



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

Issued by the Chief Inspector

Name of designated centre:	Sunhill Nursing Home
Name of provider:	LSJ Care Ltd
Address of centre:	Blackhall Road, Termonfeckin, Louth
Type of inspection:	Announced
Date of inspection:	17 January 2024
Centre ID:	OSV-0004450
Fieldwork ID:	MON-0033100

About the designated centre

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

Sunhill Nursing Home is situated in the picturesque village of Termonfeckin, Co. Louth, and within 7 minutes drive from Drogheda town centre. The designated centre is registered to accommodate 102 residents, both males and females, over the age of 18 years who require long-term, short-term and transitional nursing or personal care. The centre provides care for a range of needs including general care of the older person, care of the client with physical disabilities, palliative care, acquired brain injury and dementia care. Accommodation consists of 88 single ensuite bedrooms and 7 twin ensuite bedrooms. All bedrooms are situated on the ground floor and the majority of bedrooms have access to an enclosed garden space. Communal facilities include 5 dining rooms, 9 sitting rooms, Memory Lane Cafe, hairdressing salon and 5 internal garden areas. The objective of the centre is to provide person-centred care to residents by supporting every aspect of their care requirements, while celebrating the diversity of residents and staff as a group and respecting the unique identity of each individual.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	96
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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
Wednesday 17 January 2024	09:00hrs to 17:00hrs	Sheila McKeivitt	Lead
Wednesday 17 January 2024	09:00hrs to 17:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

During the inspection, inspectors engaged in observing and speaking with residents and visitors. Inspectors also received feedback from questionnaires completed by residents. Residents generally expressed happiness with their living experience at the centre praising the staff team and the quality of food. Visitors also provided positive feedback, particularly commending the care their family members received and highlighting the support offered when they were first admitted.

Residents had access to a number of communal day spaces and a dining room on each unit. Residents could access the internal gardens through several areas, the gardens were well-maintained and most bedrooms had access to their own small patio area. There were no visiting restrictions and visitors and residents were seen moving freely throughout the centre.

One resident who spoke with the inspector said "staff are so kind and I look forward to meeting my friends, who also live here, in the Memory café". One resident described the food as "superb" while another expressed particular enjoyment of the Christmas day meal provided at the centre, suggesting it was as good as being in their own house. One resident said "if anything, the meals were too big".

The inspectors observed that meal times at the centre were peaceful and social occasions for residents. Those who spoke with the inspectors were very pleased with the food, mentioning the variety of options and the availability of snacks and drinks at any time. The meal service was seen as well-organized and relaxed. Additionally, there were enough staff members available to help residents during their meals.

The centre was bright and warm. The extended areas blended in well and the centre was observed to be clean throughout. Residents' rooms were cosy and decorated to their liking. Inspectors observed that some residents did not have access to a lockable storage area in their bedroom.

Residents did not express any complaints about the service provided and told inspector that they had been informed of the complaints process and knew they could complain if they had an issue of concern.

Residents said their rights were upheld and they were facilitated to make choices independently.

Informational materials on infection prevention and control (IPC) were readily available to residents and their families, displayed in the corridor. Staff could find the latest updates in infection prevention and control on a notice board near the staff room, which was complemented by pop-up stands showcasing examples of good practices. However, inspectors observed staff did not have access to clinical

hand wash sinks.

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

The governance of this centre was good. This was an announced inspection during which the compliance plan from the previous risk inspection, dated 26 April 2023, was reviewed. The inspectors found that the compliance plan responses had been implemented and the . The inspectors found that further improvements were required in relation to the infection prevention and control, personal possessions and the management of complaints.

LSJ Care Limited is the registered provider of Sunhill Nursing Home. The person in charge was supported by the provider representative, an assistant director of nursing and three clinical nurse managers. They all attended the feedback meeting at the end of the inspection. The inspectors found that the management team were aware of the lines of authority and accountability and they demonstrated a clear understanding of their roles and responsibilities.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The inspectors observed that the audits completed since the last inspection provided assurance that the oversight of practices was strong and the management team had a clear vision of what needed to keep the centre in compliance. They had an audit schedule in place for 2024.

The management team continued to progress the final areas of improvement outlined in the improvement plan for 2023 to ensure it was implemented in full. In addition, they had developed a detailed improvement plan which included improvements goals for each department within the nursing home.

The centre was appropriately resourced with adequate staffing numbers across all disciplines to meet the needs of the residents. There were no staff vacancies and when vacant posts occurred they were being filled in a prompt manner.

All staff had up-to-date mandatory training in place. All staff had also completed training in relation to a rights-based approach to care. It was evident that the provider invested in the education of staff, for example, the person in charge was at the final stage of completion of a masters degree in infection prevention and control and two of the clinical nurse managers had completed a diploma in this area of practice.

The complaints policy had been updated in 2023 to align with the revised legislation. Complaints were well-managed and the inspectors were assured that complaints

were addressed promptly. However, the practice in the centre did not reflect the complaints policy.

An Garda Síochána vetting reports together with all the required documentation were present in all of the staff files inspected. Other records, such as the statement of purpose, certificate of insurance, residents guide and residents' care records were available for review.

