

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Seanchara Community Unit
Centre ID:	OSV-0000515
Centre address:	St. Canice's Road, Glasnevin, Dublin 11.
Telephone number:	01 704 4400
Email address:	gmdnc@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michelle Forde
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	37
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 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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:
06 January 2015 09:30	06 January 2015 16:30
07 January 2015 10:00	07 January 2015 17:30

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

This was an announced inspection which took place over two days and was for the purpose of monitoring and informing an application to renew the registration of Seanchara Community Unit. The centre was purpose built in the 1990's and is one of three services which make up Claremont Residential and Community Services. The designated centre provides long and short term care for older persons and the provider had applied for registration for 40 places. As per the statement of purpose 34 beds are for long term care and six for short term respite admissions. This report sets out the findings of the inspection and areas identified for improvements. Two residents were in hospital at the time of this inspection.

The inspector found that overall the provider met many of the requirements of 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. All documents submitted by the provider for the purposes of application to register were found to be satisfactory. However, documents relating to planning compliance and fire compliance remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector. The management team had partially addressed the non-compliances further to the previous inspection on 26 February 2013. Improvements were required relating to records of finances, and implementation of the plans submitted to address issues identified with the premises.

There was a very committed management team in place who worked to ensure that there was a strong governance structure in place. Changes to the provider nominee had taken place since the last inspection and the Authority had been provided with full and complete information on the new provider nominee. The provider nominee is based at the Local Health Office and is a general manager, and she has demonstrated her fitness through the notifications process and contact with the Authority since the time of the change.

The person in charge has not changed since the time of initial registration by the Authority. The person in charge was found to be a fit person at the time of the initial registration application and is a shared role between three designated centres in the Claremont Services. Day to day management responsibilities are with the Assistant Director of Nursing who works closely with the person in charge, and is the nominated person in the absence of the person in charge. She demonstrated her fitness throughout the inspection process and is supported in their role by nursing, care, allied health professionals, administrative, catering, maintenance, household and laundry staff and management team.

The inspector found that the health needs of residents were met to a high standard. Residents had access to medical care, to a full range of other allied health services and the nursing care provided was of a high standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day with activity and diversional therapies available.

Residents were consulted about the operation of the centre and there was an active residents' and relatives meeting. Residents and relatives knew the management team and who to contact should there be any dissatisfaction with service provision. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety and quality of life of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention and detection of elder abuse, safeguarding and other relevant areas. Staff had an in-depth knowledge of residents and their individual needs. Recruitment practices met the requirements of the Regulations.

Areas for improvement identified included the documentation of resident funds in line with best practice, and implementation of plans to address multiple occupancy accommodation and provision of additional shower/bathrooms. Staffing levels were found to be adequate on the day of the inspection.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 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:

The provider was found to be in compliance with this outcome. The inspector reviewed the statement of purpose submitted with application to register which was a detailed document, informative and easy to follow and clear in presentation. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

A Later version dated November 2014 was presented for review on inspection and was found to contain all relevant information. The inspector recommends arrangements for laundry are detailed in the documents to inform residents and relatives of current arrangements.

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 inspector found that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure that identifies the lines of authority and accountability. The person in charge worked closely with her deputy manager in the role which was currently shared between three designated centres. Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Management meetings were well established and reviewed all aspects of service provision, staffing, health and safety, training, complaints and any other relevant issues which were seen to be actioned.

The roles and responsibilities were clearly defined; evidence of audit and review of practice evident from this inspection and previous monitoring events confirmed this. During the inspection the management team demonstrated effective communication and provision of information and records when requested. All staff were open to feedback and service improvement was a common goal.

There were well established system in place to review and monitor the quality and safety of care and the quality of life of residents on a three monthly basis. Improvements were brought about as a result of the learning from the monitoring review and any feedback received. There was evidence of consultation with residents and their representatives and actively working on any feedback received from residents and relatives. The person in charge was open to feedback given further to this monitoring event and demonstrated a pro-active approach. However, an annual report on quality and safety in line with legislative requirements was not available at the time of the inspection. The person in charge informed the inspector that formal arrangements were in place to establish the content of such a report to include all the information and data collected to demonstrate compliance.

