

Health Information and Quality
Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Sunhill Nursing Home
Centre ID:	0180
Centre address:	Blackhall Road
	Termonfeckin
	Co Louth
Telephone number:	041-9885200
Fax number:	041-9885200
Email address:	sunhillnh@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Vincent and Jill McDonald
Person in charge:	Elaine Moloney
Date of inspection:	29 September 2009
Time inspection took place:	Start: 09:45 hrs Completion: 18:00 hrs
Lead inspector:	Sonia McCague
Support inspector(s):	Paul O'Shea
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Sunhill nursing home is a purpose built single storey building with 48 single and nine twin rooms providing accommodation for 66 residents. The centre offers convalescence, respite, long term and palliative care.

All rooms have ensuite shower facilities. Other facilities include two assisted bathrooms, two dining rooms, a sitting room, recreation room and an oratory. A visitor/family room is also available.

The centre is divided into two units referred to as units one and two.

Residents have access to enclosed and spacious gardens along the side and to the rear of the centre. A large driveway in front and to the side allows for sufficient car parking.

Location

The centre is located on the outskirts of the village of Termonfeckin. A shop, restaurant, hotel, chapel and community centre are located in the village which is within walking distance. Public transport is available into Drogheda, which is the nearest town.

Date centre was first established:	28 / 11 / 2005
Number of residents on the date of inspection:	53

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	24	18	11

Management structure

The provider is Vincent McDonald. The management structure consists of a General Manager and a Person in Charge known as the Director of Nursing. The Person in Charge, Elaine Maloney, has an assistant and both report to the General Manager. The Person in Charge is supported by 52 staff, all of whom report to her.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	7	3	4	2	2

Summary of findings from this inspection

This was an announced inspection carried out over one day. It was the first inspection of this centre by the Health Information and Quality Authority. During the inspection, inspectors talked to residents, relatives and staff. Inspectors reviewed records and documents, observed practise and looked at the premises.

While there was some evidence of good practice, inspectors had concerns that the centre did not meet the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the requirements set out in the Health Act 2007, (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

The person in charge and staff were aware of the new legislation governing the regulation of centres. Staff demonstrated a positive approach to personal and professional development in line with current legislation. Relatives told inspectors that they noticed a recent improvement in the provision of services and delivery of care.

Areas for some improvement related to staffing levels, residents' privacy and dignity, the communication and content of the residents' guide, contracts of care, frequency and content of fire drill/training and directional/location signage.

Areas for significant improvement included operational risk assessment and management, the quality of operational policies and practices, the lack of an emergency plan, incomplete staff records, deficiencies in relation to complaints management and notification of incidents and assessment and care planning.

The action plan at the end of this report specifies the non compliance and the improvements to be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, and *the National Quality Standards for Residential Care Settings for Older People in Ireland*.

Evidence found by inspectors did not support a concern received prior to the inspection relating to taxi expenses and payment. Inspectors found that the provider had clear policies and procedures on the management of residents' finances and property.

Residents and relatives comments

Inspectors spoke with residents, relatives and visitors in the centre and sought their views. Many residents and relatives reported satisfaction with the service and felt their needs were met.

Questionnaires were sent to the centre prior to this announced inspection to invite residents and relatives comments on the centre. Inspectors received five completed questionnaires on the day of the inspection.

Residents

Residents and relatives spoke favourably regarding the quality of social and recreational facilities available to residents. It was reported that this was due to the introduction of a full time activities co-ordinator at the beginning of this year. Residents and relatives described how they had attended and enjoyed internal and external community events coordinated by the activities person and staff.

Many residents' comments were good. They said staff were "lovely", "friendly and "take an interest". They described the centre as clean, bright and spacious".

Some residents said that were supported in maintaining their independence. Others described how they exercised choice in the menu and daily routine of the centre and participated in a variety of activities. They talked about the residents committee, knitting club and a planned trip to the swimming pool.

Residents felt safe and supported in the centre. However, concerns regarding a shortage of staff at certain times of the day and night were expressed.

Some residents reported that staff were always in a rush and one resident said "staff don't spend enough time in the room". Another resident told the inspector "if you press the call bell they come...eventually" and added, "I think they are a bit short staffed". Some relatives shared the view that staffing levels were insufficient at times which is presented in section 6 of this report.

