



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

## Issued by the Chief Inspector

Name of designated centre:	Alzheimer's Care Centre
Name of provider:	J & M Eustace T/A Highfield Healthcare Partnership
Address of centre:	Highfield Healthcare, Swords Road, Whitehall, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0000113
Fieldwork ID:	MON-0040898

## About the designated centre

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

Alzheimer Care Centre is a 129 bed centre providing residential and respite services to males and females with a formal diagnosis of dementia over the age of 18 years. The centre also contains a unit specific to meeting the needs of people with a diagnosis of enduring mental illness. The centre is located on the Swords Road at Whitehall in Dublin within easy reach of local amenities including shopping centres, restaurants, libraries and coffee shops. The centre comprises of an original single storey building and a large extension over three floors which was opened in 2012. Accommodation for residents is across five units. With the exception of the Grattan unit, the remaining units consist of single bedrooms with fully accessible shower and toilet en suites, dining and sitting rooms and access to safe outdoor garden areas. The centre also contains a large oratory for prayers and religious services, activity rooms, hairdressing salons, coffee dock, several private visitors rooms and designated smoking areas.

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

Number of residents on the date of inspection:	114
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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 12 July 2023	08:45hrs to 16:30hrs	Kathryn Hanly	Lead
Friday 14 July 2023	10:30hrs to 14:30hrs	Maria Kiely	Support
Friday 14 July 2023	10:30hrs to 14:30hrs	Helen Lindsey	Support

## What residents told us and what inspectors observed

As set out in the next section of the report, this was a two day inspection. The first day of inspection, the inspector focused on infection prevention and control arrangements, including meeting with residents to seek their views. On the second day, inspectors were looking at records and documentation about the operation of the centre and were not in the resident areas of the designated centre.

On the first day, the inspector spoke with four residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents spoken with were also happy with the standard of environmental hygiene.

It was evident that those who were managing the service and staff knew the residents well and were familiar with each residents' daily routine and preferences. Staff were responsive and attentive without any delays with attending to residents' requests and needs.

Residents, visitors and staff expressed their delight at improved communication with staff since the masks had been removed. Staff felt the removal of the mask mandate signaled a return to normalcy which would in turn lead to improved socialisation for residents. A small number of staff said that they preferred to continue wearing surgical masks to protect themselves and residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was a two day inspection, the first day focused on infection prevention and control practices in the centre. The second day focused on the documentation relating to the operation of the designated centre. The first day identified areas of good practice in relation to infection control, but further improvements were required. The second day identified serious concerns, as it was clear that the registered provider was not operating the designated centre as set out in the statement of purpose and as per their certificate of registration.

The registered provider was J & M Eustace T/A Highfield Healthcare Partnership.

They operate two designated centres on one campus, as well as a number of other services.

Inspectors found that the registered provider was not carrying on the business of the designated centre as required by the Health Act 2007 as amended. Following a review of documentation on the second day of inspection, inspectors identified that:

- The designated centre was not operating in line with the statement of purpose.
- The person in charge did not report to the registered provider.
- The registered provider did not employ the staff working in the designated centre.
- The registered provider did not manage and address issues pertinent to staff.
- The registered provider was not in receipt of Fair Deal payments for residents living in the centre, as they were paid to a third party.
- The registered provider did not have an agreed contract in place with residents, as the contracts were with a third party.
- The registered provider had set up pension-agency arrangements for a resident, where monies were deposited in an account not managed by the provider.

A number of third parties were named throughout documentation that was provided to inspectors. This provided evidence that the registered provider was not responsible for key aspects necessary for the safe and appropriate operation of a designated centre. For example the employment of a staff team, finances to resource the centre, and appropriate safeguarding arrangements to ensure residents' finances were managed in line with their own safeguarding policies.

The registered provider had submitted an application to renew the registration of the designated centre. As part of the documentation submitted, it was stated that the person in charge was employed by a third party, and not the registered provider. During the inspection seven staff files were reviewed, and none of the staff were employed by the registered provider, but rather the same third party was listed as the employer. The documentation showed this had been the case from as far back as 2016.

