



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Summerville Healthcare
Name of provider:	Summerville Healthcare Limited
Address of centre:	Strandhill, Sligo
Type of inspection:	Unannounced
Date of inspection:	14 June 2023
Centre ID:	OSV-0000397
Fieldwork ID:	MON-0039460

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Summerville Nursing Home is a purpose built privately run nursing home located in the seaside village of Strandhill in County Sligo. The building is a single storey with capacity to accommodate 47 residents requiring long-term care. Bedroom accommodation comprises 46 single bedrooms of which 37 have full en-suite toilet and shower facilities. Two single bedrooms have no en-suite facilities and six have an en-suite toilet. There is one two bedded room which has an en-suite toilet and shower. The building is bright and spacious and there are sea views from the sitting room and some bedrooms.. There is a choice of communal areas available and a designated physiotherapy room, hairdressers and oratory.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 14 June 2023	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, this is a good centre, with residents reporting that they were supported to live a good quality of life in the centre. The residents appeared relaxed, and those residents who spoke with the inspector were satisfied with the care they received.

Some residents' comments were that " I like my room and I can go out whenever I wish", "the food is great, and a choice of food is available here", "my bedroom is warm and comfortable", "my visitors could meet me in my bedroom."

The centre is in Strandhill, and is close to local amenities. The centre has sufficient parking space to the front, and an enclosed garden overlooks the surrounding landscapes.

This was an unannounced inspection, and on arrival, the inspector met with the person in charge of the centre. After a brief introductory meeting with the person in charge, the inspector went for a walk around the centre.

The reception area of the centre led to a large sitting area for residents. There were several residents observed to be using this area. There was an activity programme on display, and staff were found to be taking residents out for walks and also engaging in various activities, such as ball games, puzzles, and news reading. Some staff were found to be spending time with residents and were engaged in one-to-one activities, such as hand massages and nail care.

The residents were found to be freely accessing the centre's garden area, and some residents were found relaxing under sun shades with the company of the staff. Residents were provided with light refreshments, such as flavoured drinks, while they relaxed indoors and outdoors at regular intervals.

The inspector met with several visitors who spoke highly about the care the residents received. Visits were not restricted, and residents were supported to receive their visitors and spend time with them in private.

The centre's corridors were spacious and bright, and had a mix of natural and artificial lighting. Residents' bedrooms and corridors were well-ventilated, and the centre was found to be visibly clean on the day of inspection. However, the assistive equipment, such as transport wheelchairs and zimmer frames stored in some sections of the centre's corridor, posed a trip hazard for residents.

The inspector observed that the call bells were attended to in a timely manner, and staff respected the residents' privacy by knocking on the bedroom doors before entering their rooms. Staff assisted residents in meeting their needs, and in general, staff and resident interactions were found to be respectful; however, the inspector

observed that the staff interaction during meal times was insufficient and did not sufficiently support some residents to enjoy their mealtime.

The inspector visited some residents' bedrooms and found that the rooms were well-decorated and that the residents had sufficient space to store their personal belongings. Residents' clothes were laundered in-house, and a system was available to ensure that their clothes were returned to them.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

In general, this is a well-run centre, and the inspector found that the residents were made central in the organisation of the centre. However, the provider's oversight arrangements in the centre required significant improvement to ensure that the care provided to the residents was sufficiently monitored.

This risk inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the actions from the compliance plans of the previous inspection held in 2022.

The provider of Summerville Healthcare is Summerville Healthcare Limited, and a representative of the provider supported the person in charge in their role. The person in charge, who was newly appointed in the centre, met the regulatory requirement for the role. The inspector was informed that a senior nurse deputised the person in charge during their absence and provided management support for the residents and staff. However, this arrangement was not clear in the centre's statement of purpose and duty rosters indicated that the staff who were identified as senior nurses worked in a staff nurse's capacity. This was brought to the attention of the provider and the person in charge. The provider submitted a revised statement of purpose and identified that clinical nurse managers deputised for the person in charge during any absence.

In general, there were a sufficient number of nurses and care staff available to meet the needs of the residents; however, the duty rosters indicated that there was only one cleaning staff available for cleaning and decontamination on Sundays. This arrangement was found to be insufficient, taking into account the size and layout of the designated centre.

The inspector reviewed a sample of staff files and found that these staff were Garda vetted before they commenced their employment in the centre. However, the staff

files reviewed by the inspector did not contain all information as specified under Schedule 2 of the regulation, and this is further discussed under Regulation 21.

