

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sunhill Nursing Home
Centre ID:	OSV-0000180
Centre address:	Blackhall Road, Termonfeckin, Louth.
Telephone number:	041 988 5200
Email address:	elaine@sunhill.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Vincent & Jill McDonald Partnership T/A Sunhill Nursing Home
Provider Nominee:	Shane Kelly
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	70
Number of vacancies on the date of inspection:	0

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 July 2014 09:00	23 July 2014 18:00
24 July 2014 08:30	24 July 2014 13:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of this inspection was to inform a decision following a change in entity and renewal of a registration.

Notifications of incidents and information received by the Authority since the last inspection was monitored and followed up on at this inspection. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives/visitors, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

There were 70 residents in the centre which has a maximum capacity for 70. The person authorised on behalf of the provider, person in charge and staff team were available in the centre to facilitate the inspection process.

The purpose of the inspection was explained and matters arising from the previous inspection and monitored events were discussed and followed up.

The inspector was satisfied that good systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and clinical nurse managers were responsible for the governance, operational management and administration of services and resources.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. Training and facilitation of staff was provided relevant to staff roles and responsibilities, and further training was planned and to be carried out.

The environment was modern, tastefully decorated, clean, warm and well maintained. The atmosphere was calm while residents were assisted, supervised and supported by the staff team.

Staff including housekeeping, catering, care and activity personnel were knowledgeable regarding residents needs, likes and dislikes, and residents were complimentary of staff and expressed satisfaction with the care and services provided.

Overall, substantial compliance was found in the many outcomes; however, improvements were required in three outcomes and monitoring required in one outcome as follows:

- Outcome 5- Documents to be kept in the Designated Centre
- Outcome 9- Medication Management
- Outcome 11- Health and social care needs
- Outcome 18- Workforce- staffing levels and skill mix to be kept under review

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the providers' and person in charges' response.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is 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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Staff were familiar with the statement of purpose and function, and reviews and changes in relation to the designated centre were updated and communicated to the Authority accordingly.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

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

Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

An agreed written contract which included details of the services to be provided for residents and the overall fees to be charged, signed by the resident/representative and person nominated on behalf of the provider was available to reflect arrangements in most cases.

Services provided for residents were outlined including those in receipt of financial support under the Nursing Homes Support Scheme and any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

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

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge works on a full time basis and has two deputies to assume responsibility of the designated centre in her absence. The role of the person nominated on behalf of the provider is as general manager who operates from the centre on a weekly basis.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities. The Inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated that she was committed to improving outcomes for the resident group.

Residents and relatives were familiar with the person in charge and were complimentary of her and the staff team.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) were available, easily retrievable and maintained securely. Records including the statement of purpose, residents guide, previous inspection reports, and directory of residents, emergency procedures, and clinical documents along with records related to all residents and staff were available for inspection.

The designated centre had stated in the application for registration completed February 2014 that all written operational policies referenced in Schedule 5 of the Health Act 2007

(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were completed/available. All schedule 5 policies and procedures were available and the inspector reviewed policies which included health and safety, responding to emergencies and risk management policies and procedures, management of complaints, the prevention, detection and response to abuse, communication and end of life care and found that they guided and demonstrated practice within this centre.

Improvements were required in relation to the medication management policy as the system for ordering, receipt and prescribing of medicines including PRN medication for residents had recently changed and was undergoing further changes that involved access by nurses, the pharmacist and input from the GP via a shared computer system. This is also discussed further in outcome 9.

A review of staff files found good systems in place from recruitment to selection and appraisal, as files reviewed were completed in accordance with schedule 2. Verification of references formed part of the recruitment policy and selection process and there was evidence that this requirement was carried out in practice in the sample of staff files reviewed.

Residents could access their records on request and were satisfied with the arrangements in place.

Monetary transactions undertaken between and on behalf of residents was examined and found to be maintained. A system was in place to records residents' property and detail items on admission when completing the contract of care, however, subsequent transactions and records of monies had not been consistently dated or acknowledged by those in receipt and involved in the process or transaction. The inspector found that a number of residents' monies managed by the service provider were held in a single account and therefore not gaining interest of an individual account. This system required review for improvement.

Records were found to be reasonably maintained, however, improvements were required to ensure accuracy and reliability of information between GP recordings and care plan entries to ensure information was current and reliable. In a sample of resident files it was apparent that a copy or record of medical referrals was not maintained. This is discussed further in outcome 11.

Monthly medication reviews including PRN medication and quarterly audits were maintained to inform quality improvements, however, medication for use in an emergency situation was not prescribed and not adequately detailed to instruct staff on when and how much to administer if or when required as a PRN. This is discussed further in outcome 9.

