

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Summerville Healthcare
Centre ID:	0397
Centre address:	Strandhill
	Co. Sligo
Telephone number:	071-9128430
Fax number:	071-9122946
Email address:	info@summervillehealthcare.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Summerville Healthcare Ltd
Person in charge:	Ruth Smyth
Date of inspection:	20 June 2011
Time inspection took place:	Start: 09:30 hrs Completion: 16:35 hrs
Lead inspector:	P.J Wynne
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Summerville is a single-storey building set in spacious grounds. It can accommodate up to 46 residents. Older, dependent people who need long term care and those who need respite or convalescent care are admitted.

There is a large foyer inside the entrance door with a reception area close by. There is a nurse's station located centrally providing a key point of contact for residents and visitors. There is a day sitting room, a dining room and a library with computer terminals located off the foyer. There is a second sitting room located at the opposite end of the building which opens onto a paved patio.

There is two twin bedrooms and 42 single bedrooms. All bedrooms have en suite facilities that include a toilet, wash-hand basin and shower. There are two assisted bathrooms. There are eight toilets located close to communal areas around the building of which, six are wheelchair accessible.

Other facilities include an oratory, a smoking room and a hair salon. There is a recreation room (also used for parties and annual celebrations) and a physiotherapy treatment room located on a corridor leading away from central foyer.

The driveway and immediate perimeter is covered in tarmac and the grounds are accessible to residents. There is a paved patio area located off one of the day sitting rooms provided with seating.

There is ample parking to the front and side of the building.

Location

The centre is located in a residential area in the village of Strandhill, approximately eight kilometres from Sligo town. There is a pedestrian footpath leading to the shops and business facilities located close by.

Date centre was first established:	1 March 2005
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	7	11	18	8

Management structure

The Person in Charge is Ruth Smyth. All nurses and care assistants report to the Person in Charge. There is an assistant manager, Laura Dunne. All catering, laundry and the accounts manager report to the assistant manager. The Person in Charge and the assistant manager report to the nominated provider Mary Gilmartin, director of Summerville Healthcare Ltd.

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	3	1	*3

* 1 Physiotherapist and 2 Maintenance

Background

The purpose of this inspection was to follow up on the action plan agreed with the provider from the inspection, report number 0397, which took place on the 1 and 2 February 2011 and is published on the Authority's website and can be viewed at www.hiqa.ie. This inspection focused on the areas of practice that required improvement, as outlined in the action plan of that report. While inspectors were satisfied at that time of a commitment by the management team to improve the quality of the service to residents, the action plan contained 19 requirements and 11 recommendations. The provider replied within the specified timeframe with an appropriate response to the action plan, which was agreed with the inspector to address the issues identified.

The key findings from the previous inspection identified deficits relating to wound care management. A letter was sent to the provider outlining immediate action to be undertaken to ensure the care and welfare of residents was maintained. The provider responded within the agreed time scale with suitable proposals to address the issues identified.

Other aspects of the service that required improvement included a review of afternoon time staffing levels to ensure the needs of all residents was fully met. The need to review the service provided by general practitioners (GPs) was also highlighted by inspectors to ensure timely consultations that were responsive to the residents needs.

Inspectors identified that not all staff had received mandatory training in adult protection and the safe moving and handling of residents. Furthermore, inspectors identified a need for additional training of staff in the areas of wound care, managing behaviour that challenges and end of life care to effectively meet the needs of the resident profile.

Summary of findings from this inspection

This follow up inspection was announced and was the third inspection of the centre by the Authority. The inspection focused on those areas of practice that required improvement as set out in the action plan of the registration inspection report. The provider and person in charge had addressed the majority of the actions identified in the previous report. In all, 15 of the 19 actions had been completed satisfactorily and four were partially progressed. While the inspector acknowledged that work had progressed on the remaining requirements, these had not yet been fully completed. All of the recommendations had been completed with the exception of one, which was to complete an appraisal with each staff member. This was being progressed by the person in charge.

