

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	San Remo Nursing and Convalescent Home
Centre ID:	OSV-0000093
Centre address:	14/15 Sidmonton Road, Bray, Wicklow.
Telephone number:	01 286 2328
Email address:	info@williscaregroup.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	San Remo Nursing and Convalescent Home Limited
Provider Nominee:	Cillian Willis
Lead inspector:	Siobhan Kennedy
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:	4

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 decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 October 2016 11:30	18 October 2016 18:00
19 October 2016 09:00	19 October 2016 17:30

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 03: Information for residents	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 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

An application was received by the Health Information and Quality Authority (the Authority) to renew the registration of this designated centre to accommodate 51 residents. On the day of the inspection there were 4 vacancies.

Prior to the inspection the provider was requested to submit relevant documentation to the Authority. The inspector reviewed this documentation, ascertained the views

of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

There were no matters arising from the previous thematic inspection (End of Life and Food and Nutrition) which was carried out on the 23 October 2014.

There was a clearly defined management structure that identifies the lines of authority and accountability. Persons participating in the management of the centre demonstrated throughout the inspection process that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with legislation.

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and staff of various grades understood the ethos and principles of person centred care.

Residents and relatives were positive and complimentary in their feedback to the Authority. They expressed satisfaction about the facilities and services and in particular, they highlighted the caring attitude of staff and management and were complimentary of the meals provided.

An examination of the staff rosters, communication with staff on duty, residents and relatives showed that the levels and skill mix of staff were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. All staff had been vetted in accordance with the appropriate legislation.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans. There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

The inspector saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities.

The provisions in place relating to health and safety and risk management required some improvement.

The premises were not designed and laid out to meet the needs of the residents. However, the Authority was in receipt of plans to extend and reconfigure the existing premises. In the interim refurbishment to the current building was planned.

The action plan of this report highlights the matters to be addressed which relates to the health and safety and the premises which did not conform to the matters set out in the Schedule of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

The statement of purpose had been reviewed since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of 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):

No actions were required from the previous inspection.

Findings:

There were sufficient resources to ensure the effective delivery of care in accordance

with the statement of purpose, for example sufficient staff were on duty to meet the needs of residents.

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care.

The Authority received 5 questionnaires completed by residents and 8 relatives returned questionnaires. Respondents were positive in respect of the provision of the facilities and services and care provided/received. In particular, relatives communicated their satisfaction with the support received from management and staff. The inspector had conversations with the majority of residents and a relative during the inspection. The views expressed were satisfactory with the exception of one resident who highlighted a desire to be more independent. Management were fully aware of the situation and had initiated measures to bring about a satisfactory outcome for the resident which would accommodate the resident's safety and independence.

The inspector saw that there are was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities and meals provided.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Each resident had a written contract. The inspector examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services provided, the fees charged and services which incurred an additional charge.

Each resident was issued with a resident's guide. This contained relevant information, about the services and facilities of the centre, for example, information in relation to contracts of care, local amenities, policies and procedures regarding visitors to the centre, making complaints and the means by which residents can contribute to their care and participate in the day to day running of the centre.

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 centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

She is a registered general nurse, holds postgraduate qualifications in care of the elderly, dementia care and nursing home management. She has 10 years experience of working with older persons and works full time. A fit person interview was conducted in 2014 and this was found to be satisfactory.

During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider.

The person in charge and the staff team including the provider had facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team and relatives and residents highlighted the positive interactions and support provided by the entire team.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Examples of such documents are as follows: –

- The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors.
- Records of the food provided and visitors to the centre.
- The directory of residents was available and included all the information specified in Schedule 3.
- A record of incidents, pressure ulcers and of treatment provided and a record of falls.
- Records pertaining to any occasion when restraint was used.
- A record of all money or other valuables deposited by a resident for safekeeping.
- A copy of correspondence to or from the designated centre relating to each resident.
- A record of complaints.
- Health and safety statement and identification of risks/hazards.
- Records in relation to the staff roster and training.
- Records relating to staff employed at the centre, including a record of the current registration details of nursing staff in the centre.

The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. The inspector verified this on inspection.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider and the person in charge were aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.</p> <p>The deputising person in charge is a nurse with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years and has experience of providing care to older people and deputising when the person in charge was not available. The deputising person has kept her professional development up-to-date and has a diploma in nurse prescribing in medicines.</p> <p>The staff member assisted the provider and the person in charge to facilitate the inspection process and had good knowledge of residents' care and conditions. Staff and some relatives confirmed that they were aware of this staff member's role within the organisation.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 07: Safeguarding and Safety</i> <i>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.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidents. Prior to the inspection the inspector had discussions regarding correspondence from the provider in relation to an incident. This matter was managed in accordance with the centre's policy and procedures.</p> <p>The person in charge and the deputising staff member clearly demonstrated their knowledge of the designated centre's policy and were aware of the necessary referrals</p>

to external agencies.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were knowledgeable regarding reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment.

