatives used prior to considering the use of any restrictive practice and these were now clearly outlined in each resident's records.

Records of residents' property were now found to be fully maintained in line with policy and best practice. The inspector met with the staff member responsible for administering resident's property including small sums of money. The records reflected the balances and an audit system was well established where a senior manager had oversight of procedures on regular basis.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person who deputises for the person in charge had changed since the time of the

last inspection. This change was notified to HIQA as required by legislation. A clinical nurse manager undertook this role, with the support of the area director of nursing in the absence of the person in charge.

The clinical nurse manager was on duty and she was interviewed by the inspector during the inspection. An assessment of fitness and review of information provided was confirmed. She provided supervision and clinical leadership to the staff team in all aspects of care

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:

Measures were in place to protect residents from being harmed or abused. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. The inspector confirmed that staff interviewed were able to identify the different types of abuse, and what their reporting responsibilities were if they suspected abuse.

Residents spoken with confirmed that they felt safe in the centre. This was due to residents being familiar with the staff on duty, and how staff supported them as necessary in a sensitive and professional manner. The care practices focused on each person retaining choice and autonomy in their daily lives.

A restraint free environment was promoted in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). A risk register relating to the use of any restrictive practices was maintained. This was reviewed by the inspector, and bed-rails were used for a small number of residents. The use of these had been considered only after alternatives were trialled; the use of bed rails was found to be appropriately risk assessed and kept under formal review. As outlined in Outcome 5 the records of the restraint assessments completed had improved.

A notification had been received in terms of responsive behaviours which had impacted on another resident. The inspector reviewed actions taken by the multi-disciplinary

team. An internal investigation report by the person in charge was reviewed by the inspector. This confirmed a full review which took place. Additional temporary supervision measures which were put in place to safeguard all residents. Staff made efforts to identify and alleviate the underlying causes of any behaviours of concern, and this area was well managed. Resident and family involvement was well documented and meetings minuted. Overall, the approach used focused on identifying the behaviour as a form of communication and finding ways in which to identify the cause of any behaviours. There had been no reports or any further episodes of responsive behaviours occurring at the service.

A record was maintained to monitor access for all visitors in and out of the centre.

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:

The inspector judged this Outcome as a continued non-compliance as the requirements of the regulations and our Standards for Residential Care Settings for Older People in Ireland (2016) were not met in full. The provider's response to the last inspection requires further review, to ensure that it will be adequate to meet the revised standards. As part of the last registration renewal a non-standard condition of registration was applied by the Chief Inspector to ensure the premises were improved within an agreed time frame.

The provider had submitted plans to the Authority in late 2013 but had not commenced the proposed works to date. 31 of the 40 residents are accommodated in four-bedded shared rooms. One bedroom had an en-suite shower room, and the remaining 39 residents shared 2 fully equipped bath and shower rooms. The plans as submitted allowed for additional en-suite shower rooms to be provided to meet the requirements for additional shower/bathrooms identified. The ventilation in toilets and shower/bath rooms was not found to be adequate and the inspector confirmed the ongoing issues with ventilation and malodor when she visited.

The centre is a purpose-built centre with all accommodation on the ground floor level. The centre was constructed to provide long-term care to 40 older people requiring long-term care, six beds are currently allocated for respite admissions. Safe secure landscaped internal gardens are located on the premises and both areas are fully accessible to residents.

Communal space included two sitting rooms with a sun room with seating and dining area on west unit. Sufficient assisted toilets and hand washing facilities were available to meet the needs of the residents on the day of the inspection. Some bedroom and bathroom facilities were clinical in appearance in décor and fittings. There were privacy locks on all of the toilets, showers and bathrooms visited. Equipment provided allowed for independent living, and was consistent with the assessed needs of each resident. Grab-rails and hand-rails were in place and were appropriate to the dependency of the residents.

The environment was reasonably maintained throughout, but the inspector saw some areas which required maintenance; such as painting associated with normal wear and tear. The communal areas including the day-rooms and dining rooms were furnished comfortably. Space around beds in shared bedrooms was limited, however, staff observed by the inspector ensured the privacy and dignity of residents when providing care. Staff interviewed confirmed that they would ensure that screening and space was available to allow for any moving and handling requirements and maintain and respect residents' privacy and dignity.

Judgment:

Non Compliant - Moderate

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(s):

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

Findings:

Improvements had taken place since the last inspection. The action from the last inspection had been fully addressed. The provider was now meeting the required standard with regard to storage arrangements in place for any soiled laundry awaiting collection.

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:

Leone Ewings
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:	Seanchara Community Unit
Centre ID:	OSV-0000515
Date of inspection:	02/09/2016
Date of response:	19/10/2016

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 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:

Ventilation in both bath-rooms was inadequate to cope with the level of use.

Inadequate number of bathrooms in centre for number of residents

31 of 40 resident accommodated in shared rooms

The plans submitted to HIQA to address deficiencies in premises have not been commenced to date

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

1. 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:

We have submitted a request to our local maintenance department to review and upgrade the current ventilation systems in place in bathrooms and toilets. An increased regime is in place for affected rooms. This work will be completed by 05/12/16.

We have received written confirmation from HSE Head of Operation and Service Improvement Services for Older People that the proposed building works will commence in late 2017/early 2018 and will be completed by December 2018. These building plans as previously submitted will address the issues in relation to the number of bathrooms and the multiple room occupancy.

In the interim period we will continue to ensure we maintain the privacy and dignity of all residents/clients through on-going holistic assessment of their needs.

Proposed Timescale: 05/12/16 for ventilation issues and 31/12/16 for completion of building works

Proposed Timescale: 31/12/2016