All staff had completed the training courses appropriate to their role, including manual handling, safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had also attended training in infection prevention and control, including hand hygiene. However, staff supervision in the centre required significant improvement, and this is further discussed under Regulation 16.

Accidents and incidents occurring in the centre were clearly recorded and reported in the centre. The provider kept a schedule of clinical audits, such as care plan audits, infection control and falls audits. An annual review of the quality and safety of care delivered to residents in the centre for 2022 was completed and was available for the inspector to review.

Regulation 14: Persons in charge

The person in charge was recruited for the role in January 2023. The person in charge has the appropriate experience and management qualifications, as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

Taking into account the size and layout of the designated centre, there were insufficient cleaning staff on duty to ensure that appropriate cleaning and disinfection procedure were completed to a good standard on Sundays.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Arrangements in place to ensure staff were appropriately supervised were insufficient, resulting in inconsistent care delivery. For example:

- The inspector witnessed staff standing over two residents while they were assisting them with their meals. This meant that the residents were unable to keep eye contact with the member of staff in order to communicate their needs or levels of satisfaction with the meal.

- On several occasions, the residents were not given a choice regarding the use of aprons, and staff applied aprons for residents before they started their meals.
- Staff communication with some residents during meal times was mostly limited, and most of the assistance offered to these residents during meal times was observed to be task-oriented, and there were minimal meaningful interactions while the residents had their meals in the dining room.
- Medicines were being administered to residents while they had their main meals. As a result, the residents were unable to enjoy their meals. The administration of medicines during mealtimes had been identified as an issue in several residents' meetings, and this issue had not been fully addressed at the time of inspection.
- The inspector observed that the weekly and monthly fire safety checks required to ensure fire safety in the centre had not been always completed.

Judgment: Substantially compliant

Regulation 21: Records

The Schedule 2 records in relation to a full employment history, together with a satisfactory history of any gaps in employment were unavailable in two staff files the inspector reviewed on the day of inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

A new contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.

Judgment: Compliant

Regulation 23: Governance and management

The centre has a clearly defined management structure in place that identifies the line of authority and accountability. There was a quality assurance programme in place that effectively monitored the quality and safety of the service.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of Social Services of any accidents or incidents in the centre, as required within the specified time frame

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years.

Judgment: Compliant

Quality and safety

Overall, the residents enjoyed a good quality of life in this centre. The centre had a resident-centred culture, with residents reporting that they felt safe and well cared for by the staff in the centre. However, improvements were required to ensure that the centre has appropriate arrangements in place for the storage of assistive equipment and fire precautions.

Residents were well supported to engage in meaningful activities in the centre. Staff took residents out for walks regularly, and residents commented that they enjoyed the activities in the centre. The centre had dedicated staff to support residents to engage in social activities. In addition, an activity coordinator facilitated the residents' meetings, which were held regularly in the centre. The minutes of these meetings were available for the inspector to review, and the meeting minutes indicated that residents were provided opportunities to participate in the organisation of the centre, and the residents' suggestions and recommendations regarding the running of the centre were found to be mostly implemented in this centre.

In general, the centre's premises was well maintained, and the rooms the inspector reviewed were well-ventilated and were designed to meet the needs of the residents. There were adequate sitting and recreational spaces available for the

residents. However, equipment storage required significant improvement in the centre, and this is further discussed under Regulation 17.

The inspectors reviewed the fire precautions in the centre, and overall, the provider had taken precautions to protect the residents in the event of a fire emergency. However, additional improvements were required to ensure full compliance with the regulation, and this is further discussed under Regulation 28: Fire precautions.

The inspector reviewed a sample of assessments and care plans and noted that all residents had a comprehensive assessment and a care plan in place. Care plans were reviewed at appropriate intervals, and the residents were consulted during care planning.

The care provided to the residents was of good quality. Staff attended to residents approaching their end of life at regular intervals and ensured that they were pain-free and comfortable. Palliative care referrals were made for residents in line with the centre's end-of-life policy.

