

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Summerville Healthcare |
| Centre ID: | OSV-0000397 |
| Centre address: | Strandhill, Sligo. |
| Telephone number: | 071 912 8430 |
| Email address: | info@summervillehealthcare.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Summerville Healthcare Limited |
| Provider Nominee: | Mary Gilmartin |
| Lead inspector: | Marie Matthews |
| Support inspector(s): | Mary McCann |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 47 |
| Number of vacancies on the date of inspection: | 0 |

About Dementia Care Thematic Inspections

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

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

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 to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 April 2016 10:30 To: 20 April 2016 20:00

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|--------------------------|
| Outcome 01: Health and Social Care Needs | Substantially Compliant | Non Compliant - Moderate |
| Outcome 02: Safeguarding and Safety | Substantially Compliant | Non Compliant - Moderate |
| Outcome 03: Residents' Rights, Dignity and Consultation | Substantially Compliant | Substantially Compliant |
| Outcome 04: Complaints procedures | Compliance demonstrated | Non Compliant - Moderate |
| Outcome 05: Suitable Staffing | Substantially Compliant | Compliant |
| Outcome 06: Safe and Suitable Premises | Compliance demonstrated | Substantially Compliant |

Summary of findings from this inspection

This report sets out the findings of an unannounced thematic inspection. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six specific outcomes relevant to dementia care.

Prior to this inspection the provider had submitted a completed self- assessment document to the Authority along with relevant policies. The inspectors reviewed these documents prior to the inspection. Inspectors met with residents, relatives, staff members and the person in charge and tracked the journey of residents with dementia. They observed care practices and interactions between staff and residents. They used a formal observation recording tool for this and found evidence of positive and connected care by staff. They also reviewed documentation such as care plans, medical records and staff files. Residents reported a high level of

satisfaction with the service and said they felt safe.

Residents' healthcare needs were generally met and doctors visited regularly. There was timely access to most allied health professionals but poor access to physiotherapy therapy services and some residents were waiting on access to dietetics services. The design of the centre allowed for the movement of residents with ample corridors on each unit giving freedom to walk around but there wasn't an enclosed accessible garden that residents could independently access outside the centre.

A total of six Outcomes were inspected. The inspectors found 3 Outcomes as moderately non-compliant with the Regulations. Inspectors identified that improvements were required to ensure care plans provided sufficient detail to guide care and to reflect the residents' changing needs. Improvements were also identified care planning for residents with behaviors associated with dementia and end of life care plans required development. Improvements were also identified in the recording of complaints.

The Action Plan at the end of this report the areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres' for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome relates to assessment and care planning, access to healthcare, medication management, nutritional care and also encompasses end of life care. There were 47 residents receiving care on the day of the inspection and one resident was in hospital. There were thirteen residents with maximum care needs. Twelve residents were assessed as highly dependent, eleven had medium dependency care needs and ten residents had low dependency needs.

Four General Practitioners (GP's) attended the centre and the person in charge stated that where possible residents retained their own GP. There was evidence of regular medical reviews recorded in the residents' notes and a sticker system was used to remind staff when medical reviews were due. Inspectors saw that any new residents were seen within a short timeframe of admission the GP. The Psychiatry of old age team reviewed residents regularly and ensured medication prescribed was of optimum therapeutic value.

A range of assessments including falls assessment, skin integrity assessments, nutritional risk assessments, mobility and safety assessments and continence assessments were completed for each resident. There was evidence that residents had good access to allied health care professionals such as occupational therapy, chiropody, speech and language therapy, dental care and ophthalmology as required. A Physiotherapist worked in the centre two days per week or more frequently depending on residents needs. A Dietician also visits once a month and audits all weights of residents and provides recommendations if needed. visited the centre once a month or on a more regular basis when needed.

An electronic system was in use for care planning. Inspectors viewed a sample of residents' care plans on this system. Touch screen tablets were located throughout the centre and health care assistants inputted details of the residents daily routine such as any social activities attended, meals taken etc on these. A daily report on nursing care was also completed on this system. Inspectors reviewed a sample of residents 5 care

plans and some aspects of a further 4 care plans. Some care plans which had been discontinued but remained in the case files making it difficult to distinguish if these were in operation. For example, one residents care plan referred to a dressing on his foot and medication for an infection both of which were resolved. Inspectors also observed that the advice of the allied support professionals was not always included in the care plans. For example, one resident had been reviewed by a dietician but this was not referenced in the residents care plan and there was no link on the system to the dieticians' notes. In another example where a resident had sustained a fall the care plan had not been updated to reflect the residents increased risk.