A copy of the current and written declaration of insurance cover was made available in accordance with regulatory requirements.

Judgment:
Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge were aware of their responsibility to notify the Chief inspector of a proposed or unplanned absence of the Person in Charge.

There were suitable arrangements in place for the management of the designated centre in the absence of the Person in Charge; however, an absence for more than 28 days was not expected.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place.

A policy on, and procedures for the prevention, detection and response to abuse was in place.

Staff had received training in adult protection and elder abuse to safeguard residents and protect them from abuse.

Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There were no reported or active incidents, allegations, or suspicions of abuse under investigation.

The person in charge and deputy assumed responsibility to monitor the systems in place to protect residents and were confident that there are no barriers to staff or residents disclosing abuse.

Residents who communicated to and with the inspector said they felt safe and able to report any concerns. Relatives who participated in the inspection process also shared this view.

There were systems in place to safeguard residents' money and improvements discussed during inspection and in outcome 5 were to be implemented.

Efforts were being made to identify and alleviate the underlying causes of behaviour that is challenging and training programmes were provided to inform and support staff practice. Where restraint was used attempts were made to ensure practice and measures in use were in line with the national policy on restraint. There was evidence that alternative measures had been trialled prior to measures in use at the time of inspection.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety.

A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Weekly and monthly audits of staffing levels and resident dependency, falls, wounds, pressure ulcers and restraint use were

maintained which demonstrated a strategic approach to meeting residents needs, monitoring and minimise identified risk and an overall reduction of incidents and events.

Reasonable measures were in place to prevent accidents in the centre and grounds. Health and safety audits were independently maintained and recorded. Staff were trained in moving and handling of residents, infection control and fire safety. Further dates for mandatory training were scheduled to include recently employed staff.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were recently serviced and serviced on a regular basis. Means of escape and fire exits were unobstructed and emergency exits clearly identified. Each resident had a personal emergency evacuation plan, and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm.

Written confirmation from the provider nominee and a competent person that the requirements of the statutory fire authority were substantially complied with was provided with the application to renew the registration for this centre.

Judgment:
Compliant

Outcome 09: Medication Management

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

Theme:
Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to Medication management, however, gaps were found and improvements were needed in relation to practices and procedures associated with the ordering, prescribing, and administration of medicines to residents.

While the processes in place on the day of inspection for storage and handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation, medication for use and in stock for an emergency response had not been prescribed for one resident. In addition, an emergency medication prescribed for an urgent situation associated with the residents condition had not been sufficiently detailed to instruct staff on how much, how often or when to administer the medication by injection. Staff nurses and the management team acknowledged this failing and gave assurances that this matter would be addressed immediately and improvements required would be implemented without delay. Since the inspection the

person in charge has informed the Authority that clear instructions have been provided following a review/consultation with medical consultant.

A system was in place for reviewing and monitoring medication management and practices. Medication prescriptions and stock audits were carried out by a pharmacist and management team, and medication reviews undertaken included communication to and from the GP. While this was a fairly robust process, recent changes to the recording system were lacking. For example, the prescription time was conflicting with the administration time; there was no direction/approval for crushed medication, and no space for comments in the event of refusing or withholding medication on the templates in use.

It was also noted in the controlled drug register that the recorded name of the prescriber for controlled drugs was not the current/ most recent prescriber or GP.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents' health care needs were met through timely access to GP services and appropriate treatment and therapies. Arrangements were in place to facilitate residents with appropriate access to medical and healthcare services when required. Residents and staff were complimentary of the current healthcare arrangements, service provision and changes made since the last inspection.

Residents had reasonable access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place; however, reviews of care plans and updating of information following changes had not been adequately maintained to guide or reflect current practice. Some needs of residents did not have a specific plan of care to ensure effective monitoring of behaviours and frequency of behaviours described that challenged.

In the sample of care plans reviewed the inspector found evidence that interventions in use and described by staff were not sufficiently detailed in the related care plan, and conflicting information was found in one residents care plan and a subsequent recorded decision made in the medical notes by the resident and GP. As referenced in outcome 5, a copy or record of a medical referral for an other health care services for assessment was not maintained in the centre to verify and demonstrate the care planned.

The use of restraint was in line with the national policy guidelines. Consultation with residents and representatives was evident, to demonstrate/acknowledge understanding that measures were used that may impinge freedom of residents movement such as bed rails.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Activity and care staff interacted well with residents while facilitating engagement in meaningful activities within the centre and externally. Residents and relatives were complimentary of activities provided, events hosted and outings facilitated.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises and grounds were well maintained and clean, with suitable heating and ventilation. The Inspector was informed of plans and proposals to extend the centre in the future.

A maintenance system was in place and maintenance/gardening staff were available as required. Residents bedrooms were personalised, and could accommodate furniture and equipment to support their preferences and needs/choices.

