

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Summerville Healthcare
Centre ID:	0397
Centre address:	Strandhill
	Co. Sligo
Telephone number:	071-9128430
Email address:	info@summervillehealthcare.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Summerville Healthcare Limited
Person authorised to act on behalf of the provider:	Mary Gilmartin
Person in charge:	Joe Gilgan
Date of inspection:	28 and 29 August 2013
Time inspection took place:	Day-1 Start: 09:35 hrs Completion: 17:35 hrs Day-2 Start: 10:00 hrs Completion: 13:10 hrs
Lead inspector:	Siobhan Kennedy
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 13 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was announced and took place over two days in order to carry out interviews to ascertain the fitness of the person in charge and deputy. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Matters arising from the previous unannounced inspection which took place on 12 and 13 June 2012 were examined. These matters related to insufficient nurse staffing levels in the morning and early evening, fire safety training to include fire drills, restraint management to include training of staff, complaint procedure and the development of an external safe area for residents. These issues were satisfactorily addressed with the exception of developing a safe external area for residents use. However, the inspector was informed that this matter was in progress.

Residents were positive about their day to day life experiences. They expressed satisfaction with the centres' routines and activities, meals provided and were complimentary of the staff team. No issues or concerns were identified to the inspector. Relatives who communicated with the inspector were positive in their comments with regard to facilities and services and provision of care.

The inspector interviewed the person in charge Joseph (Joe) Anthony Gilgan and the person who deputises in his absence. The inspector found that the person in charge is an experienced nurse and had good knowledge of 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* in relation to the residential care setting.

The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions. The inspector found that the person deputising in the absence of the person in charge had a good knowledge of the centre's aims and objectives and ethos of care and had established and maintained good relationships with staff and management. However, the staff member was not fully knowledgeable of all aspects of the role of person in charge (primarily relating to management governance) but was willing to further develop her skills and knowledge in this area.

The inspector found that the centre was substantially in compliance with the Regulations. Measures were put in place to protect residents from abuse. Risk management systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. However, a risk in relation to storing clean items in the sluice room was identified. Residents' well-being and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied healthcare. Medication management procedures and systems were appropriate. There were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences.

The design and layout of the centre was suitable for its stated purpose, providing spacious and comfortable facilities in a homely way. It was well maintained and residents had the opportunity to personalise their own bedrooms. The inspector was informed that an additional upgrade of the entrance to the centre will be initiated in order to provide a safe area for residents. There were a range of additional rooms providing opportunities for residents and the local community to meet and interact.

At the time of inspection staffing levels and skill mix were found to be adequate to meet the needs of residents. Staff had opportunities to participate in relevant and mandatory training.

The Action Plan at the end of this report outlines improvements required in order to meet the legislative requirements of the Regulations.

Section 41(1)(c) of the Health Act 2007

Compliance with 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*.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided. It met the requirements of Schedule 1 of the Regulations. Management of the centre were aware of their obligation to inform the Authority should any changes to the centre be considered/required.

Outcome 2

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Action required from previous inspection:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

In the contract of care viewed the terms and conditions included an undertaking to pay an extra charge in respect of additional services. The individual cost per item was not specified and therefore unclear to the resident. There was an anomaly between some items specified.

Inspection findings

The action required from the previous inspection was satisfactorily implemented.

The inspector examined a resident's contract of care. This included the details of the services provided to that resident and the fees charged. The contract was signed and witnessed.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre is owned by Summerville Health Care and the nominated person (provider) on behalf the company is Mary Gilmartin. The centre is managed by the person in charge who qualified as a Registered General Nurse in 1997 and since that time has been working primarily in the care of elderly people. The inspector concluded from observations, discussions/conversations during the inspection and a formal "fit person" interview in accordance with Section 50 of the Health Act 2007 that the person in charge had the necessary skills and knowledge and had authority and accountability in consultation with the provider for the provision of the service.

The person who deputises in his absence qualified as a registered nurse in 2003 and has been working at the centre since 2011. Again the inspector concluded from observations, discussions and conversations during the inspection and the formal interview in accordance with Section 50 of the Health Act 2007 that she had good knowledge of resident care, good working relationships with the staff team and in

the main, had knowledge of the Regulations and the Authority's Standards. However, there were some areas primarily related to management/governance of the centre which required further development in order to perform the duties and responsibilities of the person in charge role.