There were no residents who had pressure wounds on the day of inspection. One resident had a venous ulcer which was been regularly dressed. The wound care plan however lacked sufficient detail to adequately guide care. For example it did not state the type of dressing that should be used or the frequency the dressing should be changed. It was also difficult to track the progress of the wound as regular wound measurements were not recorded. Inspectors saw that a tissue viability nurse was scheduled to provide training in wound care on 1/7/2016. Inspectors also observed some care plans reviewed were generic and had not been adapted to reflect the residents' individual needs and preferences.

A system had been developed to ensure residents with a do not resuscitate (DNR) status had the DNR status regularly reviewed to assess the validity of clinical judgement and a sticker was used in the residents medical notes to ensure this decision was reviewed regularly. Staff provided end of life care to residents with the support of their general practitioner and the palliative care team if required. Each resident had an end of life care plan in place, however, some of these lacked sufficient detail regarding their physical, emotional, social and spiritual needs or the resident's preferred pathway at the end of their life.

Care plans for residents cognitive impairment also required review to ensure they gave comprehensive information to guide staff on the how this impacted on daily life. Information such as who the resident still recognised or what activities could still be undertaken was not always evident in the care plans reviewed. Inspectors were told that when a resident was transferred to an acute hospital, the transfer letter was generated from the electronic system. Copies of these were reviewed. Some clinical information was hand written on to the transfer letter prior to transfer for example, the time medication was last administered however, a copy of this was not normally retained on the residents medical file.

A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids was available to catering and care staff. Inspectors met with the chef, who had a good knowledge of the specific nutritional needs of residents. Inspectors observed residents having their lunch in the dining room. There were two separate sittings and residents had a choice of two meals. Adequate staff were available to assist and monitor intake at meal times. Some residents preferred to eat in their bedroom, and this was facilitated. Residents confirmed that they enjoyed the food and that alternatives were provided if they didn't like the meal choice provided. Meals appeared hot and well presented. The inspector saw residents being offered drinks throughout the day. Residents told the

inspector that they could have tea or coffee and snacks any time they asked for them. Food and fluid monitoring charts were used to ensure residents were receiving appropriate nutritional intake but some of these were observed to lack sufficient detail to be of therapeutic value.

There was a policy and procedures for prescribing, administering, recording, storing and disposing of medication . Medications were stored in a medication trolley which was locked to the wall in the clinical room. The nurse on duty held the keys to the medication trolley. An inspector observed a nurse administering medication. Good practices were observed and the nurse demonstrated knowledge of best practice in regard to medication management and administration. A sample of medication prescription sheets reviewed and these were found to be administered in line with the prescription and the recording sheet was signed by nurses. Medications were supplied blister packs by two local pharmacies. The nurse described how these were checked on arrival. Medication audits had been carried out by one of the pharmacies which supplied the centre.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

There were procedures in place for the prevention, detection and response to abuse. This had been reviewed since the last inspection. However, the policy had not been adapted to reflect the new Health Service Executive (HSE) policy on Protection of Vulnerable adults. Staff spoken with were able to describe the different types of abuse, and knew the signs to look out for and how to report any concerns. Staff identified the person in charge as the person to whom they would report a suspected concern. Inspectors viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults.

Some residents had behaviours and psychological symptoms of dementia (BPSD). Behaviours logs were being completed to identify triggers and to inform further planned reviews by the psychiatry team. Staff spoken to had completed training on the management of BPSD and were knowledgeable regarding the interventions that were effective which included redirection and engaging with the resident, however individual behavioural support care plans were not always developed to inform staff of proactive and reactive strategies to help reduce the residents' anxiety and ensure a consistent approach.

There was a policy in place for behaviour that is challenging and staff had received training on understanding and managing behaviours that challenge. Further training was scheduled to take place. There was evidence in care plans of links with the mental health services. Residents with whom the inspectors were able to communicate verbally said they felt safe and secure in the centre.

13 residents had requested bedrails as an enabler for repositioning however; the enabling function of the bedrail wasn't always clearly indicated in the care plans reviewed. A risk assessment was completed prior to the use of any bedrail been put in situ and these assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP.