Relatives and residents confirmed that they could easily identify with the management team, and both the person in charge or her deputy were visible at the centre on a daily basis.

Outstanding documentation relating to compliance with fire and planning was not received prior to this registration inspection, these documents are required to be submitted to the Authority before a recommendation for registration can be made by the inspector.

Judgment:

Non Compliant - Major

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:

The resident's guide was detailed and contained a copy of the last inspection report and a summary of the statement of purpose. Additionally a resident newsletter, notice boards and information leaflets were available for residents and relatives. Residents attended their own meetings and had access to an independent advocacy person who had visited recently and had been visiting for an extended period of time and was known to residents.

Each resident had a detailed contract of care dealing with the care and welfare of the resident at the centre which provided detail on the services to be provided and associated fees. The inspector reviewed copies of the contract of care on previous inspections and they had not changed since this time. Written contracts were agreed on admission. Additional fees were clearly stated, for example, hairdressing.

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 person in charge had not changed since the time of the initial application for registration. Inspectors had determined the fitness and suitability of the person in charge at that time. The inspector was satisfied that the person in charge and deputy manager at the centre were suitably qualified and experienced to fulfil their roles. The person in charge was supported by an assistant director of nursing and four clinical nurse managers.

A supportive organisational structure and management arrangements were found to be in place for the person in charge. The person in charge reported into the provider nominee, a general manager based in the local health office. They met on a formal basis regularly. Other supports included practice development, human resources, catering and administrative staff.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Improvements had taken place since the time of the last inspection relating to the directory of residents and records of resident deaths. Staff easily retrieved all relevant information requested by the inspector at the time of the inspection. All staff had received training and guidance on maintaining high standards of clinical documentation. A system of audit of documentation was in place. Overall nursing and clinical records were well maintained and records reviewed were found to be person centred and accurate.

However, further to a review of a sample of documentation some minor improvements were identified and communicated to the person in charge. For example, property records unsigned and not kept up to date and records of alternatives used prior to the use of bed rails not fully documented in the records.

The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

The inspector found that the risk register had been completed and had up to date risk assessments and detailed measures to mitigate any identified risks.

The designated centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013.

Judgment:
Substantially Compliant

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:
At the time of the inspection the person in charge had not been absent for more than 28 days which required notification to the Authority. The inspector formed the view that there were suitable arrangements in place for the management of the centre in the absence of the person in charge. The assistant director of nursing took charge of the centre when the person in charge was absent or on leave, she was supported by four clinical nurse managers. She was found to be closely involved in the day to day supervision and audit and review of practices at the centre.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff interviewed were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated.

The centre did not act as a pension agent for any resident; but assisted some residents with the management of small amounts of residents' monies to facilitate access to hairdressing or other activity. Further to a monitoring event on 26 February 2013 the provider had undertaken to review procedures in place to safeguard residents from the risk of financial abuse. The inspector saw further to a review of resident's records that finances were managed in a safe and transparent way. However, receipts and records were not found to be managed fully in line with revised policy. Further improvements in the standard of record keeping and the full implementation of the local financial property policy was necessary to fully address this non-compliance.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner.

A restraint free environment was promoted with relevant evidence based policies and procedures in place. Physical restraints were not reported as used in the centre and there was a small number of enabling restraints in operation within the centre. Bed-rails were used for a small number of residents. The use of these had been appropriately assessed and had involved multi-disciplinary input as well as the assessment of the capacity of the residents in question to be involved in the decision. However, alternatives explored before commencement of the use of bed-rails were not found to have been fully documented in the sample of documentation reviewed by the inspector as discussed under Outcome 5.

Efforts were made to identify and alleviate the underlying causes of any behaviours that may challenge. The inspector noted that there were comprehensive multi-disciplinary support meetings taking place, where considerable efforts were made to identify the cause of increased patterns of behaviour for a very small number of residents who presented with such challenges. Family involvement was well documented and meetings minuted. Overall, this approach focused upon identifying the behaviour as a form of communication, finding ways in which to identify the cause of any behaviours of concern. For example, one resident observed liked to walk and keep mobile and this was facilitated and promoted as part of her care plan.

A record all visitors to the centre was maintained and a porter was generally on duty to assist in the monitoring of visitors in and out of the centre.