A new person in charge had been appointed by the provider since the last inspection. The person in charge had commenced in post on the 11 April 2011. In order to assess the suitability of the person in charge the inspector completed a fit person

interview. The purpose of the interview was to assess the understanding and capacity of the person in charge to comply with the requirements of the regulations and the standards. The inspector was satisfied the person in charge had a clear understanding of her responsibilities in the provision of clinical care and the general welfare and protection of resident. She was suitably qualified and experienced to manage the centre and meet its stated purpose, aims and objectives. The person in charge told the inspector, her priority since appointment had been to work to complete the actions outlined in the inspection report.

The inspector was satisfied there was a suitable systems in place to manage wound care issues supported by specialist services that included dietetics, occupational therapy and input from a wound care professional.

The Action Plan at the end of the report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These include the need for training of additional staff in basic life support and behaviours that challenge. The need for the provision of a private visitor's rooms and safe outdoor space was identified by the inspector.

Actions reviewed on inspection:

1. Action required from previous inspection:

Put procedures in place where each of these residents has a full multidisciplinary review of their care to form a baseline assessment in planning their needs for healing their wounds.

Put procedures in place where these residents are referred to a wound tissue specialist, dietetic and occupational therapy professionals.

Develop and implement individual wound management programmes for each of these residents which reference a structured, organised and planned approach in each person's case.

Provide all specialist equipment deemed necessary by the designated multidisciplinary team to assist these residents with their wound healing.

Ensure staff are aware of the wound care policy and are utilising the policy to guide and inform their practice.

This action was completed. The inspector reviewed three care plans, two which were for residents identified with wound issues on the 1 February 2011. The care plans indicated each resident's care had been fully reviewed in the aftermath of the inspection. A review by a multi disciplinary team to form a baseline assessment in planning their needs for healing their pressure wounds was undertaken. The care plans had been reviewed on a frequent basis thereafter to meet residents' changing needs.

The care plans reviewed indicated a comprehensive wound management programme for each resident was in place. The care plans clearly outlined the individual problem the organised approached to improve and maintain optimum health. Advice and input were obtained from a wound management specialist to guide best practice in healing the wounds. There was a wound care plan for each resident outlining the intervention and treatment to guide staff on the provision of pain relief, dressings and movement. The inspector reviewed the comments of the wound care specialist recorded in the medical notes, which indicated a significant improvement by the residents at each review. The inspector viewed photographs of the wounds and tracings of their sizes which were taken at regular intervals. A review of this documentation confirmed a significant improvement and healing process by the residents.

The inspector visited a resident's bedroom. The resident had been provided with an air mattress on their bed to relieve any impacting pressure on their wound. Pressure relieving cushions had been provided for each resident following assessment by the occupational therapist.

A review of the medical files indicated the residents had been referred to a wound specialist, dietetic and occupational therapist for assessment. The inspector viewed ongoing advice and recommendations from these health professionals in the medical notes reviewed.

A wound management policy viewed by the inspector had been devised, informed by the Health Service Executive *National Best Practice and Evidence Based guidelines for Wound Management* (2009) document.

The policy included procedures for decubitus ulcer prevention and management referencing regular evidenced based risk assessment. The inspector viewed a copy of the *National Best Practice and Evidence Based Guidelines for Wound Management (2009)*. The inspector viewed evidence nursing staff had received training in wound care management.

2. Action required from previous inspection:

Submit the appropriate notifications to the Authority in the case of each resident with a pressure sore

This action was completed. A notification of injury to residents, namely pressure sores had not been notified to the Authority by the person in charge at the time of inspection. The notification were received retrospectively and recorded.

3. Action required from previous inspection:

Put in place an appropriate management structure and systems to ensure the centre meets the stated purpose, aims and objectives of the residential care setting as set out in the statement of purpose.

This action was completed. A new person in charge had been recruited. The person in charge had completed a fit person entry program prior to the inspection. The inspector interviewed the person in charge and was satisfied she had the qualifications, skills and experience to ensure the centre meets its stated purpose, aims and objectives. The person in charge's knowledge of the Regulations and Standards and her statutory responsibilities was sufficiently demonstrated to the inspector both during the fit person interview and throughout the inspection.

4. Action required from previous inspection:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

This action was completed. The person in charge told the inspector staff nurse levels had increased since the last inspection. Two nurses are rostered seven days a week from 08:00 hrs until 18:00 hrs. The inspector reviewed the staff rota for a two-week period and noted there was a suitable staffing level and skill mix to meet the needs of the number of residents presently accommodated. The number of staff rostered matched the staff level on duty on the day of inspection. Residents told the inspector their call bells were answered promptly. No concerns were expressed to the inspector in relation to staff levels during the inspection.