The inspectors reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. All financial transaction records were signed and witnessed and a sample of monies held when checked by inspectors and corresponded with financial records. Residents could access their money kept in safekeeping as they wished.

All visitors signed a visitor's book when entering the centre and closed circuit television cameras monitored the entrance to the centre. A new safe enclosed garden had been created to the front of the centre but inspectors observed that the door leading to this area had a key pad lock in place and residents could only access this area with the support of staff.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

As part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place at two different times for intervals of 30 minutes in communal areas.

During both periods, inspectors found most of the observation the quality of interaction score was +2. The observation took place in the main sitting room in the half hour before residents had their lunch and in the late afternoon in the main foyer. At least one

staff member in addition to the activity coordinator was present and staff engaged with residents as they did individual activities. Residents were brought to the sitting room to the dining room for their meal. Most staff greeted resident as they came to assist them and assisted them to their preferred seating area. Residents were appropriately dressed and their clothing was clean well presented. Staff interacted with residents in a personable manner. Two staff members were observed to transfer residents in a wheelchair without any meaningful interaction. The inspectors concluded at the end of the two 30 minute observation periods that most of the residents experienced positive connective care.

Residents with dementia had access to advocacy services. An advocate from a recognised agency visited the centre. There was an established resident's committee and Inspectors were advised that meetings were bi monthly. However, there were only minutes available for one meeting in the last year. Residents told inspectors that they were consulted regarding decisions which affected their day to day lives and felt they had a choice in how they spent their days. Several residents confirmed that they voted in the recent election.

Residents' privacy was respected. They received personal care in their own en suite bedroom. Bedrooms and bathrooms had privacy locks in place. There were no restrictions on visitors and residents could receive visitors in private. Residents' capacity to make decisions and give consent is described in care plans.

Residents with good cognitive ability choose what they liked to wear and inspectors saw residents looking well dressed. A key worker system was in place. Residents appeared comfortable with staff, engaged with them and looked for them when they needed support. Staff knew residents well and could describe for inspectors their backgrounds and specialist interests.

Residents had freedom to plan their own day within a communal setting. They could choose the times they wanted to get up in the morning, where to have breakfast and partake in activities. Their meal preferences were facilitated.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
The centre maintained a complaints policy that met the requirements of the Regulations. A copy of the procedure was available in the residents' guide. The procedure identified

the nominated complaints officer and an independent appeals process. The complaints procedure was not displayed at the time of inspection as it was being updated.

Inspectors reviewed the centres' complaints log. There were two recorded complaints since the last inspection. One complaint recorded on 24/1/2015 was not resolved until the 6/1/2016.

The inspectors discussed verbal complaints with the person in charge and both residents and staff members confirmed that any verbal complaints were responded to promptly. However, as there was no record of verbal complaints it was not possible to determine if the complaints related to an particular area or if there were any patterns in the type of complaints occurring.

Judgment:

Non Compliant - Moderate

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

Inspectors reviewed a sample of personnel files for staff and found them to contained the documentation and information required by Schedule 2 of the Regulations. The registration numbers for nursing staff with an Bord Altranais agus Cnáimhseachais na hÉireann were available on staff files.

Appraisals were being completed by the person in charge. Training records reviewed confirmed that staff had been provided with required mandatory training in fire safety, moving and handling and adult protection. The person in charge held clinical governance meetings staff monthly where residents' health care needs were discussed. The minutes of these meetings were available. Staff on duty said they had sufficient time to perform their duties.

There was a training matrix available which conveyed that staff had access to ongoing education. Training in dementia care and behaviours associated with dementia and in cardio pulmonary resuscitation and manual handling were scheduled to take place the week of the inspection.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. The design and layout promotes the dignity, well being and independence of residents with a dementia. Comfortable spaces for residents and a variety of communal areas are available to such as the main sitting room , a visitors room, a library, an oratory and a dining room. Most residents sat in the spacious foyer or the main sitting room which overlooked the sea during the day. Furnishings were comfortable and homely. Additional rooms include a physiotherapy room, hairdressers, recreation room and a treatment/clinical room. There was appropriate equipment provided for use by residents or staff which was maintained in good working order.