Registration Regulation 4: Application for registration or renewal of registration

An application to to renew the certificate of registration had been submitted to the Chief Inspector. All the requested additional documents had also been submitted as requested.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers of staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover against injury to residents and other risks, including damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

The annual review for 2023 was in progress, it was completed in March each year. Feedback had been sought from the residents in December 2023 in relation to the quality of the service they received.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in October 2023. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and accidents had been submitted within the correct time frame as per the regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy which had been reviewed in April 2023 was not being adhered to in practice. For example, the complaints officer named in the complaints policy

was not the identified complaints officer signing letters of response to complainants.

Judgment: Substantially compliant

Quality and safety

The quality of service and quality of nursing care delivered to residents was of a good standard and improvements had been made across some areas. The inspectors found that the residents assessments and care plans and laundry service had improved since the last inspection. Notwithstanding this, further improvements were required under some areas including the infection prevention and control, medication management and personal possessions.

The residents' clinical care needs were met. Each resident had a comprehensive assessment completed on admission and those reviewed gave a good reflection of the residents' status on admission. These assessments were reviewed, and where required, updated every four months. Residents had detailed care plans in place to reflect their care needs. Those with pressure ulcers had detailed wound care plans in place and the inspectors saw from the records reviewed that these wounds were dressed in accordance to the care plan.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

The premises was warm and well-coming. The floors were clean and polished and kept in a good state of repair. The bedrooms were cleaned daily and appeared clean and tidy. The furnishings in communal areas were well-maintained. All equipment such as hoists and bedpan washers were serviced in a timely manner and as per manufacturer's guidelines.

All current residents had their rights to privacy respected and staff were observed respecting the rights and protecting the dignity of residents throughout this inspection.

Inspectors reviewed the laundry processes within the nursing home, which adhered to best practice. There were no issues identified in respect of laundry going missing. All residents had access to adequate storage for their personal possessions. However, only some had access to a lockable area within their bedroom and some of these residents did not have access to a key to facilitate them to secure personal belongings independently.

The inspectors observed very good practices in monitoring multi-drug resistant organisms (MDRO) and managing antibiotic use at the centre. Monthly antibiotic usage analysis informed the infection prevention strategies, and the centre's minimal

use of preventive antibiotics aligned with national standards. This was shown in provider's annual review report 2023. Additionally, staff were engaged in the "skip the dip" campaign to avoid unnecessary urine dipstick testing, which could lead to needless antibiotic use and potential harm. This was evidenced by detailed care plans.

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. Training records indicated that all staff had completed safeguarding training. The nursing home was pension-agent for 17 residents and a separate client account was in place to safeguard residents' finances. The system in place to safeguard residents petty cash were also reviewed and found to be robust.

Regulation 12: Personal possessions

Some residents did not have access to a lockable storage area in their bedroom and therefore they could not lock away their personal possessions. Other residents had access to a lockable storage area in their bedroom or within their bed space but did not have access to a key to enable them to lock valuables within this space. Inspectors were informed that a key could be provided on request, however this practice required review to ensure residents' independence was encouraged and/or maintained.

Judgment: Substantially compliant

Regulation 17: Premises

The premises appeared well-maintained inside and outside. The centre was bright and airy, it was warm and well lit, with many rooms getting direct sunlight during the day. The wide corridors with handrails on either side facilitated residents to mobilise safely from one area to another.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

A number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example;

- Hand hygiene facilities were not provided in line with best practice. There was a limited amount of hand hygiene sinks dedicated for staff use within the centre and hand sanitisers were not readily available at point of care or outside every room.
- Some resident washbowls were visibly dirty and were cleaned in the bedpan washer. Bedpan washers are only validated for the decontamination of human waste receptacles such as urine bottles, bedpans and commode basins.
- One housekeeping trolley was visible dirty and not on a cleaning schedule.
- Staff said that they empty bedpans and urinals into the residents' toilets instead of directly into the bedpan washer. This practice could lead to contamination of clean surfaces, thereby increasing the risk of spreading infections.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed were person-centered and reflected the residents whom the inspectors had met on the day. Each resident reviewed had a comprehensive assessment and risk assessments in place, and the care plans reflected the residents' care needs. There was evidence of resident and family involvement where appropriate.

Judgment: Compliant

Regulation 8: Protection

The safeguarding policy had been reviewed within a three year time frame. Staff had received refresher training in safeguarding vulnerable adults.

Evidence that residents' pensions were being paid into a residents account was available on request. As a result the inspectors were assured that monies collected

on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sunhill Nursing Home OSV-0004450

Inspection ID: MON-0033100

Date of inspection: 17/01/2024

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Practice in the centre has been updated to ensure that it reflects the complaints policy. Complete 22/01/2024</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: A full furniture audit has been completed and replacement bedside lockers have been ordered for delivery by 01/04/2024 Keys will be made available to Residents for all lockers. 01/04/2024</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Adequate clinical handwashing sinks will be installed for staff use. 31/07/2024 • Hand sanitizer will be installed in each bedroom at the point of Care following an IPC walk around. 9/02/2024 • Further education and training will be completed with all staff in relation to the correct 	

procedure for the emptying of bed pans and urinals. 16/02/2024

- Wash basins have been removed from use and discarded. If a resident does require one in the future, it will be specific to the resident and discarded when no longer required. 30/01/2024

- All housekeeping trolleys have been numbered and included on an updated cleaning schedule. 31/01/2024

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	01/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by	Substantially Compliant	Yellow	31/07/2024

	staff.			
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	22/01/2024