5. Action required from previous inspection:

Ensure each resident receives a high standard of service from his/her GP with whom he/she is registered including regular and timely consultations that are responsive to each resident's needs.

This action was completed. The provider had written to all general practitioners (GPs) since the last inspection reminding them of their responsibilities to the residents in the centre. A number of residents had changed GP since the last inspection. A review of medical files by the inspector indicated residents were seen routinely by their GP and in timely manner. The medical notes in one case file reviewed indicated the resident was seen by their GP routinely and where the notes indicated a follow up visit was required these occurred following consultation with nursing staff. The person in charge told the inspector she was working to establish a structured system for GP visits to ensure all residents had timely reviews. The person in charge had commenced a process of auditing medical files to monitor resident's medical reviews. Out of hours medical cover was provided.

6. Action required from previous inspection:

Undertake an assessment of risk on window openings and the accessibility at the main entrance and implement safeguards to ensure the safety of residents throughout the centre whilst not impinging on their autonomy and independence.

This action was completed. Safeguards to ensure the safety of residents throughout the centre whilst not impinging on their autonomy and independence had been implemented. The inspector viewed adjustable restrictors that had been fitted to all windows around the building. The front door to the centre had been secured and a code was required to exit the building.

7. Action required from previous inspection:

Ensure all staff are trained in adult protection.

This action was completed. The inspector viewed evidence in staff files that staff had been trained in adult protection. The person in charge is a qualified trainer in elder abuse and had delivered training to all staff. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.

Staff were able to tell the inspector about the prevention of elder abuse policy, explain the different categories of abuse and state what they would do if they suspected abuse and the importance of taking measures to prevent the risk of abuse. There were no reports or allegations of abuse received by the Authority from the centre.

8. Action required from previous inspection:

Ensure all staff are trained in the safe moving and handling of residents.

This action was completed. The inspector viewed records in staff files which indicated all staff had been trained in the safe moving and handling of residents. The inspector observed safe moving and handling techniques throughout the inspection by staff when assisting residents to the dining room at lunch time and to the bathroom during the day.

9. Action required from previous inspection:

Provide training for staff in the management of behaviour that challenges, to enable them to provide care in accordance with best practice.

Provide training for staff in wound care, end of life care and cardiopulmonary pulmonary resuscitation techniques to enable them to provide care in accordance with contemporary evidence based practice.

This action was partially completed. The assistant manager had developed a training matrix to identify all staff training needs. Staff had been provided with training in wound care management. The inspector viewed certificates in staff files. The benefits of the training were evidenced by the improvement in managing wound care issues and the recording and documenting in residents' case files reviewed.

Two nurses had completed a course on end of life care, qualifying them to deliver end of life care training. However, this training had not been undertaken with the staff to date.

An automated external defibrillator (AED) machine had been obtained since the last inspection. The inspector viewed evidence showing nine staff had been trained in basic life support. However, there was an insufficient number of staff trained in basic life support from the total complement of staff to meet the needs of the residents. The provider had arranged for further training in this area.

Staff had not received training in behaviours that challenge. While the inspector viewed evidence of future planned training, at the present time there was not a sufficient number of staff trained in behaviours that challenge to guide staff actions and interventions.

10. Action required from previous inspection:

Ensure Garda Síochána vetting is in place for each staff member.

Ensure three written references are available for all staff.

This action was completed. The person in charge and assistant manager told the inspector, Garda Síochána vetting had been applied for all staff and they had all been returned satisfactorily. The inspector examined seven staff files. Garda Síochána vetting and three written references were present in each staff file reviewed.

11. Action required from previous inspection:

Indicate the maximum amount for PRN (as needed) medication and the duration of administration on the prescription sheet.

Ensure each resident on long term medication is reviewed by his/her medical practitioner at least on a three monthly basis, in conjunction with nursing staff and the pharmacist.

This action was completed. The inspector viewed the medication prescription sheets and noted the maximum amount for PRN (as needed) medication was indicated and the duration of administration.