For example there was a keypad lock on the main entrance of the centre but internally all communal areas were accessible to residents. The inspector saw that there were facilities in place to assist residents to be mobile for example hand and grab rails in areas.

During interviews with the inspector relatives confirmed that they were satisfied that residents were protected from harm and were safe in the designated centre.

The inspector saw that there was a policy and procedure in place for managing behaviour that is challenging. During discussions with the inspector the person in charge showed that she could respond to and manage behaviour that is challenging.

A restraint free environment was provided and residents were assessed by a multidisciplinary team for the use of bedrails. Currently 6 residents were using bedrails for their safety. The bedrails were checked by staff. One resident was using a tilt chair. There was evidence of the resident and relative involvement in the review process.

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:
From a review of the risk management documentation held in the centre, the inspector found that the centre had relevant policies in place relating to risk management. There was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk. During a tour of the premises the inspector identified that a radiator in the bathing facility was excessively hot. This matter was immediately addressed by the person in charge.

There was an up to date health and safety statement and related policies and procedures.

The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation.

There was a personal emergency evacuation plan (PEEP) for each resident that clearly identified the resident's cognitive and mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time.

The inspector reviewed checks and tests in respect of fire safety equipment by the staff and by external organisations and found them to be well recorded. Certification and inspection documents were available on fire fighting equipment, emergency lighting tests and at a minimum six-monthly fire drills were conducted as part of staff fire safety training. It was noted that all staff working in the centre had received fire safety training in the past 12 months with the exception of one staff member.

Some fire doors were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation. The evacuation pathway leading to and at a final fire exit from the conservatory was obstructed by the positioning of furniture. An exit door from this room and through the quiet room was held open by a hook attached to the window sill.

Emergency exits and fire assembly points were clearly indicated.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place.

Judgment:

Non Compliant - Moderate

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:

The inspector was informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents, seeking approval from residents for the inspector to accompany the staff nurse while administering medicines and performing good hand hygiene.

Medicines were contained in a blister pack prepared by the pharmacist. Prescription and administration sheets were available. The inspector saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a regular basis. The inspector was informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this corresponded to the register.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days.

Quarterly reports were provided, where relevant, for example accidents and incidents involving evacuation.

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):

No actions were required from the previous inspection.

Findings:

The centre provides care primarily for residents with long-term nursing needs.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented.

Each resident's assessed needs were set out in an individual care plan. There was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition and continence. There was evidence of the plan was drawn up with the resident involvement or the resident's next of kin. This was further confirmed during interviews with relatives. Some relatives specifically reported in the written questionnaires that their relatives' healthcare needs were met through timely access to medical treatment and the care delivered encouraged the prevention and early detection of ill health.

Relatives confirmed that staff informed them of any changes in their relatives' health care needs/conditions. There was evidence of correspondence between the centre and hospital for those residents who were temporarily discharged. The person in charge had an effective system in place to audit care plans.

The inspector learned that 24 residents were assessed with a diagnosis of dementia and 4 residents actively displayed behaviours and psychological symptoms of dementia. Each of these residents had an individual care plan in place and staff involved in the direct provision of care implemented the treatment plan in accordance with the care plan.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Currently 3 residents had been screened and nutritional care plans were in place that detailed the residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists.

There were arrangements in place to manage and monitor wounds. One resident had a pressure lesion at the time the inspection. A staff nurse described the protocols in place regarding wound prevention and treatment. A specific person centred care plan was compiled and wound assessment and repositioning charts were available to monitor whether the wound was progressing or otherwise. The inspector was informed that the centre had access to a tissue viability nurse to provide up to date guidance and support to the nursing team. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. There was evidence of referrals to a variety of Allied health professions including occupational and physio therapists, general practitioners, geriatricians ophthalmology and podiatry services.

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):
No actions were required from the previous inspection.

Findings:

The inspector found that some aspects of the premises were not designed and laid out to meet the needs of residents, however, the provider and person in charge were fully aware of this and had submitted to the Authority plans to extend and reconfigure the existing designated centre. To date, planning permission had been sought and was granted and funding arranged.

The centre is laid out over 2 floors.

