



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

## Issued by the Chief Inspector

Name of designated centre:	Swords Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Mount Ambrose, Swords, Co. Dublin
Type of inspection:	Announced
Date of inspection:	03 October 2023
Centre ID:	OSV-0000181
Fieldwork ID:	MON-0032328

## About the designated centre

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

Swords Nursing Home is a purpose-built facility which can accommodate a maximum of 52 residents. The centre provides long-term residential, respite, convalescence, dementia and palliative care to a mixed gender of 18 years old and over. Care is provided to those of low, medium, high and maximum dependency. The main objective of Swords Nursing Home is to ensure the continued delivery of high-quality consistent person-centred care to all residents. Their philosophy is based around a quality of life and quality of care for residents. They use a multifaceted approach to care to achieve this. Accommodation available to residents includes eight twin and 36 single bedrooms, some of which have bathrooms en-suite. It is located in the countryside within 5km of Swords village.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 3 October 2023	08:40hrs to 17:20hrs	Geraldine Flannery	Lead
Tuesday 3 October 2023	08:40hrs to 17:20hrs	Aislinn Kenny	Support

## What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in Swords Nursing Home. Residents and their relatives told inspectors that they felt safe in the nursing home and that the care they received was very good.

The inspectors spent periods of time chatting with residents and observing interactions between residents and the staff. All of the residents who were spoken with were complimentary of the staff. One resident said that the 'staff are very friendly and considerate' and another said 'the staff help me with everything and are like my family'.

Overall, the atmosphere of the nursing home was welcoming and the premises was appropriately laid out. The home had a central hub, from which seven corridors diverged. Each corridor was named after a street in Dublin and was decorated in a cityscape style. There were a variety of communal spaces, including living room, two sitting rooms, dining room, visitors' room and oratory, which were homely and well-decorated. Residents had easy access to an enclosed outdoor garden which was well-maintained. A smoking room was situated within the centre. It was equipped with a call bell, trays for cigarette butts, a fire blanket, and a fire apron available for resident's safety. A fire extinguisher was available in close proximity, in the corridor outside the room.

In general, the premises was well-maintained, however there were some signs of general wear and tear. For example, paint was chipped on doors in corridors and walls in some bedrooms required repainting. However, inspectors were informed that these items were on the on-going schedule of works for maintenance. Inspectors observed scuffed flooring in several areas in the home and were informed they were caused by the under-floor heating. While the flooring was even and did not pose a trip hazard, the person in charge informed inspectors that they had the flooring under surveillance and would replace if it deteriorated further and became a risk to residents. Inspectors heard of the extensive measures the provider had taken to address the odour linked with the sewage system, however there was a mild offensive smell still evident on the day of the inspection in some areas and will be discussed further under Regulation 17; Premises.

Inspectors observed the dining experience and saw that a large number of residents had chosen to dine in the dining room. They were accompanied into the room by staff and were prompted to engage in hand hygiene on the way in. The tables were nicely dressed with menus displayed and had bright flowers on tables. Residents had a choice of where to sit and with whom. Music was being played via an interactive speaker at the end of the dining room, and the playlist had been chosen by one resident with the agreement of others. Inspectors observed staff checking in with residents regularly about their food temperatures and dining preferences. Residents spoken with were happy with the food choices available to them and said they could

request something else if they did not like what was offered. Food was observed to be nutritious and wholesome and there were a variety of drinks available to residents also.

On the day of the inspection, inspectors found that residents living in the nursing home were supported to live a good quality of life by a team of staff who knew them well. There were a variety of activities taking place on the day of inspection and residents were seen to enjoy the company of staff and each other while participating in activities. Inspectors observed interactions between staff and residents to be respectful and kind. Residents spoken with said they were looking forward to an upcoming trip to the chocolate factory. It was evident that social engagement formed an important aspect of the care delivered in Swords Nursing Home.

The centre had open visiting policy in place and visitors confirmed that they were welcome to the home at any time and were not restricted. Visitors informed the inspectors that they were happy with the care provided and felt it was a good place for their loved one to live. Overall, the majority of visitors stated that they were happy with the availability of suitable communal facilities for a resident to receive a visit. However, one visitor said there were 'limited areas for visiting in the centre'.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. Inspectors observed laughter and banter between staff and residents and it was evident that there were good relationships between both parties.

It was evident that residents' rights were upheld in the centre and there was evidence of residents meetings and actions resulting from these. There was a varied activities schedule displayed on the corridors and outside the day room. Inspectors observed residents engaging in games, singing in the day room and a quiz. Some residents engaged in one to one activities also. Inspectors were informed there were arrangements in place to facilitate residents to vote. Residents had access to newspapers, phone and television. In general, there was an inclusive atmosphere in the centre supported by care staff.

Inspectors observed that, the registered provider had made some changes in response to the previous inspection to improve the delivery of services. For example, matters relating to infection and control were rectified including the installation of clinical hand wash sinks, inappropriate storage was addressed, enhanced management oversight of infection prevention and control procedures including appropriate induction for all housekeeping staff. Fire risks identified on last inspection were addressed including, inappropriate oxygen storage, weekly fire drills and simulating drills with night-time staffing levels.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services.

This was an announced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements and review the application to renew registration of the centre for a further three years.

The registered provider for Swords Nursing Home was Mowlam Healthcare Services Unlimited Company. The person in charge was supported by the provider representative, director of care services, healthcare manager, assistant director of nursing, a team of nurses, healthcare assistants, catering, housekeeping, receptionist, activity and maintenance staff. Volunteers also enhanced the quality of life of residents within the centre and contributed to the lived experience.

