

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Swords Nursing Home
<b>Centre ID:</b>	OSV-0000181
<b>Centre address:</b>	Mount Ambrose, Swords, Co. Dublin.
<b>Telephone number:</b>	01 890 0089
<b>Email address:</b>	swordsnursinghome@mowlamhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mowlam Healthcare Services Unlimited Company
<b>Provider Nominee:</b>	
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	46
<b>Number of vacancies on the date of inspection:</b>	14

## 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.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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:
07 November 2017 09:30	07 November 2017 17:00
08 November 2017 09:00	08 November 2017 13:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This inspection was carried out in response to the provider's application to renew the certificate of registration. The provider's application is for ongoing registration of 60 beds. The centre accommodates mainly people over 65 years, some of whom may have physical and sensory difficulties. A number of residents living at the centre also had a diagnosis of dementia, mental health difficulties and others have complex care needs as described in the statement of purpose. Short-term respite services are also offered with three beds used for this purpose on a regular basis. One resident was in hospital at the time of this inspection.

The provider and person in charge had fully addressed one non-compliance from the last inspection on 28 July 2016. Improvements completed related to records of medicines management. The inspector found that the residents received a good quality service, and had positive feedback about the quality of life living at this centre.

Unsolicited information and notifications received were also considered as part of this inspection. Changes in management and governance at the centre had been notified to HIQA. The person in charge had changed in July 2017, and her fitness to undertake this role was reviewed at the time of the inspection. The centre had recently appointed a clinical nurse manager to deputise in the absence of the person in charge.

As part of this inspection, the inspector met with residents, relatives and staff members. She observed practices and reviewed documentation such as care plans, audits, management meeting minutes and policies and procedures. The inspector also met the provider, person in charge and the clinical nurse manager at the centre on the day. All were able to provide clear information to the inspector when requested.

The inspector found that residents were supported by a staff team who knew them well. Staff were skilled and experienced in providing health and social care to residents. They had completed relevant training for their roles. Five residents and eight relatives provided written feedback to say that overall they were well supported by the staff team; good communication took place, with staff that were kind and treated them with respect. Some relative expressed concerns about responsive behaviours in communal areas, and this is discussed in Outcome 7 of this report.

A review of residents' records showed that relevant assessments were carried and where residents required support, care plans were in place with guidance to staff about how it was to be provided. A new electronic-based record-keeping system had been implemented since the last inspection for medicines management. Overall, staffing in place on the day of the inspection was found to adequate to meet the assessed needs of residents.

The governance and management systems operated in the centre were seen to be effective and provided assurance to the inspector that the provider and all staff were providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and reviewed. Reviews and requests for feedback, including satisfaction surveys were also carried out with residents and relatives which informed any improvements planned.

The findings are discussed throughout the report and areas for improvement are outlined in the action plans at the end of the 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 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 adequately described the service and facilities that are provided in the centre. The written statement of purpose consists of detailed aims and objectives of the designated centre.

The management have kept the statement of purpose under review and revised the content at intervals of not less than one year.

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).

**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 provider was found to have put in place a suitable governance system to monitor quality of care, and to meet regulatory requirements. HIQA had been notified in July 2017 of the temporary absence of the person in charge for three months. Interim arrangements were put in place by the provider. The provider had then notified of the updated arrangements and the appointment of a new person in charge in the week prior to this inspection.

Sufficient resources were in place to ensure the effective delivery of care in accordance with the statement of purpose. For example, sufficient staff were on duty to meet the needs of residents, and residents assessed as requiring additional supervision or one-to-one staff had this in place.

The inspector found that there was a clearly defined management structure which identifies the lines of authority and accountability. Staff outlined their roles and responsibilities for daily care provision. Staff were appropriately clinically supervised and managed. For example, handover procedures and staff communication methods.

The person in charge appointed by the provider was found to be fit to undertake this role, and she was fully supported by a recently appointed clinical nurse manager. Further management oversight is place by health care manager, who visits the centre once a week, and is available for advise and support.

Arrangements to review the ongoing governance and quality and safety of the service had been revised since the last inspection. A full review of resident dependency and assessment of needs was evidenced. This had been completed by the person in charge, who also co-ordinated a full review of each resident's care plans. The inspector noted that the dependency levels had increased, and this included a small number of residents with higher supervision needs. All care plans and assessments viewed were up-to-date.