Judgment:

Substantially 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 inspector found that the health and safety of residents, visitors and staff was sufficiently promoted and protected. Evidence of compliance with planning and fire remain outstanding and are required to be submitted to the Authority before a recommendation for registration can be made by the inspector, as outlined in Outcome 2.

The inspector noted that there was a health and safety statement in place.

Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards. A risk management policy was in place and met the requirements of the Regulations. The person in charge had notified an outbreak of suspected infection to the Authority and had put in place appropriate measures to mitigate any risks and control measures to manage any outbreak in line with best practice. Overall satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infection.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspector noted that the fire panels were operating correctly, and the means of escape and exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. Regular fire drills had taken place and the fire alarm was tested and serviced every three months. Personal emergency evacuation plans were in place which provided clear guidance to staff, outlining the specific support requirements for each resident. An emergency fire evacuation blanket was in place on each bed and checks made on a regular basis on this for any damage.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat or any other possible emergency. The emergency plan included a contingency plan for the total evacuation of residents in the event of an emergency.

A review of the training records evidenced that all staff had attended mandatory training in patient moving and handling. Staff confirmed that they had up to date knowledge on the use of moving and handling equipment. There was sufficient equipment provided for the safe moving and handling of residents such as ceiling track and portable hoists and other aids to mobility, and the service records were viewed which confirmed they had been serviced as require. For example, a resident was supported to trial a new specialised wheelchair to assist with mobility and visited the gym to undertake a further assessment of mobility on the day of the inspection. Staff were observed supporting residents to mobilise in a safe and consistent fashion, in accordance with individual moving and handling care plans.

Falls and incidents reported were reviewed and satisfactory measures were in place to mitigate all risks associated and identified further to incidents which took place. For example, residents assessed at high risk of falling had appropriate supervision in place, and the communal sitting rooms were well supervised and diversional activity ongoing at the time of the inspection.

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:
The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There was a medication policy which guided practice and administration practices were observed to be of a very high standard. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements were fully implemented.

The inspector viewed completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The pharmacist was also involved in medication safety and was available if required in the centre. The minutes of the medication review meeting were reviewed by the inspector and learning from the two other designated centres managed by the provider was shared. Competency assessments were also completed on induction with new nursing staff and on an ongoing basis by the person in charge or her deputy. The inspector observed medication administration and found that medication was administered in line with the policy and best practice. Medication was stored in locked cupboards in a designated clinical storage room.

Medications that required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift. The inspector observed administration of this medication to a resident and found practice was safe. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Medication audits were completed by the person in charge or her deputy to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and systems were in place to minimise the risk of future incidents. Findings were discussed at nurses meetings. All staff nurses involved in the administration of medications had undertaken medication management training, and practice was audited and reviewed by the practice development co-ordinator and learning communicated to improve practices.

Judgment:
Compliant

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:
The inspector found that a record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector.

The person in charge was aware of the legal requirements to notify the chief inspector regarding accidents and incidents. The inspector read the accidents and incidents log and saw that all relevant details of each incident were recorded together with actions taken.

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:

The inspector was satisfied that resident's healthcare and social care needs were met to a high standard and the arrangements to meet residents needs were set out in a care plan with the involvement of the resident or relatives. The feedback from residents relating to available activities was found to be good. Respondents to the questionnaires named good activities such as quizzes, music, and spiritual activities at the centre. External activity facilitators also contributed and were in place and activity such as harp music, pet therapy and exercises were available.

Residents had access to medical care, an out of hours services and a full range of other services available on referral including occupational therapy, speech and language therapy (SALT), dietetic services. Chiropody, dental and optical services were also provided, and an in-house ear care service which residents could access. The inspector reviewed residents' records and found that residents had been referred to services and records and results of appointments were written up in the residents' notes in a timely manner. The allied health professionals documented the assessments and reviews completed to inform the nursing care plans.

Nursing assessments; care plans and additional clinical risk assessments were carried out for each resident. Daily notes were being recorded in line with professional guidelines, and in a person centred manner. Overall care plans reviewed by the inspector contained the required information to guide the care for residents, and were updated to reflect the residents changing care needs. Residents and/or relatives were involved in the development of their care plans and they confirmed this with the inspector in questionnaires received.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of chair alarms and hip protectors. There was good supervision of residents in communal areas and adequate staffing levels on the day of the inspection to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall. Records of clinical incidents which were found to be fully completed and actioned. Audit took place and records including

photography were found to be well maintained by nursing and care staff. The evidence was that care delivery was in line with evidence based practice with good outcomes for residents.