The ground floor consists of two communal sitting rooms and two dining rooms, assisted bathing facilities and toilets, kitchen, offices, dirty utility and laundry room, cleaning store, visitors' room and external smoking area.

Bathing facilities are located on a mid-landing area and bedrooms and assisted bathing

facilities and toilets are located on the first floor.

In total, bedroom accommodation consists of one 6 bedded room, six 3 bedded rooms, 12 twin rooms and 3 single bedrooms. There are no ensuite facilities.

While stair lifts were available, there was no lift to facilitate the transfer of residents between floors safely.

Hand rails were available on the corridors and in the hallway to assist residents to maintain their mobility.

In the main, the bedroom accommodation apart from some of the multi-occupied bedrooms met residents' needs for privacy, leisure and comfort and although the inspector did not observe any negative outcomes for the residents accommodated in the multi-occupied rooms it was more difficult for staff to assist residents particularly using modern day personalised equipment and hoists. For example, one 3 bedded room afforded residents approximately 6.8 m² per resident. Access to a resident's bedroom was via another bedroom.

There was insufficient accommodation for cleaning equipment and for periods during the inspection the cleaning trolleys were stored in a residents' bathroom and a dirty utility room.

There was insufficient storage, for example, a hoist was stored in a residents' bathroom.

Communal facilities were inadequate to accommodate residents' needs, for example, sitting, recreational and quiet time.

The laundry room was not spacious, however, the inspector was informed that only residents' personal clothing would be laundered in the centre and an external contractor would launder bed linen and towels.

The inspector found the centre to be clean with a homely atmosphere. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating. Residents' art and craft works were displayed extensively throughout the centre. In the main, bedrooms were personalised with space for residents' belongings. Residents had access to locked personal storage space either in their own bedrooms or in a facility made available by management.

The décor was domestic, with warm colours and pictures on walls throughout. The building was of a period of time but well-maintained internally and externally with the exception of bathroom facilities. However, the provider informed the inspector that as an interim measure, prior to the completion of the extension and refurbishment of the centre bathroom facilities will be updated.

There was a secure outdoor area which residents could access.

There is a full-time maintenance staff member and records showed that maintenance works identified by the staff were addressed. The inspector checked the water temperature on this inspection and found that it was maintained within the appropriate

guidelines There were records to show that assistive equipment such as hoists, wheelchairs, beds, baths and pressure relieving mattresses had been serviced. All residents were provided with a call bell to enable residents to summon assistance when required.

The chef confirmed that the kitchen was well laid out, equipment was in good working order and there were ample stocks dry ingredients, meats and a good supply and variety of fresh fruit and vegetables.

Judgment:
Non Compliant - Major

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:
There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and residents and relatives who communicated with the inspector were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspector examined the complaints record and there were no serious complaints as it was the policy of the centre to address complaints through the local resolution process.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The previous thematic inspection carried out on 23 October 2014 focused on end of life care. No recommendations were made as a result of that inspection. During this inspection no residents were receiving end of life care.

From discussion with staff and relatives, during this inspection it was found that end of life care was person centred and respected the values and preferences of individual residents.

Staff described the policy and protocols in place for the end of life care. This included care planning assessments which related to the resident's physical, emotional, psychological and spiritual needs, risk assessments in relation to eating and drinking, nutritional screening and pain management and the availability of the general practitioner (GP), an out of hour's GP service and specialist palliative nursing care.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served. Menus showed a variety of choices and meals.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the menus and food served.

The training record showed that staff had been trained in nutritional care in the elderly. This included weight loss and gain, what to do when changes occur and dysphagia.

Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents' needs were served.

Documentation in the residents' care plans examined by the inspector showed that residents were weighed on a monthly basis and appropriate action taken as necessary.

There was a policy on food and nutrition and hydration management.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences.

Residents had access to drinking water and refreshments throughout the day. The inspector saw residents being offered tea, coffee and snacks at regular intervals throughout the inspection process, and residents confirmed that they had choice around the times of meals if they wished. Fresh fruit was available.

The chef had a rotating menu plan in place, which was largely compiled from the views of residents. The dietician had an input into the menus and the chef was familiar with residents' requirements as assessed by the Allied health professionals.

The inspector heard that residents could have their menu choices changed when they wished and meals were served in either the resident's bedroom or in the dining room. The inspector observed the lunchtime menu which provided residents with a choice of meat or fish and a variety of vegetables. There was a pleasant atmosphere in the dining room and residents tended to sit with friends in their chosen seats and enjoyed the social aspect of the dining experience.

