Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Swords Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Swords Nursing Home</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Mount Ambrose, Swords, Co. Dublin</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10 September 2019</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000181</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0027040</td>
</tr>
</tbody>
</table>
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 include eight twin and 36 single bedrooms some of which have bathrooms en-suite. It is located in the countryside within five kilometers of Swords village.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 38 |
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 September 2019</td>
<td>09:30hrs to 14:30hrs</td>
<td>Sheila McKevitt</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Residents spoken with told the inspector they were happy living in the centre. They said the staff were lovely.

The inspector observed staff engaging with residents on a one to one basis and in a group setting. This engagement was positive and inclusive of all residents including those with dementia. Residents and staff appeared to be having fun and the sound and sight of residents laughing alongside the staff helped to create a pleasant and welcoming atmosphere.

On the morning of the inspection residents were observed in their bedrooms or in the communal areas listening to their music, sitting reading the daily newspaper or resting in bed. Some residents were engaged in a group activity while others happily observed. Residents confirmed that it was their choice and they were facilitated to spend the day as they wished.

The inspector observed members of the nursing management team observing and participating in the care being provided to residents. Residents appeared happy and the atmosphere in the centre was relaxed.

Staff were observed chatting to relatives and informing them about their loved one\'s condition. Relatives were welcomed and were seen using the quiet private visitors\' room to meet with their loved ones.

Capacity and capability

The governance and management of this centre had improved since the last inspection in April 2019. This was reflected in the increased level of compliance.

A new person in charge and assistant director of nursing had commenced employment in the centre in May 2019. The person in charge was found to be a fit person to hold the post of person in charge. The inspector saw she had the required experience and qualifications outlined in the Health Act 2007. Together with the clinical nurse managers they were supervising care practices on the floor and engaging with residents in a meaningful way.

The staffing levels and skill mix was appropriate to meet the needs of the 38 residents. Additional resources had been put in place since the last inspection. A new social care practitioner had been employed full-time and the five vacant health care assistant posts had been filled. A new senior staff nurse had been employed to work night duty and increase the supervision of staff at night. There were now no
staff vacancies and the use of agency staff was reduced to zero. These changes were having a positive impact on the quality of care being delivered as the staff caring for the residents were familiar with their needs.

Volunteers coming into the centre to provide services to residents had Garda vetting in place and had their roles and responsibilities agreed with the provider.

There was a quality improvement plan for the premises for the next five years. The provider representative had completed the upgrade of eight twin bedrooms. These had been converted into eight single rooms with spacious en-suite bathrooms.

Residents were receiving a better standard of care as all staff had received additional training since the last inspection. Staff were in receipt of up-to-date mandatory training including manual handling, fire and safeguarding vulnerable residents. All registered nurses had completed cardiopulmonary resuscitation training and a competency assessment in medication management. A significant number of staff had completed training in caring for residents with dementia and further training was scheduled for September and October 2019.

Residents complaints were being listened too and recorded. They were investigated in a prompt manner, in line with the centres complaints policy. The health care manager was reviewing all complaint records on a monthly basis to ensure the policy was adhered too. Residents had no complaints for the inspector. This was a good improvement from the last inspection.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition seven of the registration certificate was received on 08 August 2019. Changes made to the centre were viewed by the inspector. Eight twin bedrooms had been converted into eight single en-suite bedrooms. Each bedroom and en-suite contained all the required fixtures and most of the required fittings to meet the needs of a single occupancy room. The inspector was informed that mirrors had been ordered and were awaiting delivery and that these would be fitted. Numbers had also been ordered for each bedroom door. The inspector saw that there were now eight twin and 36 single bedrooms in the centre.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre with the relevant skills, qualifications and experience to undertake that role. She had been employed since May 2019 and had a post registration management qualification. The person in charge was well supported by the provider representative, the regional health-care
manager, the assistant director of nursing, clinical nurse manager and a trained team of staff.

Judgment: Compliant

### Regulation 15: Staffing

The staffing levels and skill mix were adequate to meet the needs of the 38 residents. Staffing levels were reviewed over the course of 24 hours seven days per week to ensure that they were adequate to meet residents’ needs. A senior staff nurse had been employed to work night duty and to increase the supervision of staff at night.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had been provided with additional training since the last inspection. This enabled them to provide evidenced-based care to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a new management team in place most of whom had commenced employment in May 2019. Positive changes had been implemented to enhance the standard of care being provided to residents. For example, a full review of the complaints process had resulted in complaints being addressed promptly and to the satisfaction of complainants. New initiatives such as a falls prevention committee was in the process of being established by the the management team. The quality improvement plan for 2019 was being implemented.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed in September 2019 and was on display. The contents met the regulatory requirements and reflected the change in
the number and makeup of the beds in the centre.

Judgment: Compliant

**Regulation 30: Volunteers**

All volunteers working in the centre now had Garda vetting in place. They had signed an agreement which outlined their roles and responsibilities.

Judgment: Compliant

**Regulation 31: Notification of incidents**

All required notifications had been made to the Office of the Chief Inspector in accordance to the regulatory requirements.

Judgment: Compliant

**Regulation 34: Complaints procedure**

The complaints procedure was on display and it was now being implemented in practice. The complaints officer had investigated all complaints made since the last inspection in April 2019. Complainants had been informed of the outcome and it was recorded if they were satisfied with the outcome. Each complainant had also been notified of the appeals process.

Judgment: Compliant

**Quality and safety**

The quality of care provided to residents had improved since the last inspection. This had resulted in their quality of life improving. This was evident from each of the residents' increased level of engagement.