The inspector found that there was an emphasis on minimising the use of restraint, and implementing alternatives. Training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bed rails. There was evidence of alternatives available, although alternatives were not documented in all records reviewed.

The inspector reviewed the records of residents at risk of skin breakdown, assessed as being at risk of pressure ulcers and noted that there were adequate records of assessment and appropriate care plans in place to monitor care. An evidence-based policy was in place which was used to guide the practice of nursing and care staff. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers, and appropriate pressure reducing strategies and care was in place for residents assessed as at risk, records of re-positioning and pressure relieving devices were found to be accurate and evidence based. The inspector noted that all specialised mattresses had been serviced. However, alarms were noted to be sounding on both days of the inspection and the deputy manager contacted the service provider to address this matter in a timely manner.

Judgment:
Compliant

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 provider had submitted draft plans to the Authority in 2013 further to the last review of the premises but had not fully implemented this plan to date. The inspector was not satisfied that the provider had fully addressed the non-compliance from the last inspection report dated 26 February 2013. The provider was aware of the Regulatory notice issued to providers in April 2013 and that the physical environment did not fully comply with the collective and individual needs of each resident particularly accommodated in shared rooms and number of shower/bathrooms. The inspector was

concerned particularly with regard to the number of shared rooms, privacy and dignity and the use of the current screening system which was observed to restrict and limit staff movement around the bedside. The ventilation in toilets and shower/bath rooms was not found to be adequate in each area, and some relatives had also noted that some malodour was present at some times.

A discussion was held with the person in charge at feedback, and a request to provide an updated plan relating to improvements required to the premises in order to meet the collective and individual needs of each resident; and the requirement for the provider to ensure the premises becomes complaint by 1 July 2015 in line with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

The centre is a purpose built centre with all accommodation on the ground floor level for 40 people. The centre is was constructed to provide long term accommodation to a larger number of residents. However, improvements have taken place over the last number of years which have enhanced the quality of life of residents and visitors to the centre. Safe secure landscaped internal gardens are located on the premises and are fully accessible to residents.

Facilities on the ground floor include two sitting rooms with a sun room with seating and dining area on west unit. Full kitchen facilities, dining room, assisted shower and bathrooms, and assisted toilets and hand washing facilities. All areas were found to be clean, warm and hygienic. Waste was disposed of in line with best practice including clinical waste. No residents had specific requirements relating to infection prevention and control. Hot water was not available in the sun room for hand washing purposes, where food was served and the provider agreed to review this matter following the inspection to address this issue.

The kitchen was well organised, hygienic with suitable and appropriate storage. The environmental health officer had visited to inspect the kitchen and catering facilities recently and a copy of the report was shown to the inspector. The findings were found to have been actioned and documented appropriately by the provider.

The laundry facility for personal items of clothing was located separate to the centre on site, with an appropriately sized storage area for ironing and clean linen. Adequate space was allocated in a room for storage trolleys for laundry completed off site by a separate laundry provider such as sheets and towels.

Parking is available to the front of the building with additional parking on campus which is shared with day care provision and additional designated centres.

The environment was reasonably maintained throughout, but areas for painting and upgrading were identified associated with normal wear and tear. The communal areas such as the day-room and dining room were furnished comfortably. Space around beds in shared bedrooms was limited and inappropriate storage was noted with laundry in laundry baskets awaiting collection by relatives and friends. Some bedroom and bathroom facilities were clinical in appearance and décor and fittings. However, equipment provided allowed for independent living and grab rails and hand rails were

evident and appropriate to the dependency of the residents.

There were privacy locks on a all of the toilets, showers and bathrooms visited. The plans submitted allowed for additional en-suite shower rooms to be provided to meet the requirements for additional shower/bathrooms identified as a requirement of the previous inspection.

The centre has 40 beds providing services to persons predominantly over the age of 65 years requiring long-term care, six beds are currently allocated for respite admissions. Admissions take place with regard to the admissions policy and an individual assessment takes place. The admission criteria is clearly outlined in the statement of purpose and function. Residents male and female are welcomed.