There was a set of policies and procedures available for review, but they did not refer to the registered provider as being responsible for the running of the centre, or playing a role in ensuring they were implemented. All of the policies reviewed named a third party as authorising and implementing them.

Resident contracts were also with a third party, and bank accounts for the business and for residents were not in the name of the registered provider.

Also identified during the inspection, records for the operation of the designated centre were not kept in the designated centre, but in another building on the campus.

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services

(2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

### Regulation 15: Staffing

The registered provider did not employ the staff working in the designated centre. The staff contracts of employment showed that staff were employed by a third party. The staffing recruitment and selection policy referenced staff being employed by a third party. Therefore it was not possible for the registered provider to ensure the numbers of staff were sufficient to meet residents' needs.

Judgment: Not compliant

### Regulation 21: Records

The registered provider did not ensure that all records required under Schedule 2,3 and 4 were maintained in the designated centre. Inspectors were taken to a separate building which was not part of the designated centre, 'the admin building', where staff and financial records were maintained.

Judgment: Not compliant

### Regulation 22: Insurance

The registered provider did have insurance in place covering the designated centre, and also the possessions of the residents.

Judgment: Compliant

### Regulation 23: Governance and management

A clearly defined management structure was not in place, as the registered provider was not the legal entity responsible for key areas imperative to the safe operation of the designated centre. J & M Eustace T/A Highfield Healthcare Partnership had transferred key aspects of responsibility for the operation of the designated centre

to third parties, including the employment of staff.

The registered provider had not ensured the financial stability of the designated centre as all aspects of maintenance and upkeep of the designated centre were paid from a bank account which was not the account of the registered provider. In addition, fees paid for resident care, for example Fair Deal payments, were also paid to the account of a third party.

There was a lack of clarity as to who was responsible for the operation of the designated centre, with at least two other partnerships/ companies with identified responsibilities in key documents. Other names were used interchangeably throughout documents. When inspectors asked for the record of senior management meetings for Alzheimer's Care Centre the records included items related to the designated centre, and also three other services. They recorded decisions about the operation of all four services, and did not differentiate between them.

The Chief Operating Officer (COO) confirmed that contracts, such as that for maintenance of fire systems were put in place 'for the whole campus'. This meant that the registered provider did not have a direct contract in relation to this aspect of maintenance in the designated centre.

Records viewed set out that the Chief Executive Officer (CEO), COO and medical director were allocated across four services on the campus, and were not working half time in the designated centre, as set out in the statement of purpose.

Judgment: Not compliant

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

While there were contracts of care in place for residents, the contract was not with the registered provider, but a third party. The contract of care stated that the third party 'proprietor operates the nursing home and provides residential care to its residents.'

Judgment: Not compliant

### Regulation 3: Statement of purpose

From a review of documentation during the inspection, it was noted that information

in the statement of purpose did not reflect the operation of the designated centre.

The document listed the staff employed by the registered provider, however inspectors identified that staff were employed by a third party, and not the registered provider.

The organisation chart did not name the registered provider, rather a generic term 'the board' was used.

Judgment: Not compliant

#### Regulation 4: Written policies and procedures

Inspectors reviewed the following policies and procedures: -

- Admission, transfer and discharge (nursing home services)
- Garda Vetting
- Residents Property and Personal Money
- Managing behaviours that Challenge
- Restrictive Practice
- Staff Education and Training
- Staffing Recruitment and Selection

The policies and procedures which were generic and not centre-specific, made reference to an organisation that was not the registered provider.

The folder made available to inspectors was titled with the name of a third party, and the service referenced on page 1 of the policies was also a third party.

Judgment: Not compliant

#### Quality and safety

During the first day of the inspection it was noted there was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Notwithstanding the good practices found, the inspectors found some gaps in the area of infection prevention and control which required action by the provider to ensure a safe and quality service was provided at all times for the benefit of the

residents. The areas for improvement identified are further detailed under Regulation 27; Infection Control.