All measures were now in place to safeguard residents against abuse. All staff had completed safeguarding training and all staff and volunteers had Garda vetting in place. An alleged incident of abuse had been investigated and a copy of the
outcome was available for review and had been submitted to the Office of the Chief Inspector prior to this inspection.

Residents' views were being sought and their input was now being valued. Two resident meetings had been held since the last inspection. Issues brought forward at these meetings were addressed promptly and residents were informed of the actions taken and were asked if they were satisfied with the outcome. They had been informed of changes planned to their home, introduced to new staff and consulted with about planning future events. The social care practitioner was currently consulting with residents with regard to decorating the corridor walls.

Relatives meetings had also taken place, the provider representative had attended one of these meetings to give an outline of the future improvement plans for the centre.

Residents with dementia had assessments completed and these provided an outline of the residents' care needs. The care required to meet each identified need was outlined in a care plan. Residents and in some cases their relatives were involved in the residents care plan review, which had been completed within a four month period. A sample of care plans reviewed contained detailed information focused on providing person-centred care to each resident. Each resident's individual preferences, likes and dislikes were included in these care plans. This had lead to an improved quality of care being delivered to residents.

Residents with bed-rails in place as a form of restraint had an assessment in place and a detailed person centred care plan. These documents clearly outlined what alternatives had been trialled why they did not work and provided a clear rationale for there use. The use of restraint had reduced since the last inspection in line with national policy guidance.

The social care programme delivered to residents, including those with dementia, had been reviewed and had improved since the last inspection. A social care practitioner had been employed and they were working opposite shift patterns to the senior health care assistant. This helped to ensure that residents had access to a schedule of activities seven days per week. The daily schedule of activities was clearly displayed outside the main two sitting rooms. The time of each activity was included. In addition a pictorial schedule of activities taking place each day for the seven days was displayed in the front foyer. Residents had been involved in the activities chosen for this schedule for example, dog therapy had increased to twice per week at the request of residents. The inspector was informed that some staff were booked to complete training in imagination gym an activity which would focus on residents with dementia.

The management of medications had improved since the last inspection and the potential risk to residents of being involved in an medication administration error had been reduced. The inspector saw that each registered nurse employed in the centre had now completed a competency assessment in medication management.

The premises had improved. Eight twin bedrooms had been converted into eight spacious single bedrooms each with an en-suite containing a shower, toilet
and wash hand basin. This upgrade reflected the application made by the provider representative in August 2019 to reduce the bed numbers in the home from 60 to 52. Some final fittings were awaiting arrival and installation these included bedroom door numbers, bathroom mirrors and storage units.

A new boiler had been installed. The temperature of each of the communal rooms was checked and found to be over 21 degrees centigrade in each room. The lack of hot water was no longer an issue, the maintenance man and person in charge confirmed this to the inspector. The mechanical ventilation and lighting in each of the communal bathrooms and toilets was now working. The hose fitting in one of the shower rooms had been repaired.

New signage had been developed and placed on each residents bedroom door, the resident had been involved in developing this pictorial signage. New signage had also been purchased and installed on the top of corridors and on bathroom doors.

The dining room was now freely accessible to residents at all times the key code lock had been removed. However, key code locks remained in place on two of the communal bathrooms. This meant that residents could not independently access these bathrooms. The malodorous smell identified in communal toilets and bathrooms on the inspection in April 2019 had improved, however it not been completely resolved in two of the bathrooms. The provider representative confirmed that a solution had been found and it would take up to another five weeks to be completely resolved.

**Regulation 17: Premises**

The refurbishment of eight twin bedrooms into eight single en-suite bathrooms had been completed. Each en-suite was to be fitted with a mirror and storage unit. Each bedroom door was to have a number put in place to reflect that on the fire panel.

The malodorous smell identified in communal toilets and bathrooms on the inspection in April 2019 had improved, however it not been completely resolved in two of the bathrooms.

**Judgment:** Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

Medications were now being administered in accordance with best practice guidance, as directed by prescriber and in accordance with any advice provided by
the resident's pharmacist.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

Residents' assessments were completed and person centred care plans were put in place to reflect the assessed needs. Care plan reviews took place four monthly or more frequently if required. There was evidence of residents being involved in the development of their care plan and the reviews.

Judgment: Compliant

**Regulation 7: Managing behaviour that is challenging**

There was a low use of restraint in the centre. A risk assessment tool and detailed care plan was available for the four residents who had a bed rail in use. Theses documents reflected alternatives trialled prior to the restraint being used.

Judgment: Compliant

**Regulation 8: Protection**

Measures were in now place to protect residents from abuse including the robust recruitment of staff and volunteers, ongoing training and supervision of staff.

Judgment: Compliant

**Regulation 9: Residents' rights**

There were opportunities for recreation and activities. Residents including those with dementia appeared to be activity engaged throughout the day. They were offered choices in all aspects of their day to day life and their choices were being respected.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 30: Volunteers</td>
<td>Compliant</td>
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<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Compliance Plan for Swords Nursing Home OSV-0000181

Inspection ID: MON-0027040

Date of inspection: 10/09/2019

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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises:
An action plan has been in place in relation to the malodorous smell identified in communal toilets and bathrooms following the inspection in April 2019.

A drain service company have attended and jetted all sewers in the centre. A CCTV Survey was carried out to identify sewer location, layout and connection points.

A dosing system of the product ECO WMT Shock commenced on 04/09/2019. This is a product that is used weekly and we have been advised that it will take up to 3 weeks for a noticeable difference to be achieved.

The PIC will continue monitoring the situation and the effectiveness of the product.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2019</td>
</tr>
</tbody>
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