Judgment:
Non Compliant - Major

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:
The inspector was satisfied that the updated complaints policy was fully implemented at the time of the inspection. There was a written complaint's procedure on display. Residents, relatives and staff were aware of the complaint's policy and procedure. The person in charge was the complaint's officer and dealt with all complaints. In practice issues were recorded at local level on each unit and reviewed by the deputy manager.

The inspector reviewed the records and there had been no written complaint since the time of the last inspection. An independent appeals process was clearly outlined in the complaint's policy and residents and relatives were aware of their right to complain.

Leaflets were available in the entrance hall for residents or relatives to review.

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:

A full thematic inspection on this Outcome took place on 25 June 2014 where all lines of enquiry were confirmed and reviewed by the inspector. The inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. This was evidenced by the detail provided within individual end of life care plans, and through feedback received from relatives who were involved in the care planning meetings.

The policy on end of life care addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. The practice was informed by the centre's policy on end of life care which in turn was informed by national policy such as hospice friendly initiatives. The policy also referred to the use of specialist palliative care and on the use of subcutaneous fluids, and close symptomatic medical and multi disciplinary care. The end of life care plans in place for all residents clearly documented residents' preferences. For example, holistic therapies such as massage and reflexology were available from a clinical nurse specialist who visited the centre and worked there on a rostered basis.

31 of the 40 residents were accommodated in shared twin, triple or four bedded rooms. Plans had been submitted to address the use of shared bedrooms and the provider had already reduced this number since the time of the last inspection. An oratory was available to assist with last offices.

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:

All lines of enquiry were followed during the most recent inspection in June 2014 relating to a thematic review of this Outcome and the provider was found to be in full compliance. Food and drinks were provided in quantities adequate for residents needs, and available on a regular and as required basis. Menus were reviewed and food options gave choice and variety, and were based on feedback from residents and inputs and review from the dietician. The inspector confirmed full compliance relating to this outcome, and there were no areas for improvement identified.

The main dining spaces were well furnished, and well ventilated, with space to move wheelchairs and mobility aids between the tables. The inspector observed mealtimes on east and west units at the centre and found that food was attractively presented and a social occasion. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The nursing staff monitored and supervised the meal times closely. Residents' who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal which was presently separately on the plate. Regular drinks were provided during the day and with meals. For example, water, juices, diluted juices and sugar free carbonated drinks. Portion sizes were appropriate and all residents expressed satisfaction with their meals to the inspector on the day of the inspection. Some residents took their meals in the canteen area which also accommodated staff and visitors. This area also had vending machines.

The inspector spent time in the dining room and visited residents who also chose to eat the main meal in their bedrooms and found that the dining experience was dignified, pleasant and relaxed for the residents. A small group of resident ate their meals in the sun room on west side, or the larger dining space on east side. The inspector observed staff seated beside residents assisting them with a meal and assisting one resident at a time with their meal. The meal time provided opportunity for social interaction between staff, residents and relatives.

Relevant information pertinent to the meal time was in place and was reviewed by the catering manager and person in charge. The chef demonstrated an in depth knowledge of residents dietary needs, likes and dislikes and this was documented. Snacks were provided at any time as requested, a variety of snacks, such as yoghurt, scones, crackers and fruit were available.

The Inspector found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received dietetic and speech and language (SALT) and/or dietetic review. The treatment plans for residents was recorded in the residents' records. Medication records showed that supplements were prescribed by a doctor and administered appropriately. However, catering staff provided fortified meals as a first choice as individually required. Good communication was noted between catering and dietetics.

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:

The inspector was satisfied that all staff treated residents with dignity and respect, with regard to each individuals' privacy and dignity and that strong emphasis was placed on these values by management and all staff interacting with residents.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged and facilitated. A private visitor's room was available, and access to canteen facilities.

Residents' meetings took place within the centre and the inspector read the last minutes. Residents told the inspector they had opportunities to discuss issues as they arose with the person in charge, her deputy or any staff member. The person in charge told the inspector that any issues raised by residents for example, in relation to food or laundry were addressed at local level.

