<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sunhill Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004450</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Blackhall Road, Termonfeckin, Louth.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>041 988 5200</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Shane@sunhill.ie">Shane@sunhill.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>LSJ Care Ltd</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>90</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 01 April 2019 10:00
   To: 01 April 2019 17:00
   02 April 2019 10:00
   02 April 2019 18:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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Summary of findings from this inspection

The focus of the inspection was on the provision of dementia care.

The methodology included gathering the views of residents relatives and staff and assessing how residents with dementia experienced life and care in the centre. A validated tool, the quality of interactions schedule (QUIS) was used to observe and analyse care practices and interactions between staff and residents. Documentation such as care plans, medical records and staff files were reviewed.

In addition, a self-assessment form was completed by the registered provider representative (RPR) in preparation for this inspection which identified performance against regulations and standards and highlighted ways to improve the service. The self-assessment and inspection findings are stated in the table above.
Some of the improvements highlighted by management included improving the dining experience for residents with the introduction of smaller dining rooms, having a carvery service, improving the premises by redecorating the centre, reviewing signage, developing outdoor spaces, completing a family satisfaction survey, developing more memory boxes and aiming to become a sonas registered centre. The matters identified had been addressed or were in progress.

There were no matters arising from the previous inspection of the centre which was carried out on the 19 December 2017.

The inspector evaluated the quality of care and life experiences of residents with dementia to be of a high standard.

Since the last inspection notifications were reviewed and all matters including allegations of abuse were satisfactorily actioned. Unsolicited information received by the Office of the Chief Inspector was reviewed. Information received from a concern initiator highlighted that care to high dependent residents which resulted in falls was not adequate due to the lack of staff. The inspector did not find evidence to concur with this viewpoint. In 2019 to date, notifications were received in respect of 3 residents who had a fall and necessitated medical intervention. These were reviewed and appropriate measures were taken. The inspector judged that there were appropriate staff numbers and skill mix rostered during this unannounced inspection to meet the assessed needs of residents. Staff had up-to-date mandatory training and access to other education and training to meet the needs of residents including falls prevention. Staff were recruited, selected and vetted in accordance with best recruitment practice.

Management of the service was aware of other unsolicited information received by the Office of the Chief Inspector which they had received as a concern and were currently investigating.

The health and social care needs of residents were met and there was evidence to judge that the end of life care was of a good standard. Residents were supported to live as independent a life as possible. Allied health professionals provided a service to meet resident’s needs. Medication management was satisfactory and the nutritional needs of residents were met.

Residents’ privacy and dignity was respected and they were facilitated to communicate and exercise choice and control over their lives in order to maximise their independence. Residents had opportunities to participate in meaningful activities in line with their interests and preferences.

There were policies and procedures in place to safeguard residents from abuse. Staff had completed training and were knowledgeable about the action to take if they witnessed, suspected or were informed of any abuse taking place.

Policies and practices around managing responsive and psychological behaviours and using methods of restraint were satisfactory. The complaints of residents, their
families or advocates/representatives were listen to and acted upon and there was an effective appeals procedure.

There were many design features incorporated into the premises which provided quality accommodation for people living with dementia.

There were no actions arising from this inspection.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were admitted to the centre for long term and short-term care, including periods of respite/convalescence care. The centre caters for older persons, residents with acquired brain injury, and those with physical and intellectual disability. Residents were accommodated in three units: Sandpit, Seapoint and Baltray. The latter two accommodate 30 residents each and Sandpit has 32 residents.

At the time of the inspection 26 residents were assessed as having high to maximum needs (18 maximum and 8 high), 22 residents had medium dependency and 42 residents were low dependency. Twelve residents had a formal diagnosis of dementia.

The wellbeing and welfare of residents with a diagnosis of dementia was maintained to a good standard through the provision of evidence based nursing and medical care.

A comprehensive and personalised assessment of residents’ health care needs was undertaken prior to admission. The care plans examined were personalised and included a detailed profile of each resident, their life story as well as their medical and social care needs based on comprehensive assessments. Care plans were reviewed at 4 monthly intervals. The care plans provided a high detail of information in relation to the residents including recently admitted residents. Residents were assessed on admission and regularly afterwards for various risks such as falls, malnutrition, impaired skin integrity and oral decay. Preventative interventions were put in place where required and specialist referrals made. The inspector saw that when a resident was admitted, transferred or discharged to or from the centre appropriate information was readily available and shared between services. There were formal and informal arrangements in place for the involvement of family and relatives in the care planning process.

Falls and incidents were well described in the individual incident records. Information showed that vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. The system to investigate accidents and ensure learning from adverse events was comprehensive. A system to complete post incident reviews had been developed. The person in charge reviewed all of the incidents/accidents which
occurred on a monthly basis. An examination of these records showed the number of residents who had a fall, location, timeframe and injury. The review identified common factors, for example, environmental and significant issues and highlighted recommendations for action to reduce and minimise the occurrence of further incidents. Some of the actions included relocating the position of a bed in the bedroom, establishing supervised sitting rooms, reviewing and increasing one-to-one supervision by staff, ordering additional equipment such as sensor mats, reviewing residents’ care plans and relocating residents with in the centre. The staff in discussions with the inspector confirmed the above and conveyed that they worked well as a team to try and prevent incidents/accidents. All of the staff reported that there were sufficient staff rostered to meet residents’ individual and collective needs.

Residents’ weights were recorded on a monthly basis and more regularly when clinical needs indicated. Nutritional assessments and care plans were in place that outlined the recommendations of diетicians and speech and language therapists where appropriate. Throughout the inspection residents were seen to be provided with regular snacks and drinks. Diabetic options were available for residents with diabetes. Residents who required support at mealtimes were provided with discreet and timely encouragement and assistance by staff. Specialised coloured equipment and place mats indicating cutlery was available to enable residents with dementia to eat independently. Each table was set with condiments. There was a menu in all of the dining rooms.