Notwithstanding the areas of wear and tear observed around the premises, the inspectors were satisfied that the provider was proactive in maintaining and improving facilities and physical infrastructure in the centre through ongoing maintenance and renovations. For example, clinical hand wash sinks were installed in the sluice room, medical room and the treatment room. Damaged furniture was repaired or replaced. The maintenance manager had an ongoing plan in place for the painting and decorating in the home.

There was an odour problem in some parts of the designated centre and the provider had taken appropriate actions to address the malodour which was still present in a small number of communal bathrooms and en-suite facilities. The provider had replaced soil pipes, grease trap, piping under shower trays and ventilation systems in an effort to address odour issues. There was a bi-annual contract in place with an external company to undertake jetting of sewer lines. The provider had systems in place to monitor the odour on a daily basis. The inspectors found a slight smell on the day of inspection and were informed that the odour tended to be worst when there was heavy rainfall. The provider was keeping this issue under constant review.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre. For example; clinical documentation, falls prevention, infection prevention and control, restrictive practice and medication management. Audits were objective and identified improvements. Initiatives were introduced to promote

skin integrity including staff training and oversight from tissue viability nurse and general practitioner. This ensured appropriate oversight of wounds in the centre and there were no residents with wounds on the day of inspection.

The annual review for 2022 was available for review. It was evident that the provider was continually striving to identify improvements. Further learning was identified on feedback from resident and relative satisfaction surveys and quality improvement plans were in place to address issues.

An application for registration renewal was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose accurately reflected the facilities and services provided. It was publicly available and in an accessible format for people using the service.

The inspector found that there were sufficient numbers of staff available on the day of the inspection to meet residents' assessed needs. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Siochana vetting requests prior to commencing employment.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time-frame. The inspectors followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

There was a complaints procedure displayed in a prominent position within the centre. There was a nominated person who dealt with and oversaw the management of complaints. There were two open complaints at the time of inspection, and inspectors observed how they were being managed and responded to in line with local policy and the complaints procedure.

Documents were available for review, such as statement of purpose, insurance certificate, contracts for provision of services, complaints procedure, information guide and directory of residents were fully compliant with the legislative requirements.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

#### Regulation 15: Staffing



The staffing levels and skill mix were sufficient to meet the assessed needs of the residents on the day of inspection. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration. There was at least one registered nurse on duty at all times.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained all the required information as listed in Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

### Regulation 22: Insurance

There was appropriate insurance cover provided, in line with the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles, and detailed responsibilities for all areas of care provision. Effective management systems were in place to ensure the service was appropriately managed.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre, any charges incurred and were signed by the

resident or their representative. The room occupied by the resident and how many other occupants, if any, were reflected in the contracts reviewed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

### Regulation 30: Volunteers

The person in charge ensured that individuals involved in the nursing home on a voluntary basis had their roles and responsibilities set out in writing. They received supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

## Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met.

Some residents living with dementia or other conditions may be periodically predisposed to episodes of responsive behaviours in an attempt to communicate or express their physical discomfort or discomfort with their social or physical environment. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well-managed. Inspectors observed that staff knew the residents well and implemented supportive de-escalation strategies as required.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. Residents had adequate lockable space to store and maintain personal possessions in their own bedrooms. There was a designated locked secure area in the nursing home for storage of valuables and money for safekeeping. There were arrangements in place to ensure that it was only accessible by the administrator, the person in charge or designated deputy. Records of all transactions (deposits and withdrawals) were maintained and regularly audited. Laundry was carried out externally and residents informed inspectors that while initially there were issues with returning of some items, they confirmed this had improved and had no recent complaints with laundry.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. However, the registered provider was required to action works with regard to the premises, in order to provide a safe and comfortable living environment for all residents and these will be discussed further under Regulation 17 Premises.

Inspectors were assured that residents' food and nutritional needs were being met. Residents' nutritional status was assessed monthly, and healthcare professionals, such as dietitians, were consulted if required. The dining experience was observed

to be relaxed and informal with an adequate choice of food and drinks available. Residents on modified diets received the correct consistency meals and drinks. Residents were supervised and respectfully assisted where required, to ensure their safety.

Appropriate arrangements were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety.

### Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their well being, safety and health and that of other residents.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

### Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant, specifically in respect of Schedule 6 requirements.

- Emergency call facilities were not accessible in every room used by the residents. For example, two assisted toilets had no call bells which could negatively impact the safety of residents.
- As in previous inspections, a malodour was noticed. On this inspection, it was present within one assisted shower room, two resident toilets and three resident en-suite facilities. Inspectors acknowledge that the provider had undertaken a program of works to address the problem, but unfortunately this had not been fully eradicated on the day of inspection. This was a repeat finding and was not conducive to a pleasant environment for residents.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were offered choice at mealtimes and were provided with adequate quantities of nutritious food. Inspectors observed that there were adequate staff to meet the needs of residents at meal times and residents had access to a safe supply of fresh drinking water and other beverages of their choice at all times.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents guide available for residents and the guide contained all the required information.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioural and psychological well being. The person in charge ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that was challenging.

Judgment: Compliant

### Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Training records indicated that all staff had completed safeguarding training. Inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to role commencement. The nursing home was pension-agent for six residents and a separate client account was in place to safeguard residents' finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Swords Nursing Home OSV-0000181

Inspection ID: MON-0032328

Date of inspection: 03/10/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We will provide emergency call bells in every room used by residents, including the assisted toilets, to ensure the safety of residents.</p> <p>There is an extensive work plan required to eradicate the malodour issue, which will require significant works to the plumbing and drainage of the centre. A feasibility study into the extent of the works required will be carried out and a plan will be developed to resolve the malodour. In the interim, there is a responsive plan in place to address the malodour whenever it arises, (such as following extensive rainfall), in order to minimise the effects and eliminate the odour in the short-term until it can be resolved permanently.</p>	

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024