Residents had access to independent advocacy services, the advocate met with residents regularly and any issues raised were raised with the person in charge, to follow up on. The independent advocate had visited the centre a few days prior to the date of this inspection.

Relatives said if they had any query it was addressed immediately. They also said they were kept up to date with any changes in health or social care. Strong evidence of family meetings and communication prior to any admission were evidenced in the documentation and through the pre-inspection questionnaires.

The inspector found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to bed and the times they got up each morning.

The inspector noted that televisions had been provided in residents' bedrooms. Residents had access to newspapers daily. Access to the internet was facilitated in house.

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:
Residents admitted under the Nursing Homes Support Scheme had laundry services included in the overall fee and this was outlined in the contract of care, and resident's guide. Residents could have their laundry attended to within the centre, although in practice many residents' families take personal laundry home. Residents and relatives expressed satisfaction and were complimentary about the laundry service provided. The inspector confirmed that laundry services were provided on site, but in a separate building and satisfactory arrangements were in place. A linen and ironing room at the designated centre was staffed and was found to be hygienic and well maintained. Laundry was returned to residents by the staff member. However, some resident clothing was left in the sluice room which had not been returned to residents following short respite stays at the centre. Storage space was provided and residents who had laundry taken by relatives had a laundry basket. The inspector observed that many of the baskets with clothing for laundering in plastic bags were left beside beds, and there was no adequate defined storage space for laundry baskets.

Residents had access to a small lockable space in their bedside locker if they wished to store their personal belongings. There was a policy in place of residents' property in line with the regulations and a list of residents' property was maintained by staff. However, improvements were required relating to records of personal property, as some records were unsigned and had not been updated when new items were brought into the centre.

Judgment:

Substantially 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:

On the day of inspection the inspector found that the staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Overall, the residents, relatives and staff agreed that there were adequate levels of staff on duty and residents needs were met in a timely manner. The inspector noted that 31 staff were involved with direct care of residents, and supported by catering, activity, household, laundry, porter, administrative and medical staff.

Access to additional staff such as social work, practice development, complimentary services, nutrition and dietetics, occupational therapy, physiotherapy, and speech and language was facilitated. Staffing levels were kept under review by the person in charge and her deputy on a regular basis. Staffing levels (direct care) were clearly stated in the statement of purpose and function both day and night. For example, direct care night staff was reviewed on the staff roster and two staff nurses and two care assistants were on duty overnight. Residents and relatives confirmed to the inspector the availability of staff throughout the day and night and were happy with the standard of care at the centre. Additional staff included voluntary staff and independent advocate, and nursing students on secondment.

Feedback from relatives spoken to by the inspector expressed satisfaction with the existing facilities and staffing levels. The inspector found that there was a very committed and caring staff team. The person in charge placed strong emphasis on training and continuous professional development for staff. Staff told inspectors that they felt well supported by the person in charge, her deputy and the management team. A clinical nurse manager was individually responsible for supervising care for each of the two units. In practice the clinical nurse manager, staff nurses and health care assistants provided direct care and each unit had a daily handover and allocation sheet for each shift, with relevant information about each resident and their changing needs.

Resident dependency was assessed using a recognised validated dependency scale and the staffing rotas were adjusted accordingly. The inspector found that the nature of resident dependency had not increased since the time of the last inspection in that 34 residents were long term and 6 residents were admitted for short-term respite admissions.

The inspector found that there were procedures in place for supervision of residents in the communal areas, and additional staffing could be sourced internally for unanticipated leave with a clear system in place that staff were familiar with.

Staffing and recruitment were reviewed with a sample of three staff files examined on this inspection. The inspector noted that all relevant documents were present, and vetting procedures were up to date. Administrative supports were in place to assist the provider and person in charge with this requirement.

Staff told the inspector they had received a broad range of training which included falls prevention, wound management, end of life care, infection control, non-violent crisis intervention, dysphagia, and the use of the a revised falls risk assessment tool.

14 of the 17 health care assistants employed had completed Further Education and Training Awards Council (FETAC) level five or above. The person in charge or her deputy regularly reviewed the training files to ensure all relevant training was provided in order to meet the needs of the residents. Training was provided for staff in areas such as medication management, fire safety and managing challenging behaviours.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

Staff told the inspector there were open informal and formal communication within the centre. The inspector found that there were formal arrangements to discuss issues and residents needs as they arose, at nurses meetings and staff meetings held regularly.