The supervising health care manager attended a monthly meeting with the person in charge. She was also the nominated person in place who ensured that all complaints were appropriately responded to. A quality management systems meeting was evidenced in that all aspects of the complaints made were comprehensively reviewed and responded to by the person in charge. Comprehensive and minuted structured monthly management meetings now took place. The inspector reviewed the minutes and action plans and confirmed a review of the risk register took place at the time of each meeting.

Audits were carried out and analysed in relation to accidents, complaints, medication management and wound care practices. Areas for staff training were identified and had been implemented at the time of the inspection. For example, training for caring for residents with sensory disabilities.

Interviews with residents and relatives during the inspection were positive in respect of the provision of the facilities and services and the care provided. The inspector saw that there was evidence of consultation with residents and their representatives in a range of areas. For example, the assessed needs of residents, care planning and the care plan

review process. The records also confirmed the dates of the revised and updated care plans were evident from the resident's records viewed.

A detailed annual review of quality and safety of care at the centre had been completed for 2016 and this was being completed for 2017 at the time of the inspection.

**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 is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. The person in charge had changed since the time of the last inspection.

The inspector met with the person in charge, who is a registered psychiatric nurse and she works full-time in the centre. She has more than three years in six years experience required as person in charge in this centre, in the care of older people. HIQA was notified that she commenced the role of person in charge of the centre, within the required legislative timeframes.

The person in charge had a very good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in relation to her role as the person in charge. She was clear about her role in notifying HIQA as required by the regulations.

Deputising arrangements were in place with a clinical nurse manager appointed by the provider. She clearly demonstrated a person-centered approach, and clinical leadership skills during the inspection.

The person in charge had maintained her continuous professional development and had completed a qualification in management. All documentation requested by the inspectors was readily available.

**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:**

The records as listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness and accuracy. Overall, a good standard of record-keeping could be evidenced throughout the inspection, and records requested were accessible. The records of medicines administered now were consistently maintained as outlined in Outcome 9 of this report.

The records of fire drills reviewed did not include sufficient detail, and were not consistently maintained to establish the effectiveness of the training.

A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations, inclusive of Garda Síochána vetting disclosures were in place.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19.

The designated centre had all of the written operational policies which had been kept under review as required by schedule 5 of the regulations. Policies were evidence-based and guided staff practices.

**Judgment:**

Substantially 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 were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to identify and manage incidents of elder abuse, and concerns about adult protection. This included information on the various types of abuse, assessment, reporting and investigation of incidences and necessary referrals to external agencies.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff spoken with were knowledgeable regarding the signs of abuse, reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Emphasis was placed on residents' safety. The inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example, call-bell facilities, modified mobility aids, hand rails in circulating areas and support arrangements were available for residents.

In questionnaires completed and during discussions with the inspector, residents confirmed that they felt safe in the centre due to the measures taken. For example, the availability of the person in charge and staff at the reception entrance area and care provided by the staff team. Nonetheless, residents and relatives expressed concerns to the inspector in terms of their observations of a small number of residents with responsive behaviours and verbal outbursts. The inspector spoke to the provider and person in charge who outlined all supports in place in terms of review, and she acknowledged that this had been communicated to the management team.

Safe systems and arrangements were in place for the management of resident's finances and property. The administrator told the inspector she facilitated residents' pension accounts in line with a written policy and procedure. The policy and practice in this area was found to be in line with best practice, and records reviewed were maintained to a high standard. A record of all transactions was maintained and copies of balances provided to residents or their representatives as required. The records were subject to twice yearly audit by an internal auditor.

The inspector found that the centre aimed to promote a restraint-free environment in line with the National policy (2011). An approved policy reflecting the national guidance document was available to guide restraint usage. A low rate of restraint and/or bedrail

use by residents was reported. Three residents were reported to be using bedrails. Risk assessments had been completed regarding the use of bedrails and records of decisions were available to show the decision was made in consultation with the resident or representative, staff nurse and general practitioner (GP). Decisions were also reflected in the resident's care plan and were subject to review.

The inspector was informed that various alternative equipment such as, pillows, enablers and floor mats were tried prior to the use of bedrails. This formed part of the assessment and decisions recorded.

Due to their medical conditions, some residents displayed behaviours that challenged them or those around and responding to them. During the inspection, staff approached residents in a sensitive and appropriate manner, and the residents responded positively to techniques used by staff. Communication and support and distraction techniques were used at times for those with responsive behaviours. Minimal use of PRN (as required) psychotropic medicines prescribed for some residents was used as a last resort according to staff spoken with. The PRN medicine administration records within the past month confirmed this non-pharmacological approach.