The person in charge is responsible for the day-to-day management/operation of the centre. He is supported in this role by an assistant manager, accounts manager nursing, care and support staff. Throughout the inspection the provider and person in charge demonstrated their knowledge of the Regulations and the Authority's Standards. They were observed to promote a philosophy of care which is person centred and provided good leadership for the staff team.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Action required from previous inspection:

Maintain the records listed under Schedule 3 (records in relation to residents) in a manner so to ensure completeness, accuracy and ease of retrieval as it was found that all the information concerning a resident's care was not retained in their case file. The daily progress notes, residents' weight and daily and monthly observations were filed separately in individual folders. This created difficulty in ascertaining a clear clinical picture of a residents' wellbeing.

Inspection findings:

The action required from the previous inspection was satisfactorily implemented.

Records in relation to residents (Schedule 3)

Since the last inspection the person in charge devised a system for containing residents' care planning documents. Information in relation to residents care is contained on a computerised system which covers all aspects of residents' assessed needs and interventions. The person in charge explained and showed the system to the inspector and was able to demonstrate that information could easily be retrieved.

The inspector examined a resident's care plan and identified that it contained daily progress notes and relevant information in relation to the resident's care.

Staffing Records

The inspector examined the documents to be held in respect of persons managing or working at the designated centre in respect of two recently recruited staff members. These were satisfactory and contained the information required as per Schedule 2 of the Regulations.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

- Regulation 6: General Welfare and Protection
- Standard 8: Protection
- Standard 9: The Resident's Finances

Action(s) required from previous inspection:

Revise the adult protection policy to include procedures to manage an allegation of abuse against a senior member of the management team.

Provide protected disclosure procedures to guide staff in the elder abuse policy.

Inspection findings

The actions required from the previous inspection were satisfactorily implemented.

Overall, the inspector found that measures were in place to protect residents from being harmed or suffering abuse. The inspector was informed that the policy/procedure in respect of the protection of residents from abuse had been updated to take account of the matters identified during the previous inspection.

The inspector examined the policy/procedure and found that it defined the various types of abuse, outlined clear steps to investigate an allegation, provided guidance for staff in the management of an allegation of abuse against a senior member of the management team, informed staff about protected disclosure and the detailed the Health Service Executive (HSE) elder abuse designated officer. A review of training records indicated staff had been trained in elder abuse and in discussions with some staff members they explained the steps that they would take if they witnessed/suspected any allegation of abuse by any staff member, including senior management.

Some residents who shared their views with the inspector confirmed that they felt safe in the centre and attributed this primarily to the caring and supportive nature of the staff team.

There was policy and procedure in relation to the management of residents finances. The person in charge explained to the inspector that residents' finances are managed by the accounts and administrative manager. Systems and practices, including maintenance of records are available to manage small amounts of money.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Action(s) required from previous inspection:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified on a regular basis.

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Provide suitable training for all staff in fire prevention.

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff are aware of the procedure to be followed in the case of fire

Inspection findings

The actions required from the previous inspection were satisfactorily implemented.

The inspector was informed that since the last inspection the risk management policy/procedure had been reviewed and amended. On examination, the inspector found that it outlined the arrangements for the identification, recording, investigation, and learning from series untoward incidents or near miss events to ensure learning for all staff to minimise the risk of repeated occurrences.

There were systems and practices in place that promoted the health and safety of residents, visitors and staff. A designated health and safety officer and committee were responsible for the overall implementation of the health and safety statement. Documentation examined in respect of risk assessments related to the environment, clinical matters and hazards and there was evidence that measures were put in place to minimise/control risks identified such as installation of key pad locks on doors of rooms for hazardous substances were stored.

An examination of the premises by the inspector showed that the structure and layout was designed to control/minimise risks. For example, residents are accommodated in single en suite bedrooms with wide doors to aid evacuation of residents if necessary, the sluice rooms and cleaning areas were restricted in the interest of residents and visitors' safety, an emergency call bell system is extensively available, handrails are provided on the corridors throughout the building, grab support rails were installed in showers and toilets and floor covering was suitable and safe. However, the inspector noted that clean items were stored in the sluice room.

There were regular inspections and records were maintained by the maintenance staff member and an external company of the fire alarm system, fire panel, escape routes, emergency lighting and fire fighting equipment. Fire exit signage was in place to indicate the location of fire exit doors and escape routes from the building. The inspector observed that the fire plan was displayed in various parts of the building and there were magnetic hold open devices on internal doors. Staff had participated in fire safety training and fire drills and this was recorded.

Training on moving and handling was ongoing to ensure that staff involved in the care of residents were up to date in their knowledge.