Judgment:
Compliant

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:

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Regulation Directorate
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Action Plan



Provider's response to inspection report¹

Centre name:	Seanchara Community Unit
Centre ID:	OSV-0000515
Date of inspection:	06/01/2015
Date of response:	16/02/2015

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Evidence of compliance with relevant fire and planning requirements not submitted with application to register.

Action Required:

Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 you are required to: Provide all documentation

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015

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

Have requested outstanding documentation from Chief Fire Officer, he claims new changes as verified by HIQA to legislation will come into effect from 1 March 2015 re same.

Proposed Timescale: 10/02/2015

Theme:

Governance, Leadership and Management

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

Annual review not fully collated at the time of this inspection.

Action Required:

Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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

Management and staff are currently finalising annual review re quality and safety of care being delivered in consultation with residents and this will be made available to them and for chief inspector on completion.

Proposed Timescale: 16/02/2015

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:

Resident property records were unsigned and not kept up to date in all cases.

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:

Persons responsible for maintaining resident's property records have been consulted and will ensure all current and future records are signed and up to date.

Proposed Timescale: 28/02/2015

Theme:

Governance, Leadership and Management

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

Records of any alternatives used prior to the use of bed rails were not fully documented in the sample of records reviewed.

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:

Nursing management/ Practice Development have met with staff and MDT to review current practice and to ensure all appropriate alternatives are explored and documented prior to use of any restrictive device.

Proposed Timescale: 28/02/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The arrangements and procedures in place to manage residents monies and accounts were not in full accordance with local or national guidelines.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Review of current local practice was undertaken following inspection and relevant receipt books for recording monies received was found (we failed to produce these on the day). New measures in place for senior administration personnel to audit accounts on a monthly basis and records will be maintained for same.

Proposed Timescale: 31/01/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Ventilation in toilets and shower rooms was not adequate.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Improved ventilation issues are been addressed on proposed building plans as previously submitted 2012. In the meantime increased cleaning protocol in place for affected rooms and alternatives have been sourced to help control odour. We are in consultation with HSE Estates to expedite the process as a matter of urgency.

Proposed Timescale: 11/02/2015

Theme:

Effective care and support

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

31 of 40 residents are accommodated in shared rooms, plans submitted to address premises were not implemented to date.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Proposed building plans as submitted from 2012 will address this issue. We are in consultation with HSE Estates to expedite the process as a matter of urgency.

Proposed Timescale: 30/04/2015

Theme:

Effective care and support

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

Inadequate numbers of shower/bathrooms in place for numbers of residents.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Proposed building plans as submitted from 2012 will address this issue.

We are in consultation with HSE Estates to expedite the process as a matter of urgency.

Proposed Timescale: 30/04/2015

Theme:

Effective care and support

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

Semi-rigid screening in place in 3 and 4 bedded rooms restricts movement around bedside for staff providing care to residents.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

3 of our 8 (3/4 shared bedded rooms) bedrooms have of this type of screening in place due to installation of ceiling hoist. On consultation with staff prior to and post inspection, they have not expressed any issues re restriction of their movement around bed space due to these screens, yes they agree they are more cumbersome than curtains, however for infection control reasons they generally prefer them.

We will review the installation plans of such screens to ensure ample space is allowed on proposed Building Plans submitted 2012. We are in consultation with HSE Estates to expedite the process as a matter of urgency.

Proposed Timescale: 30/04/2015

Outcome 17: Residents' clothing and personal property and possessions**Theme:**

Person-centred care and support

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

Storage arrangements for soiled laundry was inadequate.

Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Alternative sized laundry baskets have been sourced. Measures in place to manage in house laundry should there be a build up of same, generally families collect laundry on a regular basis so this is generally not an issue, however there was a build up for some residents on the day of inspection.

Proposed Timescale: 31/01/2015

Theme:

Person-centred care and support

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

Property was not returned to residents following respite admissions and records of property were not signed or kept up to date.

Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

All relevant staff informed of breach of regulation and instructed to ensure all laundry/personal property are returned to clients prior to discharge and records are maintained of same.

Proposed Timescale: 28/02/2015