On the second day, inspectors identified concerns with the management of resident finances where the provider was the pension agent. The residents pensions were paid in to an account that was not managed by the registered provider. Staff Garda Vetting was also carried out in the name of a third party. This meant the registered provider did not have the appropriate arrangements in place to safeguard residents from the risk of abuse.

## Regulation 27: Infection control

While there was a range of good practice noted, the following areas were not in line with the *National Standards for infection prevention and control in community settings* (2018).

Staff and management were unaware of which residents were colonised with Multi-Drug Resistant Organisms (MDROs). A review of four care plans also found that accurate information was not recorded in resident care plans to effectively guide and direct the care of residents colonised with MDROs or with a recent history of *Clostridium Difficile* (C. diff). Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.

A review of transfer documentation found that nursing transfer documentation did not contain necessary information about resident's colonisation or recent infection status on transfer to hospital. This meant that appropriate infection prevention and control precautions may not have been in place when caring for these patients in hospital.

Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the *National Standards for infection prevention and control in community services*.

Equipment and the environment was generally managed in a way that minimised the risk of transmitting a healthcare-associated infection, however further action is required to be fully compliant. This was evidenced by;

- Surfaces and walls in the housekeeping room on Grattan were worn and poorly maintained and as such did not facilitate effective cleaning. This room was visibly unclean.
- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. This may impact the quality of samples being sent to the lab if collection is delayed.
- Fabric upholstered furniture observed in communal areas and resident bedrooms presented a risk particularly in the context of scabies outbreaks.

Only one of the four sluice rooms in the centre had a bedpan washer. Staff informed inspectors that commode basins used in this unit would be brought to Grattan unit for decontamination if required. This increased the risk of spillages and cross contamination particularly in the context of MDRO management and potential gastroenteritis outbreaks.

Waste was not consistently managed in line with national guidelines. For example clinical waste bins were inappropriately placed in clinical rooms, one sluice room had no clinical waste bin and wet paper hand towels were disposed of in a recycling bin beside a hand washing sink on one unit. Furthermore one general waste bin was not hands free and a clinical waste bin in one sluice room was not enclosed. A general waste bin in a kitchenette had a yellow lid which may lead to confusion when segregating waste.

Judgment: Substantially compliant

## Regulation 8: Protection

The registered provider did not have a safeguarding policy in place. The policy given to inspectors stated 'this policy applies to all personnel' but named a third party as the organiser of the process.

The registered provider was not receiving resident's pensions. A third party had been named pension-agent for residents living in Alzheimer's Care Centre when the pension arrangements were put in place.

The monies of residents were in an account not held by the registered provider, and also merged with a number of other services. Staff stated that they would use the ward of the resident to be able to identify which service a resident was in, but this could be incorrect if the resident had moved between services.

The registered provider did not have a policy in place for Garda Vetting specific to the designated centre. The policy provided to inspectors referred to a third party as the organisation registered for Garda Vetting. Examples were seen where applications for Garda Vetting for staff named the wrong designated centre, instead a variation of a third party name was used.

Judgment: Not 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>	
Regulation 15: Staffing	Not compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 27: Infection control	Substantially compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Alzheimer's Care Centre OSV-0000113

Inspection ID: MON-0040898

Date of inspection: 14/07/2023

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We note the reference in the report regarding a third party and we have written to HIQA directly on this point.</p> <p>The position regarding the ownership and management of Alzheimer's Care Centre ("ACC") is quite simple;</p> <ol style="list-style-type: none"> <li>1. These services were provided by a partnership called J&amp;M Eustace T/A Highfield Healthcare (the "Partnership") which is the registered provider operating the ACC;</li> <li>2. Following a corporate governance review, the ownership of the Partnership was moved into an Irish company called Sparantus Limited (the "Company").</li> <li>3. The Company trades under the name Highfield Healthcare also;</li> <li>4. The owners of the Company are the same individuals as the owners of the Partnership; and</li> <li>5. There has been no change in control or governance of ACC as a result and no outside third party is involved in the provision of services and/or the operation of ACC.</li> </ol> <p>Having provided healthcare services since 1825, the Highfield Healthcare group are committed to the provision of the highest standards of services and regret any misunderstanding that may have arisen during the course of the investigation.</p> <p>All appropriate steps are now being taken. The Company has now made an application to be registered as the registered provider of the designated centre.</p> <p>Timeframe for completion: Completed Responsibility: CEO / Head of Quality</p> <p>The staff recruitment and selection policy shall be amended with the name of the Company.</p>	

Timeframe for completion: 30th September 2023  
 Responsibility: Head of HR

All employee contracts will be audited to ensure they state the name of the Company.