Bedroom accommodation comprised of 52 single rooms and nine twin bedrooms, with suitable and sufficient availability to sanitary, toilet and bath/shower facilities. Dining room facilities were centrally located adjoining the main kitchen and meals were arranged and served in a variety of settings. Residents had access to safe and enclosed outdoor courtyards. A smoking area was available to residents within the centre and was to be relocated externally on the completion of a conservatory within weeks.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as hoist, call bells, hand rails were in place to support and promote the full capabilities of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment and equipment was observed to be used appropriately, and stored safely and securely.

The provider nominee and person in charge informed the inspector that arrangements were in place for the provision of a generator in the event of a power outage, which was reflected in the relevant emergency procedure.

Judgment:

Compliant

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the management of complaints. A record of all complaints, investigations, responses and outcomes was maintained. The inspector was informed by the person in charge that the complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon. There were no active complaints being investigated at the time of inspection. The person in charge was the nominated complaints officer and an appeals procedure was in place.

The complaints procedure was displayed in the foyer near the entrance to the centre and communal rooms.

Residents and relatives who completed questionnaires and spoken with during the inspection were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues.

A system to monitor complaints was in place which provides an opportunity for learning and improvement.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

At the time of inspection the inspector was informed that there were no residents receiving end of life care.

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. Decisions regarding care and treatment decisions at the end of life were recorded and the inspector found evidence that residents and relatives' wishes were discussed, recorded and reviewed accordingly regarding preferred religious, spiritual and cultural practices. However, gaps in the maintenance of documents were found as reported in outcomes 5 and 11. End of life training was being provided to staff as evidenced during inspection and improvements identified in the self assessment questionnaire were progressed and to be further evaluated by the person in charge and CNM.

Engagement with residents and their family members, medical and palliative care providers was facilitated and evident in the sample of care records reviewed.

The person in charge and deputy informed the inspector that residents and their family were supported with overnight facilities and refreshments provided as required.

Judgment:
Compliant

Outcome 15: Food and Nutrition

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 discrete and sensitive manner.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were provided with a nutritious and varied diet that offered choice. Mealtimes observed were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner.

Staff preparing, serving and assisting with meals and drinks were familiar with residents dietary requirements, needs and preference. Staff offered choices and sought resident satisfaction levels during meals requested and provided. Systems were in place to ascertain residents' views and preferences for a varied menu on a daily basis. Environmental health inspections were carried out and reports indicating good compliance were available.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food/fluid

consistency and arrangements for intake recording.

Access to dental, dietician and speech and language therapists was available and provided on a referral basis based on an assessment of need or change in condition.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Adequate arrangements were in place for consultation with residents on the running of the service.

A resident's forum met on a regular basis and minutes of meetings were available to demonstrate this.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies and visits formed an important part of residents' lives.

The inspector found that residents' rights and privacy was respected. Staff were observed engaging, communicating and announcing themselves to residents appropriately. Bedrooms were largely single occupancy and opportunity to meet relatives/visitors in private was available to residents external to or within the twin bedrooms.

Residents had a personal television and/or radio in their room, access to daily newspapers and could receive or make telephone calls in private. Communication and notice boards were provided with information regarding forthcoming events and local news items.

Staff described how they promoted links with the local community through outings, family involvement and arrangement for integration with community groups.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A policy was in place and procedure described on management of residents' personal property and possessions.

The space provided for residents' personal possessions and storage of their own clothes was suitable and sufficient, and well maintained. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

There were adequate laundry facilities with systems in place to ensure that residents' own clothes were returned to them. While residents could retain control over their own possessions and clothing, they could make alternative arrangements for their own laundry if they wished to.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. Staff were seen supporting, assisting or supervising residents accordingly in an appropriate and engaging manner. Residents told the inspector they

felt supported by staff that were available to them as required.

The inspector was satisfied that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency levels/needs.

Residents and staff confirmed satisfaction with the staffing arrangements. Since the previous inspection the inspector noted a reduced skill mix of nurses between 20:00hrs and 21:30hrs. The person in charge confirmed that following weekly audits of staffing levels, staff skill mix and resident dependency levels a decision to reduce nurses from three to two was decided based on existing resident dependencies and clinical audit results. Assurance was given that this would be kept under review and adjusted accordingly as change in residents needs and dependencies occurred. An inspection of activities undertaken between 20:00hrs and 21:30hrs by nursing staff did not form part of this inspection.

A staff training programme was planned and available for 2014. Mandatory training, facilitation and education relevant to the resident group had been provided.

Evidence of professional registration for all rostered nurses was available and current. Recruitment procedures were in place and samples of staff files were reviewed. The inspector found substantial compliance in the sample of staff files examined against the requirements of schedule 2 records.