Records to capture the antecedents, behaviour and consequences (ABC) formed part of the assessment process. Staff had received further education and training in this area to ensure every effort was made to identify antecedents and/or triggers of behaviours in order to minimise the consequences for all other residents sharing the communal spaces in the centre.

Support from the community psychiatry team was available on a referral or follow-up basis. Staff spoken with were familiar with the interventions used to respond to residents with responsive behaviour. However, improvement was required to ensure a structured review process was fully implemented to ensure that supports were consistently meeting each residents' assessed needs. The inspector confirmed that measures had been put in place prior to the inspection date, to put in place referral for assessment to consultants and specialists in mental health.

**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 health and safety of residents, visitors and staff was seen to be promoted in the centre. There were up-to-date risk management policies and procedures in place. The

policy contained the procedures required by the regulations to guide staff. Staff were familiar with the contents of the emergency plan. The risk register in place was well maintained and updated on a monthly basis, at each management meeting. Each risk assessment set out the identified risk, the level of risk identified, the steps taken to mitigate the risk and the person responsible for taking the action. The documents were thorough and covered a wide range of areas. Incident and accident reporting provided information to support the reduction of identified risks. There was also an up-to-date health and safety statement available signed and dated.

The fire safety policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Records showed that there were routine checks to ensure fire exits were unobstructed, automatic doors closer were operational and fire fighting equipment was in place. Annual checks were carried out on the fire safety equipment, and the fire alarm was serviced on a quarterly basis. Clear signage was in place throughout the centre guiding residents, visitors and staff to the nearest exit.

The procedure to follow in the event of a fire was posted in different parts of the centre, and staff were able to clearly describe their roles in evacuation when the inspector spoke with them. Evidence was reviewed that all staff had completed annual refresher training in fire safety procedures. A record of fire drills showed they were carried out monthly, and the maintenance department were responsible to ensure all staff, including night staff, had been involved in a drill. The records as outlined in Outcome 5 required some improvement.

Clinical governance meetings took place monthly and all meetings were minuted with an associated action plan in place to address matters raised. Any identified clinical risks were well documented and addressed in a timely manner, with the involvement of the person in charge and senior staff.

Moving and handling assessments were up-to-date and the use of any assistive equipment monitored closely to ensure adherence to best practice including equipment servicing and staff training.

Personal protective equipment was available in each unit of the centre, and there were hand gel sanitizers available throughout the centre. Staff were observed practicing hand hygiene and had easy access to hand washing facilities to meet their needs. Arrangements were in place to safely manage infection control in the laundry. Overall there were safe procedures in place for the prevention and control of infection and the centre clean, hygienic and well presented.

**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 action relating to the documentation and signing of medicines administered by nursing staff was now found to have been fully addressed by the person in charge.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. All policies had been updated since the last inspection the centre. The provider had changed the medication management systems to an electronically-based recording system. Staff had received medicines management training and specific training in the operation and use of this new system.

The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the handling, checking, reporting errors, return and disposal of medicines. An inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning and end of each shift in a register in keeping with legislative requirements.

Nursing staff demonstrated safe practices in medicine administration and management. The inspector observed the staff nurse consulting with residents during the administration of medicines, and performing good hand hygiene.

A system was in place for reviewing, reconciliation and monitoring of medicine management practices was in place. The use of psychotropic and sedative medicines on a PRN basis was subject to audit and reviews. The records showed low and reducing levels used or administered.

An arrangement for the review of prescribed medicines by the General Practitioner (GP) was in place, and records were available to demonstrate this arrangement was implemented in practice, and in response to changing needs.

The pharmacist was available to residents if required and involved in the management and delivery of prescribed medicines to residents in the centre. Staff and residents were found to be satisfied with the pharmacy service provided.

**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:**

Arrangements were in place to provide nursing, medical care and allied healthcare for residents.

A selection of resident records and plans were reviewed. A pre-admission assessment was completed prior to resident admission and formed part of the centre's admission policy and routine practice.

There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Social and recreational plans such as 'a key to me' were also completed in a sample reviewed. There was evidence of a range of assessment tools being used to monitor areas such as the risk of falls and malnutrition, mobility status, cognition, skin integrity and risk of developing pressure ulcers.