Relatives

Many relatives praised the care and improvements made recently. One relative described the centre, as an "open and light place where mother is content ", while others said it was "clean and bright" and "access to the garden is very good". Relatives complimented the staff and improvements such as activities made this year.

Relatives informed inspectors that they felt able to raise issues or concerns with the general manager and person in charge and any matters raised in the past had been addressed.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

There was a clearly defined organisational and management structure that identified the lines of authority and detailed responsibilities for areas of activities, including support services. This structure was clearly defined in the statement of purpose and described during discussions with staff. The person in charge was actively reviewing systems in place to create a transparent, positive and inclusive environment. The person in charge and general manager demonstrated an awareness of current legislation and guidelines, which were made available to staff. The provider's vision was to embrace a person centred approach to service delivery and care planning.

The person in charge informed inspectors that she was aware of policies yet to be put in place and said she was systematically reviewing and updating policies as per the regulations. This was evident following a review of policy documents by inspectors.

The staff demonstrated a positive approach to personal and professional development in line with current legislation. For example, a plan to address ongoing training needs such as medication management and Further Education and Training Award Council (FETAC) level five training for care staff was completed.

Opportunities for quality improvement and assurance were noted. For example, a residents committee had been formed and met on at least four occasions. The minutes of the most recent residents' committee meeting held in August 2009 were available for review.

The general manager, person in charge and staff said they were keen to improve the service. Resident satisfaction surveys were carried out and the results were published. Inspectors observed the results of a recent residents' satisfaction survey displayed on a notice board.

The general manager and person in charge informed inspectors they were actively involved in addressing issues raised by residents through the committee. Residents confirmed this engagement and felt it was productive.

Inspectors had received a concern regarding the payment of taxi services prior to the inspection. The management of residents' finances was reviewed by inspectors and discussed with the person in charge. Evidence did not support this concern as inspectors found that the provider had clear policies and procedures on the management of residents' finances and property, which were detailed in the contract of care.

Some improvements required

The statement of purpose included all of the required information but did not include the extensive recreational activities available to residents both in the centre and in the community.

Significant improvements required

Not all practices were informed by policy. The policies, procedures and guidelines did not meet the criteria outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Policies for temporary absence or discharge of a resident and behavioural management were unfinished.

There was no documented emergency plan available in the centre.

All notifiable events had not been reported to the Chief Inspector of Social Services as outlined in the Health Act 2007, (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

A notifiable event, which included an allegation of neglect against one staff member, was not notified to the Chief Inspector within the required timeframes. The management of this incident was ongoing and due process in line with the prevention, detection and response to abuse policy was being followed. Measures and actions to ensure the care and welfare of residents were adopted and the staff member was suspended during an investigation carried out by the person in charge and general manager.

The person in charge held meetings with the staff member and was prepared to put in place protective measures, such as professional supervision, on return to the centre. The person in charge was awaiting contact from the staff member, who was on extended leave following suspension, in order to proceed in managing these matters.

The complaints policy outlined the procedure to be followed in the event of a complaint. However, when inspectors reviewed employee files, they found complaints relating to a staff member. These complaints were not copied into the

complaints file and therefore not referenced appropriately as per the policy. The centre's complaints policy did not provide for a nominated independent person available to deal with complaints.

The residents' contract of care was reviewed. Section 11 within the contract of care outlined information related to fees which was unclear regarding exactly what services were covered by the fee.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Meals were served in two separate dining areas. Residents could decide which dining room to avail of and some were facilitated by having their meals in their rooms. Menus were displayed on tables and residents had a choice of main dish at lunchtime. Snacks were available throughout the day outside of main meal times. Residents confirmed their enjoyment of the food.

The chef arranged the menu in a two-week cycle. She was informed of the special dietary needs of residents by the nurse in charge. Staff updated the chef of any changes highlighted by a review of residents' needs. The chef had a list of residents' birthdays and baked a cake for them on each of their birthdays.