Judgment:
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):
No actions were required from the previous inspection.

Findings:

A formal consultation process had been set up for residents and an advocacy service was available to residents.

Residents have access to the internet and a private telephone system.

The inspector saw that residents' privacy and dignity was respected as residents could receive visitors in private .

Many residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, times of getting up in the morning and going to bed in the evening.

Social care planning was undertaken by the staff team and the inspector saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Relatives who communicated with the inspector highlighted the events which residents were involved which were meaningful to their lives, such as spiritual activities, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television, reading the local newspaper, magazines or books. The inspector saw the majority of residents participating in a singsong session organised by the activity coordinator.

Relatives informed the inspector of the importance of the centre in the community and when visitors came to see their relatives, they also visited other residents whom they knew from the local community.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was a policy on handling residents' personal property.

An inventory of residents' belongings and personal possessions was compiled.

Residents had adequate storage space in their bedrooms.

Residents' clothing was identifiable and the laundry was organised so as to ensure that residents did not have their clothes misplaced.

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 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:

From an examination of the staff duty rota, communication with residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There were appropriate numbers of healthcare assistants and nurses on shift and the planned and actual staff rosters identified staff by name, role, area of duty and shift times.

The inspector reviewed a sample of personnel files and found them to contain the documentation required by Schedule 2 of the regulations.

All staff were up to date on their mandatory training, for example, manual handling, infection prevention and control, challenging behaviour and protection of residents from abuse. Some staff had participated in training in dementia care and falls management and other staff had received training appropriate to their role and responsibilities.

Staff who communicated with the inspector demonstrated that they had a good knowledge of the residents in the centre and were familiar with procedures of emergency evacuation, and in identifying and reporting instances of resident abuse.

Residents and representatives were full of praise for the staff team and spoke highly of their competency, friendliness and delivery of care.

The inspector observed staff on the floor being patient and friendly towards residents, and being respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

There was a suitable recruitment policy and the arrangements for supervision and development of staff were satisfactory. These included induction training, assessment at a probationary period and an annual appraisal.

No volunteers were working at the centre, however management were aware of the legislation in relation to having volunteers in the centre for example vetting, supervising and establishing the level of their involvement in the centre.

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:

Siobhan Kennedy
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:	San Remo Nursing and Convalescent Home
Centre ID:	OSV-0000093
Date of inspection:	18/10/2016
Date of response:	21/11/2016

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

A staff member working in the designated centre had not received fire safety training in accordance with the centre's policy and procedure.

1. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency

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

procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

The identified staff member has since received full fire safety training in line with the nursing home's policy and procedure. This was completed on 14/11/2016.

Proposed Timescale: Complete

Proposed Timescale: 21/11/2016

Theme:

Safe care and support

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

The evacuation pathway leading to and at a final fire exit from the conservatory was obstructed by the positioning of furniture and an exit door from the conservatory to the quiet room was held open by a hook attached to the window sill.

2. Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

1. Furniture within the conservatory will be reconfigured to ensure that the evacuation pathway leading to and at the final fire exit remains unobstructed. This will be monitored and assured through direct observation and amendment to the daily fire safety checks completed.

2. The hook has been removed from the window sill adjacent to the door separating the conservatory from the quiet room. Any decision made to re-instate the mechanism used for holding open the door will only be made after the nursing home engages its fire consultant to clarify the function of this door as part of a compartment or sub-compartment structure in the overarching fire strategy of the building.

Proposed Timescale:

1. Complete
2. Complete

Proposed Timescale: 21/11/2016

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:

The premises did not conform to the matters set out in schedule 6.

3. 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:

1. A time-bound, costed and viable development plan has been advanced and agreed by the Board of the company as set out in the document "Proposal for the Redevelopment of San Remo Nursing Home". This development plan sets out in a viable and sustainable manner steps taken and being taken to ensure compliance with the requirements as set out in the 2016 Regulations. The current status of the development plan includes a granted permission for plans as agreed in consultation with the nursing home's previous case-holding inspector, detailed construction related costing provided by our quantity surveyor, the business case for viable development and the timeline of the proposed development.

2. Interim plans prior to the completion of the action outlined in point 1 has included a refurbishment programme undertaken in San Remo over the last year. The final stage of this interim refurbishment programme includes redecoration of all the bathrooms within the home.

3. Plans are being finalised to facilitate the completion of laundry offsite in a manner that enables effective compliance with Regulation 12 (b) and 27.

Proposed Timescale:

1. 31/12/2020
2. 01/05/2017
3. 15/01/2017

Proposed Timescale: 31/12/2020