The development and review of care plans was done by a nurse in consultation with a resident or their representative. Each resident's care plan was subject to a formal review at least every four months or as changes occurred. Feedback received from residents and relatives confirmed their engagement with this process.

The inspector was informed there were no residents at the end of life. An assessment of resident's views and wishes for the end of life were seen recorded and outlined in a related care plan and subject to regular reviews. A care plan to include details and information made known to staff regarding religious, spiritual and cultural practices or named persons to assist residents in decisions and arrangements made was noted in the records reviewed.

The inspector was informed that three of the 46 residents had pressure ulcers that had developed. The inspector reviewed the management of clinical issues including wound care and falls management and found they were subject to regular assessment and reviews of planned care.

Physiotherapy and occupational therapy (OT) services were available to residents on a referral basis. Residents had suitable mobility aids and modified chairs following seating assessments by an occupational therapist or a physiotherapist. Hand rails on corridors and grab rails were seen in parts of the facilities used by resident to promote resident independence.

Residents were satisfied with the healthcare service provided and good access to GP services was reported. One GP attended the centre three times a week on a regular

basis, and other GP's were providing a service to the resident group. Out-of-hours medical cover was available where required. A range of other services was available on a referral basis including chiropody, speech and language therapy (SALT), and dietician and tissue viability advice services. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes and care plans.

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving food. Procedures were 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' clinical observations that included regular monitoring of weight, desire for recommended food and fluid consistency and intake. Evidence of dietetic assessments and reviews were in place for a number of residents in the centre.

Residents were seen enjoying various activities at times during the inspection. Each resident's likes and preferences were assessed, known by staff and daily activities undertaken were recorded and seen in logs made by the activity staff. Music and singing was seen to be enjoyed by a group of residents in the afternoon of the inspection. Residents and relatives reported they enjoyed a range of activities and pastimes including crafts, bingo and art. Staff also facilitated one-to-one engagement and sensory activities suitable for people with cognitive difficulties.

Emphasis was placed on family engagement. Residents were encouraged and facilitated to access external functions deemed appropriate and family events. For example, shopping trips and family celebrations. Pet therapy and mobile farm visits with animals also took place.

Religious ceremonies were celebrated, and a monthly mass service in the centre was available to residents. The daily mass was also available on the television from a nearby church service. Overall, most residents had opportunities to participate in meaningful activities that were purposeful to them and which suited their needs, interests and capacities.

**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:**



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

No actions were required from the previous inspection.

**Findings:**

The centre's design and layout met the needs of the current residents. It was spacious, clean, well maintained and substantially met all the requirements of Schedule 6 of the regulations. The centre consisted of accommodation laid out over the ground floor. A central circular space communal space flowed out to accommodation corridors. In general, the centre was found to be spacious, visibly clean and well maintained. There were hand rails installed in all corridors and on both sides of all staircases in the centre. The flooring throughout the centre was safe and free from trip hazards. Some improvements were identified by the inspector in terms of a storage room.

The centre had 28 single rooms, and 16 twin rooms. All bed rooms were spacious and many residents had decorated them with their own personal belongings and furniture. All bedrooms had call bells installed and had sufficient storage for personal belongings. All 28 single bedrooms were en-suite; the remainder had a bath or shower room proximal to shared bedrooms. The premises were well laid out and had sufficient communal and day / dining spaces. A large dining area was suitably furnished with adequate space to accommodate all residents. All communal rooms were decorated to a high standard, and had a homely atmosphere. The centre also had a small reflection room, visitors room, hairdressing salon, quiet room, recreation room and sun room. Residents could also access a large garden area and the gardens were accessible, landscaped and well maintained with appropriate level walks and seating.

The centre had access to assistive equipment such as hoists, which records confirmed had been serviced within the last year. There was suitable storage for the assistive equipment, and corridors were kept clear.

One storage room had been subject to a minor water leak and the ceiling and walls were discoloured. The provider confirmed that repairs had been undertaken and re-decoration was required and planned for. Ventilation in this room also required review.

**Judgment:**

Substantially 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:**

There was evidence that residents were consulted with and had opportunities to participate in their daily routine and comment on the organisation of the centre. A resident's meeting took place that discussed important items such as the food, staff, laundry service and activities. The most recent meeting took place two weeks before this inspection. Residents also had opportunity to meet on a daily and regular basis with staff and management that worked in the centre.