Activities were well planned and coordinated. A coffee morning organised by residents in association with the local crèche took place on the day of the inspection. Residents, visitors, relatives, staff, children and babies from the local crèche were present. Stalls were set up in a marquee on the lawn which included a beverage stall, a bookstall and members of the knitting club were offering their wares for sale. A room inside was also available and used by attendees. Residents described this event as "a great chance to meet the locals, young and old". Residents also told inspectors how they had been involved in a demonstration by a local club recently on how to knit, crochet and use a spinning wheel.

The activities person was rostered to coordinate and carry out resident activities. She drew up an activities programme weekly in advance and consulted residents and staff regarding residents' preferences and abilities. One activity observed during the inspection was a gathering of the knitting club. The centre was involved in projects with voluntary and third level institutes who were asking the question "how many aspects of life in the county were age friendly?" The centre was involved in community groups and initiatives that promoted positive ageing and fulfilment. For example, residents had an opportunity to attend the swimming pool each month.

Inspectors saw one resident in a wheelchair that did not have footplates, she was seen propelling herself along a corridor with the aid of her feet. When the inspector asked her about this practice, she said it was her choice and she considered it "good

exercise", stating, "I'll not give up on them legs yet". Another resident declared the centre to be "just like home". One resident told the inspector "I'm a year here tomorrow and the staff are brilliant".

There was a room designated as a library. The local mobile library called to the centre each month. Resident's were seen using this room and some had books from the library in their rooms.

Information concerning current affairs, local matters, voluntary groups, community sources and events were evident.

The person in charge informed inspectors that she had attended an "advocacy master class session" and was promoting residents involvement with national voluntary groups associated with older people. This was noted in the minutes from the residents committee.

Inspectors observed staff interacting with residents and relatives in a private and respectful manner.

All residents' hair was well groomed. Two hairdressers attended the centre one day per week. Staff told inspectors that this was to increase to two days per week due to the demand from residents.

The name of each resident had been affixed to each item of clothing in an unobtrusive manner.

Evidence of learning from events was found. For example, medication management training was provided to nurses following the reporting of an error. Training regarding the detection and prevention of abuse had been delivered to staff in the centre following the incident referred to in section one.

Residents of different denominations were catered for. Religious services and sacrament of the sick were available to the residents of two denominations. The centre had a family/visitors room available in addition to an oratory and mortuary.

Some improvements required

A large notice was displayed on the wall at a nurses' station detailing the supplements being given to named residents. This demonstrated that a lack of privacy had been afforded to these residents.

Significant improvements required

An inspector spoke to a resident who was in bed. The inspector established that this resident was unable to walk or get out of bed independently and was unable to seek staff assistance without the use of a call bell. The inspector found this resident's call bell unplugged from the wall socket and positioned under her pillow. This resident was unaware of this and asked the inspector to inform the nurse. This was reported to a nurse and was remedied immediately.

A call bell/alarm point was located on the wall in the smoking room and was not accessible to immobile residents. One relative stated they had observed residents at night in this room seeking attention, but were unable to command it. Inspectors observed residents in wheelchairs who were unable to access the call point.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

A culture of health promotion and prevention of deterioration was evident in practice. The person in charge reported no resident had pressure sores and pressure relieving equipment was available and utilised by residents identified as at risk of developing sores.

Residents had regular access to six general practitioners (GPs). Residents also had a choice of keeping their own GP. The psychiatry of old age service was available to residents on a referral basis. A consultant psychiatrist was present in the centre during the inspection.

In discussions with nursing staff, inspectors found evidence of access to other allied health professional services such as occupational therapy, physiotherapy, social work and chiropody. This was verified on reviewing nursing records. A review of accident records showed that any transfer of a resident to acute services following a fall was carried out in a timely manner.

Meals were nutritious and hot. Nutrition supplements were available as prescribed and in stock. Resident's weight was monitored and recorded.

Significant improvements required

A medical focus was predominant in residents' care plans. They did not reflect a holistic perspective or incorporate the psychosocial elements available in the centre. Residents reported activities they engaged in, which was evident in practice on the day of the inspection, but this information was not documented in their care plan. Staff demonstrated knowledge of individual residents and their personal needs, but again, this was not communicated in their care plans. Overall, a review of resident's records confirmed that their expectations, experiences, previous interests and capacities were not consistently recorded. Staff confirmed that residents were not actively involved in their care plan records. This was evident in care plans reviewed.