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 13: End of life

The inspector noted that the clinical practices of staff in the centre were providing appropriate care and comfort for those residents who were approaching their end of life. The staff spoken with were knowledgeable about various care interventions that were required to support residents when they approach their end of life.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to the matters set out in Schedule 6 of the regulation. For example, the provider had not made satisfactory arrangements to effectively store the clinical equipment, such as transport wheelchairs and zimmer frames, and

they were found to be cluttered at various sections of the corridors in the centre. This arrangement posed an injury risk to residents who accessed this area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre's arrangements to review the fire safety risks and precautions were not effective, and records showed that the centre's weekly and daily fire checks had not identified several fire safety risks identified on the day of inspection. For example:

- A number of bedroom fire doors were not closing properly. This may impact their effectiveness in containing smoke or fire in the event of an emergency
- One emergency exit sign was not illuminated near the centre's dining room.
- The personal emergency evacuation plans (PEEPs) of two residents did not reflect their current care needs. As a result, the PEEPs were insufficient to guide staff to evacuate residents in the event of a fire emergency.
- The floor plans in the centre's corridors did not clearly identify the centre's fire compartment boundaries. As a result, staff were unable to identify the actual compartment boundaries in the building, which may prevent them from taking appropriate actions in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care files and found that the residents had a comprehensive assessment, and their care plans were developed and reviewed at appropriate intervals in the centre.

Judgment: Compliant

Regulation 6: Health care

All residents had appropriate access to general practitioners (GPs) from local practices, allied health professionals and specialist medical and nursing services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. The use of restraint in the centre was used in accordance with the national policy. Staff were found to be knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse which included staff access to safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with opportunities and facilities to participate in meaningful activities in accordance with their interests, abilities and capacities.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Summerville Healthcare OSV-0000397

Inspection ID: MON-0039460

Date of inspection: 14/06/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We will achieve this by the following actions. We will put in place extra cleaning staff to support the center at weekends, this will ensure appropriate cleaning and disinfection and maintain our IPC standards.</p> <p>Planned date for completion 13/09/2023</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: We will achieve this by the following actions. Two CNMs have been appointed to provide extra supervision in the Nursing home. There is a Nurse/ senior carer in charge in the dining room at mealtimes who is responsible for supervision, ensuring that resident's food and fluid intake is recorded and if they require support that a designated staff member is supporting them. Staff Allocation: All staff have allocated residents to support.</p> <p>Medication round has been changed to 2pm. Completed 28/06/2023</p> <p>All new staff during induction will have extra training in dining room experience and choice, facilitating residents choice in all aspects of their daily care. A competency framework will be developed and required of all our staff.</p> <p>The dining room layout has been changed to facilitate 2 sittings both afternoon and</p>	

evening and there are available chairs for the staff who are assisting residents to sit and support them.

The Residents meeting has evaluation of dining room experience audit where the residents experiences and evaluation and satisfaction of the meals they are been given this is done on a monthly basis and any improvements identified included in the improvement plan.

A new administrator has been appointed who will ensure daily that residents have menus available to them at each meal.

This will be completed by 13/09/2023

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

We have appointed a new Administrator and we have changed the format of files and provided a check list which is available to audit and support assurance that the files contain all the information they require.

This audit will be carried out 2 Monthly and results will be reported at the management meetings and included in the quality improvement plan.

This will be completed by 16/9/2023

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

We will achieve this by the following actions.

The provider has sought external area to store equipment which is not in use. This is situated outside in a storage container and all staff have access to this unit if required. A review of all equipment such as hoists Rollators frames and wheelchairs has been carried out following the inspection. Completed on 16th June 2023.

We have reviewed our dining room format and have moved tables and chairs to create more effect space for residents equipment i.e. rollator frames and zimmer frames, this will avoid unnecessary overcrowding of equipment at the entrance to the dining room. Completed on 6th July 2023.

We have stored our hoists in each Zone A & Zone B in separate alcoves.

Wheelchairs when not in use will be stored in the residents rooms overnight.

We have a reduced number of wheelchairs available in case of an emergency in Zone A & Zone B.

Complete 16/09/2023

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We will achieve this by the following actions.

The weekly and daily fire checks are more comprehensive, and the fire officer check includes daily fire checks which includes the duration and timing of doors closing.

The exit sign has been completed 14/6/2023.

The peeps documentation is under review and includes residents who are hesitant or who have fluctuating mobility issues. It will then be documented on their manual handling plan, and in their care plan. Alarm training whereby every door is listed and the fire officers check all doors and bedroom doors.

A new floor plan is being implemented which will outline the actual compartment boundaries.

This will be completed by 31/8/2023

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	13/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	13/09/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	10/09/2023

	ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2023