Family members' had opportunities for involvement in resident care and welfare, and decisions. The inspector established from speaking with residents, relatives and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged. Visitors were unrestricted except in circumstances such as an outbreak of infection. A record of visitors was maintained.

Access to and information in relation to the events, the complaints process and independent advocacy services was available to residents. Residents' independence, choice and autonomy were promoted. Voting arrangements for residents were facilitated internally and externally to enable residents exercise their rights. Residents who spoke with the inspector, and those who completed questionnaires said they were able to make decisions about their care and had choices about how they spent their day, when and where they ate meals, and when they rise from and return to bed. Residents had options to meet visitors in a private spacious visitor's room, or communal areas based on their assessed needs.

Clocks, communication aids and telephones were available to residents. A daily newspaper was available and notice boards. Wi-Fi and computer access was available if requested by a resident. Staff demonstrated their skills in communicating in basic sign language, and was sensitive to residents' needs with visual or hearing difficulties.

The inspector saw that residents' personal privacy and dignity was respected during this inspection, as personal care was provided for residents in their bedrooms. Staff knocked on doors and awaited permission before they entered and call bell facilities were available. The inspector observed that some residents preferred to lock their own bedroom doors and this was facilitated. Privacy locks were available on toilet and bathroom doors in the centre.

Residents were seen to be well groomed and dressed in their own clothes with personal effects of their choosing. Residents who spoke with the inspector and those who completed questionnaires said they were respected, consulted with and cared for by a kind staff team.

Access to suitable recreation space and outdoor space was available, the garden was accessible. Residents who wished to smoke could use a designated room in the centre.

**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:**

The staffing levels and skill-mix in the centre met the assessed needs of the residents. Staff were suitably supervised and recruitment procedures were in line with policy and best practice and also met regulatory requirements.

There was an actual and planned roster in the centre. During the day of the inspection, there were two staff nurses rostered to work. There was a total of seven healthcare assistants working every day allocated to individual areas of the centre. Staffing levels at night were two staff nurses and three healthcare assistants. Staffing was kept under review by the person in charge, and also included provision for residents requiring additional supervision.

Nursing staff provided adequate clinical supervision for healthcare assistants. Staff appraisal systems were established and senior managers completed the records of each appraisal completed.

The person in charge worked full-time in the centre. She was supported by the clinical nurse manager and health care manager. Staff said they felt supported by the management in the centre.

The inspector reviewed a sample of four staff recruitment files. All files contained the requirements as per Schedule 2 of the regulations. All staff files reviewed in the centre had a copy of their Garda Síochána (police) vetting. The person in charge confirmed that all staff had Garda vetting in place. All nurses had a copy of their registration pins with the Nursing and Midwifery Board of Ireland.

There were no volunteers working at the centre at the time of the inspection.

**Judgment:**

Compliant

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## **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:***

Leone Ewings  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Swords Nursing Home
<b>Centre ID:</b>	OSV-0000181
<b>Date of inspection:</b>	07/11/2017
<b>Date of response:</b>	04/12/2017

#### 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 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:**

The records of fire drills reviewed did not include sufficient detail to establish the effectiveness of the training

##### **1. 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

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

the Chief Inspector.

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

The documentation to record fire drills has been revised and improved and it now includes a description of the drill, the source of the suspected fire, the name of the lead person coordinating the response, response time to alarm activation and the names of all staff in attendance. The record includes an evaluation of the process which identified what aspects went well and where improvements are recommended. The learning outcomes are discussed as part of the Health & Safety agenda in the monthly management team meeting.

**Proposed Timescale:** 05/12/2017

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Improvement was required to ensure a structured review process was fully implemented, to ensure that supports were consistently meeting each residents' assessed needs in terms of mitigating any risks to other persons.

**2. Action Required:**

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

Concerns highlighted by the inspector regarding a small number of residents with responsive behaviours and verbal outbursts were reviewed by the management team immediately post inspection. Referrals to medical specialists for further assessments were undertaken as planned and their recommendations were implemented, which satisfactorily addressed the matters of concern.

**Proposed Timescale:** 05/12/2017

**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 and redecoration in a storage room was found to be required.

**3. 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:**

The storage room has been redecorated and new shelving was fitted.

Works have been scheduled to address the ventilation in the storage room and an electrician will visit the centre week commencing 04.12.17 to repair ventilation fan.

**Proposed Timescale:** 31/12/2017