The residents guide stated, "a detailed care plan will be developed by the care team in conjunction with the resident or an appropriate representative". This was not evident in practice. The provider had recently introduced documentation to enhance

residents' involvement in their care plan. However, this initiative had yet to be completed on any resident and adequate arrangements were not in place to ensure this process was adhered to. As a result, records located in both new and old systems had to be referred to for information on residents as nurses were continuing to record in both. This system was confusing and did not inform continuity in practice.

Some relatives told inspectors they had not been consulted in relation to the care planning process regarding the personal care of their relative. One relative made reference to the above statement in the resident guide and said "this is new to me".

It was noted that changes and developments in residents' conditions or treatment were not recorded in the care plan and review dates had not been maintained. For example, an inspector was informed of an increase in one resident's medication dosage. The date of a drug increase from once daily to twice daily was not recorded on the prescription sheet to indicate a change. Instead, the increased dose was entered in addition to an existing dose in the prescription. For example, the resident was on tablet x once a day and the increase was introduced to have tablet x twice a day. As a result the date commenced on tablet x and the date of the increase in drug dose was the same. The reason for the increase and associated care needed were not recorded in a care plan.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The two day rooms are pleasantly decorated and appropriately furnished. There are casual seating areas that have comfortable chairs and a coffee table for residents use placed strategically around the centre. The dining rooms are brightly illuminated through natural lighting and there were circular tables with attractive tablecloths.

Each bedroom has a wardrobe, a portion of which was lockable. There is also a bedside locker and an armchair. There is a television and an outside phone line is available. Each en-suite is well fitted out and contained a shower, a wash hand basin and a high level toilet bowl and grab rails are also fitted. Many of the bedrooms have been personalised with residents' family mementos and personal items such as cushions, pictures and religious items.

An inspector asked the person in charge to open a fire door. This set off the fire alarm and only seconds later a nurse and the maintenance man came on the scene to check out the cause of the alarm.

Inspection of the records confirmed that the fire alarm system was serviced and certified quarterly and the fire fighting equipment was certified annually.

There is a contract with an outside company to service and maintain equipment. In addition, there is a system for staff to report faults. A log was provided at the nurse's station in which the fault/disrepair was noted. When the item was attended to the maintenance man signed the log. Inspection of the log showed the system was adhered to.

Safe systems were in place and secure storage of hazards was maintained. For example, entry to the laundry and sluice room was security pad controlled.

The service yard, which contained the refuse dumpsters, was kept in a clean and tidy condition. This was also the case with the maintenance sheds.

Some improvements required

There is a potential risk of cross infection as cleaning items including mops and mop buckets were stored in the sluice rooms with clinical waste.

There is a lack of directional signage along corridors and all corridors were painted the same colour, as a result it was difficult to become orientated without asking for assistance in order to locate rooms or identify which section you were in.

Significant improvements required

There was no hazard identification or risk assessment specific to the centre carried out.

Mandatory fire training had not occurred in 2009. A fire drill was conducted in August 2008 and there was insufficient evidence in documentation as to what a "drill" consisted of.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Inspectors observed good communication and interaction between residents, staff and relatives. Staff positioned themselves close to residents and at the same level when speaking to them. Conversations were conducted in a manner that was private yet understood. Residents, relatives and staff confirmed they could meet with the person in charge at any time and described her as approachable and welcoming of suggestions to improve the service.

Records were stored in a safe place.

Security measures were good within the centre. The front door had a security key code known to staff only. The person in charge told inspectors that the code was changed regularly and only communicated to staff. All other doors were alarmed to ensure the safety of residents'. A sign in and out log book was maintained at reception.

Staff confirmed that meetings were conducted regularly. Information from day to evening and night a staff is facilitated in a handover system.

Some improvements required

Residents and relatives told an inspector that the residents guide was put in their rooms recently but the purpose and content of the document had not been explained to them.

Conflicting information was found in the pre-questionnaire completed by the person in charge and general manager and the resident guide regarding the number or rooms available. The residents' guide stated there are nine semi private rooms however; the application stated eight semi private rooms were available. The general manager has since confirmed that the make up of beds is 48 single and nine twin bedrooms providing accommodation for 66 residents in total.