Resident's were encouraged to personalise their rooms with photographs and personal belongings. With the exception of three shared bedrooms, most residents had their own bedroom. Bedrooms were spacious and had en suite facilities adapted to meet the needs of residents with level access showers. Call bells were in place at each resident's bedside and dementia friendly clocks and calendars were observed in some bedrooms to help orientate residents which were purchased in response to the self assessment survey completed.

There were a number of dementia friendly design features throughout including ample space for residents to walk around freely, good lighting, contrast in colours used for floors and walls. However, there were few visual cues used and signage throughout required improvement to ensure it was accessible and assisted residents with dementia to recognise their rooms and other frequently used areas such as the dining room and bathrooms.

A safe, secure outdoor area had been provided for residents in response to an action from the previous inspection. Residents were observed during the inspection using this area supported by staff. However, as previously stated access to this area was secured with a key pad lock so residents could not use the facility independently.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|------------------------|
| Centre name: | Summerville Healthcare |
| Centre ID: | OSV-0000397 |
| Date of inspection: | 20/04/2016 |
| Date of response: | 21/06/2016 |

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 01: Health and Social Care Needs

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some care plans had been discontinued but remained in the case files and it was difficult to distinguish if these were in operation.

Some care plans were generic and had not been adapted to reflect the residents' individual needs and preferences and some lacked sufficient detail to guide care.

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

The advice of the allied support professionals was not always included in the care plans.

1. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

1. Discontinued Care Plans will be removed from Epicare by 20/08/2016
2. Care Plans will be adapted to reflect the resident's individual needs and preferences by 20/09/2016
3. Online and Onsite training is arranged for individual staff in Epicare and will be completed by 31/8/2016
4. Care plan training is organised for multidisciplinary team on 21/07/2016 and 04/08/2016

Proposed Timescale: 31/12/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The policy for the prevention, detection and response to abuse had not been adapted to reflect the new Health Service Executive (HSE) policy on Protection of Vulnerable adults.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

1. The policy was updated on 30/5/2016, since the HIQA inspection and has been adapted to include the new HSE policy on Protection of vulnerable adults.
2. All other policies will be updated by 31/09/2016

Proposed Timescale: 30/05/2016

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Some residents had behaviours and psychological symptoms of dementia (BPSD) but there was no behavioural support plan in place to guide staff as to what proactive strategies they could use to prevent an escalation of the behaviours or details of reactive strategies to help staff to respond appropriately to alleviate the residents anxiety and safeguard other residents.

3. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

Work is progressing at present to develop behavioural support plan for all residents who has challenging behaviour and dementia.

Proposed Timescale: 29/07/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was an established resident's committee but there were only minutes available for one meeting in the last year.

4. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Actioned. Residents meeting was conducted on 12/05/2016 and minutes are available. Resident meetings will take place every two months.

Proposed Timescale: 26/07/2016

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

The complaints procedure, either existing or proposed, was not displayed at the time of inspection.

5. Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

1. Copy of Complaints procedure is now displayed in four prominent locations in the Nursing home;
 1. In the lobby
 2. In the Sitting Area
 3. One each on the two main corridors

Proposed Timescale: 17/06/2016**Theme:**

Person-centred care and support

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

One complaint recorded on 24/1/2015 was not resolved until the 6/1/2016.

6. Action Required:

Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

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

1. All complaints logged before December 2015 are closed. Complaints are audited on monthly basis.
2. All complaints are resolved on a monthly basis from 01/01/2016

Proposed Timescale: 01/05/2016**Theme:**

Person-centred care and support

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

Some complaints were not recorded so it was not possible to determine if they related to a particular area, if there was any patterns in the type of complaints occurring or if the issue was responded to in a timely manner.

7. Action Required:

Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

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

1. Verbal complaints/concerns are logged into the system from 28/4/2016.
2. The complaints will be integrated into individual care plans by 31/08/2016

Proposed Timescale: 31/12/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Access to the outside area was secured with a key pad lock so residents could not use the facility independently.

8. 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. Door is left open during the day time at present and residents are moving in and out freely. Ordered protective padding on the corners.
2. Seating arrangements are made near entrance, so residents have easy access.
3. Padlock System changed into push lock going out to the garden on 15/06/2016 and automatic entry from the garden.
4. Measured for handrails and ordered the same. More seating is ordered too, taking resident's wishes into consideration.

Proposed Timescale: 28/07/2016