Resident's needs and mobility had been risk assessed to indicate the equipment necessary and the number of staff required to safely transfer residents by hoist. The inspector examined the records of accidents and incidents. These had been audited. There were a range of measures in place to prevent accidents and facilitate residents' mobility, including, exercise programmes, alarm equipment and liaison with occupational and physiotherapy.

The environment was clean and well maintained and measures were in place to control and prevent infection. These included the arrangements for the segregation and disposal of waste, including clinical waste. Staff had participated in infection prevention and control training.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector accompanied a nurse during the medication round and observed practice in administration. The staff nurse was knowledgeable of the medicines being administered and ensured that residents took the medication. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear, legible and distinguished between PRN (as needed) and regular medicines. The maximum amount for PRN medication was indicated on sample of prescription sheets viewed by the inspector.

The inspector examined the medical notes in respect of a resident and found that the GP had regularly visited and assessed the resident care and in some instances changed the medication.

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

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action required from previous inspection:

Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents

Inspection findings

The action required from the previous inspection was satisfactorily implemented.

There were systems in place regarding the gathering of statistical information which were analysed in order to improve practice. The inspector reviewed audits completed by the person in charge in respect of medication practices and falls assessment and noted that changes have been as a result of these audits. For example, some residents were assessed for personal alarms and the routine for administering medicines to residents was changed to ensure that staff had more time to spend with residents. The inspector was given a copy of the centre's bimonthly newsletter which contained an analysis of the information obtained from the audits carried out regarding the quality of residents' lives in the centre. The inspector noted that an environmental hygiene and infection control audit resulted in staff training in hand hygiene and infection prevention and control.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare

Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Actions required from previous inspection:

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Provide a high standard of evidence-based nursing practice as two residents were identified as being at nutritional risk as the plan of care which required the residents to be weighed weekly was not implemented.

Inspection findings

The actions required from the previous inspection were satisfactorily implemented.

The centre is registered to accommodate up to 46 residents. Older, dependent people who need long-term care and those who need respite or convalescent care are admitted. Residents with confusion who are actively mobile are not admitted to the centre.

The inspector examined documentation in relation to the implementation of care based on residents' assessed needs. Since the last inspection management of the centre had audited the care plans in order to ensure that the outstanding matters from the previous inspection had been addressed. There was evidence of consultation with residents and/or their relatives and that residents received the services of allied health professionals such as physiotherapy, occupational therapy and the psychiatrist for old age. Resident's healthcare needs were regularly reviewed by the general practitioner (GP) and no less frequently than at three-monthly intervals. The inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as moving and handling, dependency and continence. The inspector identified that those residents who were assessed as having a nutritional risk had a specific care plan identified which included assessing the residents' needs with a validated assessment tool, weekly weighing of the resident and communication with the dietician and GP in order to provide appropriate care.

There were systems and practices operating regarding restraint and where restraint was used as an enabler. For example, using personal alarms where the documentation showed consultation with the resident or the resident's relative, the GP and the nurse in charge.

Residents had opportunities to participate in activities appropriate to their interests and preferences. A variety of social and recreational activities were taking place throughout the centre led by an activity coordinator and the staff team. Some residents were engaged in a music session and singing songs. A group of residents were participating in an exercise programme and baking. Some residents preferred other activities such as attending mass, reading, watching television, playing games or entertaining their visitors. In the main, residents expressed satisfaction with their participation in the various planned activities.

There was a range of equipment located on a mobile trolley to enable nursing staff to respond to a medical emergency including an automated external defibrillator (AED) machine, oxygen supplies and a suction machine. Emergency CPR masks were located at intervals around the building.

Senior management and nursing staff confirmed there were no residents with pressure wounds. Pressure relieving mattresses and cushions were available.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Action required from previous inspection:

Provide and maintain external grounds which are suitable for, and safe for use by residents.

Inspection findings

The action required from the previous inspection had not yet been fully implemented. However, plans are in place to establish an internal courtyard for residents' use.

The inspector found that the location, design and layout of the centre were suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The centre is a single-storey building set in spacious grounds. On entering the centre there is a large foyer with a reception area, nurse's station which provides a key point of contact for residents and visitors. Located in this area there is also a sitting room, dining room and library with computer terminals. A second sitting room is located at the opposite end of the building which opens onto a paved patio.

There are two twin bedrooms and 42 single bedrooms. Thirty seven bedrooms have an en suite facility that includes a toilet, wash-hand basin and shower. The remaining seven bedrooms have an en suite facility including a toilet and wash-hand basin. There are two assisted bathrooms and eight toilets located close to communal areas of which, six are wheelchair accessible.