Smoke drifting into corridors was not noted. However, one relative told inspectors the smoking room door was left open at night to allow staff to hear residents' calling.

Significant improvements required

Assessment charts observed in residents' rooms were not updated since January 2009. For example, one residents' manual handling assessment chart that guided staff to assist residents in a safe and appropriate manner had not been updated since the 21 January 2009. The assessment stated that this resident could walk with a walking aid. However, on the day of inspection, this resident was unable to walk and required the assistance of the hoist.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

There were specific induction programmes for staff nurses, care assistants and cleaners. These were comprehensive, for example; a nurse's induction programme was carried out over six days consisting of theory and practical sessions.

Staff had undergone training in such areas as care plan compilation, medication management, continence training, constipation management, use of chemicals and food hygiene training. Nursing/care staff said training was on-going and they had undergone training in the use of percutaneous endoscopic gastrostomy (PEG) tubes, falls awareness and wound care.

The person in charge informed inspectors that she was a qualified instructor in manual handling and cardio pulmonary resuscitation. She facilitated training to care staff and was involved in one module of the Further Education and Training Award Council (FETAC) level five. Records were available to confirm staff training.

Five carers had completed Further Education and Training Award Council (FETAC) level five courses while fifteen were in the process of completion.

Staff were professional and demonstrated they had experience and skills to care for residents. They were of a friendly nature and addressed the residents by name. Residents were also familiar with some staff names.

Some improvements required

Some relatives commented that at busy periods in the day and night they felt staff were pressurised with the demands of residents and their workload. Relatives described what they observed and considered insufficient staff available during busy periods. One example was expressed by a relative who felt they had to assist other residents unrelated to them when they were seeking staff attention as staff were either not available or otherwise occupied, (as they were not visible on the floor) and added "Staff appear to disappear" at break times.

Inspectors discussed staffing levels with the general manager and person in charge and stressed that this issue was a recurrent theme that suggested inadequate levels at times. Inspectors were informed that the staff numbers and skill mix were not solely determined by resident dependency levels, the size and complexity of the service requirements but were primarily based on number of residents. While there was no evidence to confirm a lack of staff, some staff and relatives interviewed reported inadequate staffing levels periodically. Additionally, some residents' questionnaires and the minutes of the residents committee from August 2009 also highlighted inadequate staff on duty at times.

Significant improvements required

The policies, procedures and guidelines did not meet the criteria outlined in Schedule 2 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. Policies for recruitment, selection and the vetting of staff were incomplete. For example, three new staff members employed since July 2009 had no evidence of Garda vetting and these employees were rostered for duty. An inspector also saw documentation where an audit of personnel files was carried out. It identified where the files of each of the 58 members of staff was not in compliance.

REPORT COMPILED BY

Sonia Mc Cague
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

02/12/09

Provider's response to inspection report

Centre:	Sunhill Nursing Home
Centre ID as provided by the Authority:	180
Date of inspection:	29 September 2009
Date of response:	13 January 2010

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

The range of the policies, procedures and guidelines available in the centre did not meet the criteria outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

Provide written operational policies and procedures in accordance with current regulations, guidelines and legislation.

Reference:

Health Act 2007
Regulation 27: Operating Policies and Procedures
Standard 2: Consultation and Participation
Standard 29: Management System

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response: All policies are currently under review as discussed on the day of the inspection. New Policies on Temporary Absence or Discharge of residents and Residents with Challenging Behaviour has now been completed and all staff have signed off on these policies.</p>	Oct 2009

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Policies, procedures and guidelines in the centre were not reflective in practice or communicated to residents.</p>	
<p>Action required:</p> <p>All policies, procedures and guidelines in the centre should be reflective in practice and communicated to residents.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 11: Communication Standard 29 : Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response: Resident's Guide is discussed with all Resident's at resident Meetings on an ongoing basis and all new residents are now introduced to the guide on admission with an open ended Dialogue to ask questions.</p> <p>A new Induction checklist for residents is currently under review and will be completed by 22nd January</p>	Ongoing/22 nd Jan