Timeframe for completion: 30th September 2023.  
 Person Responsible: Head of HR

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:  
 All HR files will be moved from hard copy to electronic files so that they can be easily accessed within the designated centre.

Timeframe for Completion: 30th November 2023  
 Person Responsible: Head of HR.

An audit will be carried out of all required records under Schedule 2, 3, and 4 to ensure they are readily available/accessible in the designated centre.

Timeframe for Completion: 31st December 2023  
 Persons Responsible: Head of HR, Chief Financial Officer, PIC

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:  
 Please see response at Regulation 15 above. The Company has now made an application to be registered as the registered provider of the designated centre.

Timeframe for completion: Completed  
 Responsibility: PPIM / Head of Quality

The bank of account is now in the name of the Company.

Timeframe for Completion: Completed  
 Responsibility: Chief Financial Officer

<p>The SOP will be amended with the name of the Company.</p> <p>Timeframe for Completion: 30th September 2023 Responsibility: PPIM/PIC</p> <p>SLA's for fire safety and key maintenance works will be revised to clearly specify the Company.</p> <p>Timeframe for Completion: 31st October 2023 Responsibility: Head of Operational Support</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: An addendum for all Contracts for Care shall be issued with the name of the Company.</p> <p>Timeframe for Completion: 30th September 2023 Responsibility: Chief Financial Officer</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The SOP will be amended with the name of the Company and organisational chart thereunder.</p> <p>Timeframe for Completion: 30th September 2023 Responsibility: PPIM/PIC</p>	
Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

All stated policies shall be revised to include both the name of the Company and designated centre name.

Timeframe for Completion: 30th September 2023

Responsibility: Head of HR/ Head of Quality

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Documentation has been updated to ensure infection data is captured in all relevant documentation included transfer letters, daily progress notes and care plans.

Timeframe for Completion: Completed, ongoing

Responsibility: IPC Nurse/PIC

A designated specimen fridge has been procured and locations agreed.

Timeframe for Completion: 30th September 2023.

Responsibility: IPC Nurse/PIC

The chair replacement project continues with 75 chairs replaced to-date. Chairs in all sitting rooms have been replaced and work is ongoing to replace chairs in bedrooms and dining rooms. Forty -eight more chairs will be replaced as part of the next phase.

Timeframe for Completion: 30th April 2024

Responsibility: Chief Operations Officer

We are reviewing the requirements for bedpan washers in the designated centre and a second bedpan washer has been ordered.

Timeframe for Completion: 30th September 2023

Responsibility: Chief Operations Officer

Our IPC nurse has audited the management of waste and removed bins that were inappropriately placed and added appropriate bins where required. She has also held refresher training for day and night staff.

Timeframe for Completion: Complete, ongoing

Responsibility: IPC Nurse

All changes will be audited by our IPC Nurse to confirm changes and highlight any

further improvements required.

Timeframe for Completion: 30th April 2024

Responsibility: IPC Nurse

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The bank account name is in the name of the Company.

Timeframe for Completion: 30th September 2023

Responsibility: Chief Financial Officer

The safeguarding policy and Garda vetting policy shall be revised to include both the name of the Company and designated centre name.

Garda vetting is processed through Nursing Home Ireland ("NHI") as is best practice in the industry. All Garda vetting forms will be checked in the future to ensure they have the name of the Company.

Timeframe for Completion: 30th September 2023

Responsibility: Head of HR / Head of Quality

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/09/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/12/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	07/09/2023

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	07/09/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that	Not Compliant	Orange	30/09/2023

	resident shall reside in that centre.			
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 staff.	Substantially Compliant	Yellow	30/04/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	30/09/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	30/09/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/09/2023