Other facilities include an oratory, a smoking room and a hair salon and a private visitor's room. There is a recreation room (used for parties and annual celebrations) and a physiotherapy treatment room located on a corridor leading away from the central foyer. Sluice rooms were provided equipped with stainless steel sinks and a wash-hand basin. A bed pan washer was provided. Separate cleaning room facilities and equipment were provided for kitchen and care staff. Suitable staff facilities provided for showering and changing uniforms. Staff were provided with lockers for storing personal belongings.

Externally the driveway and immediate perimeter is covered in tarmac and the grounds are accessible to residents. There is ample parking to the front and side of the building.

The inspector found the centre spacious, bright, with views of the sea and mountains and was pleasantly furnished with the variety of comfortable seating. All parts of the premises were clean and well decorated. Two maintenance personnel were employed to undertake repairs and ensure the building and services were well maintained. There was a maintenance log book available for staff to record details of any equipment, or item that required repair. There was a service maintenance contract in place, which covered breakdown and repair for beds, air mattresses and other equipment.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

Display the complaints procedure in a prominent position in the designated centre.

Make available a nominated person in the designated centre to deal with all complaints.

Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

Ensure complaints records are in addition to and distinct from a resident's individual care plan.

Inspection findings

The actions required from the previous inspection were satisfactorily implemented.

There was a written operational policy and procedure for the making, handling and investigation of complaints which identified the person responsible for dealing with complaints, the appeals process and the introduction of a specific complaints log. The inspector found that the policy/procedure was displayed in the centre and was available for each resident. An examination of the complaint record verified that complaints were satisfactorily resolved.

Outcome 15

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

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents received a nutritious and varied diet that offered choice. The inspector observed the lunchtime meal, which was relaxed, and unhurried. It provided a social opportunity for residents to interact with each other and staff. Resident's were given a daily menu with a choice of meals. Residents' choices were then recorded by care staff in advance and given to the catering staff in order to prepare their meals. Staff were available to assist residents to have their meals. Catering staff were knowledgeable about the dietary needs of residents and were aware of those who required a special diet. If residents needed their food pureed or mashed they had the same menu options as others and the food was presented in appetising individual portions. Residents who communicated with the inspector were satisfied with the food/meals provided.

The meals were served in the dining room or residents' bedrooms depending on personal preference. The dining room was bright and well decorated.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Actions 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, particularly the availability of nursing staff during the early morning and evening time.

Provide staff members with access to education and training in restraint management to enable them to provide care in accordance with contemporary evidence-based practice, particularly in relation to restraint management.

Inspection findings

The actions required from the previous inspection were satisfactorily implemented.

The inspector was informed that since the last inspection a review of staffing levels had been undertaken in order to address the findings from the previous inspection, which identified insufficient nursing staff on duty in the morning and evening time. The inspector was informed that the person in charge examined/monitored the duties and responsibilities of staff including the time it took to administer medicines to residents in the morning and the evenings and in consultation with staff and management introduced practices/systems which allowed for more contact between staff and residents. During the period of the inspection the inspector examined the

staff duty roster, communicated with staff on duty and residents/relatives and found that residents needs were being adequately met by the number and skill mix of staff on duty.

From an examination of training records and communications with staff on duty it was evident that management provided opportunities for staff to participate in training in a variety of areas applicable to their role and responsibilities. For example, staff received mandatory training in fire safety, food hygiene, infection prevention and control, protection of residents from abuse and moving and handling. Records showed that other training was provided in relation to dementia care, restraint training and palliative care.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

6 September 2013

Provider's response to inspection report *

Centre Name:	Summerville Healthcare
Centre ID:	0397
Date of inspection:	28 and 29 August 2013
Date of response:	19 September 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Governance, Leadership and Management

Outcome 7: Health and safety and risk management

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

Clean items were stored in the sluice room.

Action required:

Implement the written risk management policy throughout the designated centre by addressing the above matter.

Reference:

Health Act, 2007
Regulation 30: Health and Safety
Standard 26: Health and Safety

* 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:
Provider's response: New location has been sourced and clean items will be moved to this location on completion.	01/10/2013

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>An external safe area for residents' use had not been developed.</p>	
<p>Action required:</p> <p>Provide and maintain a safe external area for residents' use.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: New enclosed external safe area designed and planned , awaiting planning permission from local council, which is expected early October 2013.	10/12/2013