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>All notifiable incidents were not reported to the Chief Inspector in accordance with requirements of the Health Act 2007, (Care and Welfare of Residents in Designated Centres for Older People) Regulations, 2009 and the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i>.</p>	
<p>Action required:</p> <p>All notifiable incidents should be made known to the Chief Inspector as outlined in the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i>.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 36: Notification of incidents Standard 8 : Protection Standard 13: Healthcare Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: This was an over sight on behalf of the Nursing Home and the form NF06 has now been completed regarding the incident and sent to the Chief Inspector as per the Health Act 2007.</p>	<p>13/01/10</p>

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The complaint file was incomplete and the provision of an independent nominee to deal with complaints was not included within the complaints process.</p>	
<p>Action required:</p> <p>All complaints should be recorded in the register of complaints. The policy should include the provision of an independent nominee to deal with complaints.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 39 : Complaints Procedures Standard 6 : Complaints Standard 8: Protection</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response: The copy of the complaint has been copied over from the staff Human Resources File to the Complaints file. We now have asked the staff of the Senior Help Line, Third age centre, Summer hill, Co. Meath to act as an independent nominee to deal with complaints. Our complaints Policy has been updated to reflect this change and communicated to all.</p>	<p>COMPLETE</p>

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Contracts of care were not clear regarding the services covered by the fee.</p>	
<p>Action required:</p> <p>The contracts require review and updating to ensure they are clear and transparent regarding the overall services covered by the fee, and the fee payable.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract Statement of Terms and Conditions</p>	
<p>Please state the actions you have taken or are planning to take following the inspection with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: As discussed with the inspectors during the visit the section in our contracts of care covering higher levels of care which might be required by resident was not clear. All of our contracts of care are now under review.</p>	<p>March 2010</p>

<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>An operational emergency plan was not formalised or recorded to inform practice.</p>	
<p>Action required:</p> <p>Provide a written operational emergency plan in accordance with current regulations, guidelines and legislation. This plan should be reflective in practice and communicated to residents, staff and relatives.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 31: Risk management procedures Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: A draft of this plan has been completed and is currently being made available to staff and residents for a consultation process, it will then be finalised and an education programme will be rolled to</p>	<p>March 2010</p>

include all staff and residents.	
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7. The provider is failing to comply with a regulatory requirement in the following respect:

Arrangements were not in place to ensure that the residents' privacy and dignity was respected at all times.

Action required:

Put in place arrangements to ensure that the residents' privacy and dignity are respected at all times.

Reference:

Health Act 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Standard 4: Privacy and Dignity

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

Timescale:

Provider's response:

Nutritional drinks list has been removed from the wall at the Nurses station.

COMPLETE

8. The provider is failing to comply with a regulatory requirement in the following respect:

Access to call bells was inadequate and directional signage was inadequate in the centre.

Action required:

Put in place appropriate measures to ensure residents have access to a call bell to enable health promotion and wellbeing.

Reference:

Health Act 2007
Regulation 31: Risk management Procedures
Standard 26: Health and Safety
Standard 12: Health Promotion

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

Timescale:

Provider's response:

Infra red call points have been installed in the smoking room with pendant call bells to ensure residents have access to calling staff at all times. Following a consultation process with Residents, names for each corridor were decided upon. Directional signage for the

Completed

entire building has now gone out to 3 companies to tender.	<i>March 2010</i>
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<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Resident's abilities and needs were not set out in an individual care plan developed and agreed with each resident. Care documents were not under formal review.</p>	
<p>Action required:</p> <p>The resident care plan should reflect residents' needs and abilities in line with best practice.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 8: Assessment and Care Plan Standard 10: Health and Social Care Needs Standard 1: The Resident's Care Plan Standard12: Health Promotion Standard 30: Quality Assurance and Continuous Improvements</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: All Care plans under the new system are now near completion and are being constantly updated to reflect resident's current conditions. We now have a new computerised system for medication and Resident assessments and staff are currently receiving training from Helix Healthcare Manager.</p>	<p>Feb 1st/ongoing</p>