The inspector reviewed residents' medical files and noted residents were seen by their GP prior to renewal of their long term medication. The person in charge told the inspector the nurses reviewed the medications with the GP prior to renewal of the prescription. The pharmacist also reviewed the medications and attended the centre to audit medications to check for drug interactions, the dosage and alternative forms.

12. Action required from previous inspection:

In compliance with contemporary evidence based-practice, ensure that the use of a restraint measure is only ever considered as a measure of last resort and is the least restrictive option for the shortest period of time to maintain the care and welfare of the resident.

Where residents lack capacity to give informed consent to the use of the restraint measure, a consensus view should be reached between all healthcare staff involved in the residents care and the residents' next of kin/significant other. This decision should be documented clearly in the notes in narrative format.

Any restraint measure whether physical or chemical must be in the best interest of the resident and kept under constant review.

This action was partially completed. The person in charge was working to ensure a restraint free environment where possible. All residents requiring specialist chairs or other equipment had their needs reviewed by the occupational therapist and physiotherapist. Suitable seating to meet the resident's needs was provided. Bed rails were used by 23 residents at their request.

Consent was signed for the use of bed rails. Care plans were in place documenting the rationale for the use of the restraint measure. The inspector viewed evidence alternative options had been explored to include, promoting the use of call bells and using pillows to provide support.

While a consensus judgement to use restraint was evident in case files reviewed. The signature of the GP and the next of kin was obtained. However, while an assessment of the capacity to consent was completed there was limited evidence in a narrative form of the conclusion of judgement of the assessment where a resident was cognitively impaired of the residents' ability to consent to the restraint measure.

13. Action required from previous inspection:

Provide an area for residents to meet with visitors in private, separate from the resident's own bedroom.

Provide enclosed, safe outdoor space for use by residents.

Provide suitable storage facilities for staff to store personal belongings.

This action was partially completed. Suitable facilities had been provided for staff to store their personal belongings. The inspector viewed the lockers which had been provided for use by both male and female staff.

While residents had access to the open grounds surrounding the building, a safe outdoor space had not been provided for use by residents. The provider told the inspector an area had been identified and works were planned to commence in the near future.

The inspector was told the library room had been identified as a private visitor's room. However, this is a shared communal space available to all residents. Therefore, residents did not have access to a private area separate from their own bedrooms to meet with visitors in a confidential setting.

14. Action required from previous inspection:

Outline the conclusions of the discussion and agreement of the resident or their representative in the development of the care plan or its review in narrative format.

This action was completed. Residents' care plans were completed at three monthly intervals or sooner should a change in health condition occur. The person in charge told the inspector, residents and their representative were consulted regarding their care plan. In the selection of care plans examined the inspector viewed the residents' or their representatives' signature to indicate their care plan had been agreed and reviewed with them.

15. Action required from previous inspection:

Facilitate the establishment of residents' representative group.

This action was completed. A residents' committee was established. The inspector viewed the minutes of the most recent meeting which indicated a good attendance by residents. The meeting was chaired by the activity coordinator. The minutes reviewed indicated residents were provided with the opportunity to raise issues. The activity program was discussed and residents continued input was sought to include ideas for activities at weekends and menu choices.

16. Action required from previous inspection:

Ensure all clothing is identifiable to each resident.
Maintain up to date signed property record for each resident.

This action was completed. The inspector viewed clothing in the laundry which was discreetly marked to indicate ownership. Residents expressed satisfaction to the inspector regarding their clothing stating 'that their clothes were well taken care of by staff and clothes were laundered and returned quickly'. There were no complaints recorded of items going missing.

An up to date property list was maintained in residents' files reviewed identifying the number and type of each item owned by the resident.

17. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

This action was completed. An overall system to review the quality of care and the quality of life of residents at appropriate intervals was in place. The inspector viewed the auditing or analysis of information to guide quality improvements. The person in charge had undertaken audits on wound care management, medication practices and the care planning process. Since the person in charge had commenced in post she had reviewed all the accidents and incidents to have occurred. The inspector viewed evidence the number of falls by residents in the past two months had reduced. Other improved safety measures noted included the introduction of alert mats and protective padding on bed rails to minimise the risk of harm or injury to residents. As a result of completing the medication audit the person in charge had introduced a medication error reporting system.