Volunteers were not actively engaged in the centre.

Judgment:
Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Sunhill Nursing Home
Centre ID:	OSV-0000180
Date of inspection:	23/07/2014
Date of response:	11/08/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

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

Improvements were required in relation to the medication management policy as the system for ordering, receipt and prescribing of medicines including PRN medication for residents had recently changed and was undergoing further changes that involved access by nurses, the pharmacist and input from the GP via a shared computer system. This is also referenced in the action plan for outcome 9.

Action Required:

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

¹ 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:

The Medication policy is currently under review at present to include a detailed description of the GPs role in the prescribing of the medications using the new computerised System.

Proposed Timescale: 22/08/2014

Theme:

Governance, Leadership and Management

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

Monetary transactions undertaken between and on behalf of residents was had not been consistently dated or acknowledged by those in receipt and involved in the process or transaction.

Monies managed by the service provider were held in a single account and therefore not gaining interest of an individual account.

Action Required:

Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

New duplicate Receipt books have been ordered to include 2 signatures one for the person paying the money in and a second for the person receiving it in the centre.

Individual surplus amounts will be transferred to resident's personal savings accounts.

Proposed Timescale: 05/09/2014

Theme:

Governance, Leadership and Management

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

The accuracy and reliability of information between GP recordings and care plan entries required improvement to ensure information was current and reliable.

A system whereby a copy or record of medical referrals made for residents to other professionals was not maintained in the centre.

Action Required:

Under Regulation 21(1) you are required to: 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.

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

GPs have been asked to cc the centre on all referrals made.

Proposed Timescale: 08/08/2014

Theme:

Governance, Leadership and Management

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

Medication for use in an emergency situation was not appropriately prescribed and not adequately detailed to instruct staff on when and how much to administer if or when required as a PRN.

Action Required:

Under Regulation 21(3) you are required to: Retain the records set out in Schedule 3 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

Medication for use in an emergency situation and PRN Will be added to the Medication Kardex.

Proposed Timescale: 13/08/2014

Outcome 09: Medication Management

Theme:

Safe care and support

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

Gaps were found and improvements were needed in relation to practices and procedures associated with the ordering, prescribing, and administration of medicines to residents.

Medication for use and in stock for an emergency response had not been prescribed for one resident. In addition, an emergency medication prescribed for an urgent situation associated with the residents condition had not been sufficiently detailed to instruct staff on how much, how often or when to administer the medication by injection.

The prescription time of medication to be administered was conflicting with the administration time recorded; there was no direction/approval for crushed medication, and no space for comments in the event of refusing or withholding medication on the templates in use.

It was also noted in the controlled drug register that the recorded name of the prescriber for controlled drugs was not the current or most recent prescriber or GP.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Medication for use in an emergency situation and PRN Will be added to the Medication Kardex - 3th August 2014

A sliding scale for the administration of insulin has been received from the Hospital - 30th July 2014

The proposed time for administration of the medication on the MARS now matches the new times on the Drug Kardex - 28th July 2014

The issue with the crushing on the new system has been resolved and the kardex has been updated to reflect this. 8th August 2014

The control drug register has been updated to reflect the most current prescriber - 8th August 2014

Proposed Timescale: 13/08/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Reviews of care plans and updating of information following changes had not been adequately maintained to guide or reflect current practice.

Some needs of residents did not have a specific plan of care to ensure effective monitoring of behaviours and frequency of behaviours described that challenged.

Interventions in use and described by staff were not sufficiently detailed in a related care plan, and conflicting information was found in one residents care plan and a subsequent recorded decision made in the medical notes by the resident and GP.

As referenced in outcome 5, a copy or record of a medical referral for a other health care services for assessment was not maintained in the centre to verify and demonstrate the care planned.

Action Required:

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

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

The Behaviours that challenge care plans are currently under review at present - 22nd August 2014

GP's have been asked to cc the Centre on all referrals made - 8th August 2014

Residents care plan has been updated to reflect recent decision made on future care needs in relation to End of Life. All care plans have been cross referenced and checked against the future care needs for all residents - 25th July 2014

Proposed Timescale: 22/08/2014

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Since the previous inspection the inspector noted a reduced skill mix of nurses between 20:00hrs and 21:30hrs. The person in charge confirmed that following weekly audits of staffing levels, staff skill mix and resident dependency levels a decision to reduce nurses from three to two was decided based on existing resident dependencies and clinical audit results. Assurance was given that this would be kept under review and adjusted accordingly as change in residents needs and dependencies occurred.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Dependencies and staff skill mix will be continued to be monitored on a weekly basis as part of the audit process.

Proposed Timescale: Ongoing