<p>10. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The date of an increase in drug dosage was not entered on a prescription chart.</p>	
<p>Action required:</p> <p>Ensure a record is maintained of each drug and medicine administered giving the date of the prescription, dosage, name of the drug or medicine, method of administration. This should be signed and dated by a medical practitioner and the nurse administering the drugs and in accordance with any relevant professional guidelines.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 25: Medical Records Standard 14: Medication Management</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response: Staff Nurses are aware that they are to adhere to our medication Management Policy in line with An Bord Altranais Guidelines. The prescription was corrected immediately. Further training took place with the pharmacy following inspection and an audit is now carried out by the pharmacy every 3 months and once a month by the Director of Nursing to ensure that all prescriptions are up to date. As part of our ongoing quality improvements we have introduced a new computerised medication system with a link to the GP surgery where all changes to prescriptions can be made and signed. Staff are undergoing complete training in this system.</p>	ONGOING

<p>11. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>A hazard identification and risk assessment specific to the centre had not been carried out.</p>	
<p>Action required:</p> <p>A written risk assessment of the building and the equipment should be implemented and maintained in the centre</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 31: Risk Management Procedures Standard 26 : Health and Safety Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response: Following advice from the inspector on the day of the visit the generic Risk Management and Hazard Assessment plan which was in place has been revisited and the same format has been used to assess each individual area of the building and grounds. Please find attached an example of a centre specific Hazard/Risk assessment Plan</p>	Completed

12. The provider is failing to comply with a regulatory requirement in the following respect:

Not all documents to be held in respect of persons working at the centre were available.

Action required:

Implement policies and procedures that bring practices in recruitment into line with regulations. All documents to be held in respect of persons working at the centre should be available.

Reference:

- Health Act 2007
- Regulation 18: Recruitment
- Standard 22: Recruitment
- Standard 8: Protection

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

Timescale:

Provider's response:

In discussion with the inspectors during the visit our Staff Human Resources file audit was examined and all areas of deficit are being followed up rigorously with ongoing audit.
We have as a best practice submitted Garda Vetting forms for all staff employed at Sunhill.

Ongoing
Awaiting from Garda Vetting Office

13. The provider is failing to comply with a regulatory requirement in the following respect:

All staff had not received fire safety training. No record of training was available for 2009 and new staff had been employed.

Action required:

Mandatory fire training should include all staff annually.

Reference:

- Health Act 2007
- Regulation 32: Fire Precautions and Records.
- Standard 26: Health and Safety

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

Timescale:

<p>Provider's response: As discussed with the inspectors on the day of the visit the staff Fire Training was booked through our fire safety consulting company for 2 days following the visit. Full Fire safety training is completed for all staff at Sunhill on an annual basis. All staff have been certified. Following advice from the inspector on the day of the visit our Fire Safety Consultant has provided a detailed breakdown of the contents of the fire training programme</p>	<p><i>Completed</i></p> <p><i>Completed</i></p>
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<p>14. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Sluicing and cleaning stations were not in separate rooms to reduce the risk of cross infection.</p>	
<p>Action required:</p> <p>Sluicing and cleaning stations should be in separate rooms.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 30: Health and Safety Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response: This issue was raised during the inspection. We currently have full planning permission to extend Sunhill by a further 21 bedrooms and this separation of sluice room and cleaning station will be incorporated into the new build as per requirement in Health Information and Quality Authority National Quality Standards for Residential Care Settings for Older People in Ireland (standards 25.49 and 25.0)</p>	<p><i>Ongoing</i></p>

Any comments the provider may wish to make:

Provider's response:

This was the first inspection for Sunhill under the new Health Information and Quality Authority's standards. We felt well prepared for it. We had a clear view of the areas where we met standard and a clear vision of the areas where we had further work to do through our audit process, which we gladly shared with the inspectors. All of the staff at Sunhill found the inspection process very positive and educational to us. The inspectors were professional and explained the process of the inspection at all stages.

The team at Sunhill welcomes the introduction of the Health Information and Quality Authority's National Quality Standards for Residential Care Settings for Older People in Ireland and we look on the process as a positive and inclusive journey. We are pleased with all of the areas where our report highlights good practice in evidence at Sunhill and we are open to all comments on how we can further the quality of our service as well as the quality of life for our residents.

Provider's name: Shane Kelly
Date: 13th January 2010