18. Action required from previous inspection:

Ensure policies and procedures are relevant and applicable to the centre, reviewed and updated in light of changing legalisation, quality monitoring and best practice.
Ensure staff are aware of the policies relevant to their roles to guide their practice.

This action was partially completed. There was a comprehensive set of operating policies available that included all the policies required by Schedule 5 of the regulations. Copies of policies were easily accessible in the nurses' office. The person in charge was working to review the clinical care aspects of policies to ensure they guide procedures, inform best practice and take cognisance of new changes introduced by the person in charge. While staff had signed to indicate they had read and understood the policies there was not clear evidence staff had reviewed and discussed the policies with management. The person in charge indicated to the inspector she plans to review policies with staff in a staged way at each staff meeting.

19. Action required from previous inspection:

Provide contingency arrangements should it be deemed necessary to evacuate the building.

This action was completed. The inspector reviewed the emergency plan which had been updated since the last inspection. The plan outlined how the building would be evacuated in the event of an emergency, where residents would be relocated and how they would be transported to an alternative place of safety. The number for emergency services was located in the nurse's office.

Standard	Best practice recommendations
Standard 2: Consultation and Participation	<p>Provide aids to support communication for residents who have dementia or difficulty expressing their needs verbally.</p> <p>Review</p> <p>A communication picture board had been obtained to assist residents to communicate.</p>
Standard 3: Consent	<p>Provide residents with access to an independent advocate/advocacy service.</p> <p>Review</p> <p>Contact details of a number of independent advocacy groups had been made available to residents. The contact details for advocacy groups were included in the Residents' Guide, a copy which was provided to each resident. The inspector viewed copies of the Residents' Guide in bedrooms.</p>
Standard 4 Privacy and Dignity	<p>Ensure appropriate terminology is used in written format to reflect adulthood.</p> <p>Review</p> <p>The terminology used in care plans viewed by the inspector reflected adulthood.</p>
Standard 6: Complaints	<p>Verify the complainant is satisfied with the outcome reached by obtaining their signature in the complaints log indicating they were satisfied with the resolution reached.</p> <p>Review</p> <p>The inspector reviewed the complaints log and noted the complainant's signature was in place following investigation of their issue indicating they were satisfied with the resolution reached.</p>
Standard 7: Contract/ Statement of Terms and Conditions	<p>Indicate the room to be occupied by the resident on all signed contracts of care.</p> <p>Review</p> <p>The inspector reviewed a selection of contracts of care. The room to be occupied by each resident was denoted on the contract of care reviewed.</p>
Standard 10: Assessment	<p>Undertake a preadmission assessment to ensure the needs of each potential resident can be met.</p> <p>Review</p> <p>A preadmission assessment procedure was in place which was viewed by the inspector. The person in charge told the inspector she meets with residents and their relatives prior to admission to plan their care</p>

	needs and consults with other allied health professionals.
Standard 24: Training and Supervision	<p>Implement a staff appraisal system to provide a mechanism for staff to receive feedback on their performance to ensure continuous professional development.</p> <p>Review</p> <p>The person in charge had commenced undertaking appraisals with staff and had completed nine appraisals with staff members on the date of inspection. Plans were in place to undertake appraisals with all staff.</p>
Standard 25: Physical Environment	<p>Provide a sink in the laundry room as required by the Authority's standards.</p> <p>Review</p> <p>The inspector visited the laundry room and noted a sink had been provided.</p>
Standard 25 Physical Environment	<p>The inspector felt that signage overall needed improvement to provide effective and meaningful prompts, to help residents find their way to communal areas, bedrooms and remind them of where they are.</p> <p>Review</p> <p>New signs had been provided throughout the building to help residents find their way to communal areas, bedrooms and remind them of where they are. All bedrooms were numbered and corridors had signage in place to advise residents on which corridor their bedroom was located. The dayroom, dining room and bathrooms had been provided with signage to ensure they were easily identifiable to residents.</p>
Standard 29: Management Systems	<p>Undertake a missing person's drill to ensure staff are familiar with the procedures to be followed to locate a resident who maybe reported as missing.</p> <p>Review</p> <p>The inspector viewed documented evidence a missing person's drill had been undertaken drill to ensure staff are familiar with the procedures to be followed to locate a resident who maybe reported as missing.</p>

Report compiled by:

P.J Wynne
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

23 June 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
28 July 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
1 and 2 February 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Summerville Healthcare Ltd
Centre ID:	0397
Date of inspection:	20 June 2011
Date of response:	8 July 2011

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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The person in charge has failed to comply with a regulatory requirement in the following respect:

There was not a sufficient number of staff trained in management of behaviour that challenges, end of life care and cardiopulmonary pulmonary resuscitation techniques to meet the needs of the residents.

There was not clear evidence staff had reviewed and discussed the policies with management.

Action required:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Action required:

Ensure all staff members are made aware of any policies and procedures which govern their work practices

Reference:

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>End of life care training – This has been commenced with two staff members currently trained in end of life care, train the trainer. They will roll out the programme for all relevant staff by 31st October 2011.</p> <p>Challenging Behaviour - As discussed on the day of inspection challenging behaviour training is scheduled for the 12 July 2011.</p> <p>CPR – This programme had been implemented since April 2011 and we are currently training all staff. Training to be completed by 31 October.</p> <p>We are currently in the process of ensuring that all staff members are made aware of any policies and procedures which govern their work practices</p>	<p>31 October 2011</p> <p>12 July 2011</p> <p>31 October 2011</p> <p>31 October 2011</p>

2. The person in charge has failed to comply with a regulatory requirement in the following respect:

There was limited evidence in a narrative form of the conclusion of judgement of the assessment where a resident was cognitively impaired of the residents' ability to consent to the restraint measure.

Action required:

Outline the conclusion of the discussion and assessment where a resident is cognitively impaired of the residents' ability to consent to the restraint measure in a narrative form.

Reference:

Health Act, 2007
 Regulation 6: General Welfare and Protection
 Standard 3: Consent

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	

<p>We are currently in the process of outlining in a narrative form, the conclusion of the discussion and assessment where a resident is cognitively impaired of the resident's ability to consent to the restraint measure.</p>	<p>31 August 2011</p>
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<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A safe outdoor space had not been provided for use by residents. Residents did not have access to an area private area separate from their own bedrooms to meet with visitors.</p>	
<p>Action required: Provide and maintain an external area which is suitable for, and safe for use by residents.</p>	
<p>Action required: Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.</p>	
<p>Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We are currently working in conjunction with an architect on providing and maintaining an external area suitable and safe for use by residents.</p> <p>We are currently working in conjunction with an architect on providing suitable facilities for residents to meet visitors in a private area separate from their own private bedroom.</p>	<p>31 December 2011</p> <p>31 October 2011</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Not all policies had been fully reviewed to reflect the clinical care procedures, inform best practice and take cognisance of new changes introduced by the person in charge.</p>	
<p>Action required:</p>	

Review all the written operational policies and procedures of the designated centre to ensure they reflect clinical care procedures, inform best practice and take cognisance of new changes introduced by the person in charge.

Reference:

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

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

Timescale:

Provider's response:

All our written and operational policies and procedures in Summerville are renewed on an annual basis with current changes introduced by the Person in charge, we will ensure that the policies and procedures reflect our current and best practice.

31 October 2011

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 24: Training and Supervision	<p>Complete a staff appraisal system to provide a mechanism for all staff to receive feedback on their performance to ensure continuous professional development.</p> <p>Providers Response; The Person in Charge has implemented a staff appraisal system which commenced in May 2011, to provide a mechanism for staff to receive feedback on their performance and to ensure continuous professional development. This will be implemented for all staff by 31 August 2011.</p>

Any comments the provider may wish to make:

Provider's response:

This was a follow up inspection of the Action Plan, as agreed with the inspector February 2011. The plan contained nineteen requirements and eleven recommendations. In all fifteen of the nineteen actions were completed to the satisfaction of the inspector and of the recommendations save one. The remaining actions are being progressed with completion dates.

We appreciate the comments provided by the inspector to enable us to further enhance the delivery of quality care at Summerville Healthcare. Management and staff are encouraged that their efforts to achieve the highest standards of professional care are recognised.

Provider's name: Mary Gilmartin

Date: 8 July 2011