The inspector reviewed the care plans of residents with pressure sores. Documentation was comprehensive detailing the wound dressing regime and the progress which had been reviewed in conjunction with the tissue viability nurse. The dietician had recommended appropriate oral supplements to promote wound healing and preventative measures such as specialist mattresses, cushions and regular repositioning were in place.

The inspector found that the health needs of residents were met. There was evidence that residents were seen regularly by their General Practitioner (GP). Residents were facilitated to attend specialist medical appointments and could avail of the national screening programmes relevant to them. Several allied health professional services were available to residents such as occupational and physiotherapy, dietetics, wound care and speech and language therapy.

Medication practices were reviewed and found to be of a good standard. A new system linked to epic care (medication module) was working satisfactorily and had reduced the possibility of errors. The inspector saw evidence of regular medicine reviews completed by the pharmacist and GPs. There were drug trolleys in the centre and medication was supplied in multidose drug dispensing sachets rolls. When supplied, these were checked by two nurses against the prescription to ensure they were correct. Unused and out of date medicines were returned to the pharmacy. Photographic identification was available on each drug chart to ensure the correct identity of the resident receiving medication and reduce the risk of error. The prescription sheets reviewed were clear, stating whether the medication was to be ‘crushed’ or otherwise and had been signed by the GP. All as required medication (PRN) had a maximum dosage in 24 hours indicated.

Staff provided end of life care to residents with the support of the GP and community.
specialist palliative services when required. The inspector followed the care of one resident who was receiving end of life care. This was being provided to a high standard. An advanced care directive regarding the resuscitation status was in place. There was evidence of the resident and family being consulted. An end of life care plan outlined the physical, psychological and spiritual needs of the resident and contained person centred information in relation to specific wishes such as religious rites chosen. There was evidence of anticipatory prescribing to maximise comfort at the end of life. The resident was comfortable, and the symptoms were well managed, including pain management. Staff used validated pain assessment tools to assess for pain based on behavioural and nonverbal indicators. Oral care and repositioning needs were regularly provided by staff.

Staff were familiar with the section in residents' care plans that related to their communication needs. There was a policy on provision of information to residents. Some residents were seen to be wearing glasses and hearing aids to assist communication.

Staff were observed to provide care in a respectful and sensitive manner and demonstrated a good knowledge of residents’ individual needs and preferences. This viewpoint was confirmed by relatives.

Judgment:
Compliant

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff who communicated with the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place.

In 2018 there were four allegations of abuse and these were fully investigated. Appropriate measures were put in place, including disciplinary measures and reallocating residents to ensure the safety of all of the residents. Staff confirmed that there were no barriers to raising issues of concern.

Staff were provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage responsive behaviours. The staff were observed to be knowledgeable regarding residents’ behaviours and were observed to use deescalating techniques effectively. The dementia care plans reviewed included a description of the
types of behaviours which the resident sometimes demonstrated and provided guidance on strategies to prevent the behaviours and to calm the resident if the behaviour escalated.

The centre had a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails and lap belts (15 and 4 in use respectively) was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff provided information on alternative options such as low to floor beds. Staff were clear these measures were in a last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe and in these situations considered the restrictive measure to be an enabler.

There were systems in place to safeguard residents’ money. The inspector communicated with the registered provider representative (RPR) and it was confirmed that the centre acts as a pension agent for 13 residents and this money is held in a residents’ account separate to the centre’s account. The staff member responsible for residents’ monies explained the systems regarding documenting transactions, for example, lodgements, withdrawals and balances, signatures of two staff being available on the records and confirmation that a policy/procedures, was in place to safe guard residents’ monies.

Judgment:
Compliant

**Outcome 03: Residents’ Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that residents were positive about their experiences of living in the centre. They described being able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely. They expressed satisfaction with the facilities, services and care provided. They conveyed that they would be able to talk to staff freely about their concerns. Resident’s rights and dignity were upheld and positive risk taking encouraged. There was evidence of good communication between residents and the staff team. The inspector observed that residents were well dressed and personal hygiene and grooming were attended to by care staff. Staff interacted with residents in a courteous manner and resident’s privacy was respected as staff knocked on the
residents’ bedroom doors prior to entering.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the communal rooms or residents’ bedrooms. Staff were observed to interact with residents in a warm and personal manner, using touch and eye contact appropriately and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

There were formal residents’ meetings and family surveys as well adhoc consultation sessions where residents with dementia had an opportunity to discuss various topics. These provided opportunities for staff to get to know the residents better as well as elicit their opinion on matters related to the running of the centre or to their daily lives and staff were eager to ensure their views were respected.

The inspector spent a period of time observing staff interactions with residents. A validated observational tool (the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The observations took place in the sitting/activity rooms. The inspector observed that the staff members during the two observation sessions knew the residents well and connected with each resident, therefore scoring + 2.

The interactions observed were positive and connective, with staff engaging each resident according to their needs with eye contact gentle touch, humour and chat. The conversation flow was natural and inclusive and all the residents were relaxed, engaged and active participants. The engagements were purposeful, for example in one session residents were assisted to participate in an exercise programme. In the group activities there was gentle banter and spontaneous laughter. The sonas dementia programme was evident which relates primarily to the stimulation of the senses focusing on retrained abilities as opposed to deficits and disabilities. The inspector communicated with an external therapist who was promoting bio energy therapy for residents and staff conveyed to the inspector that these meditation sessions greatly enhanced the residents’ state of well-being. These therapies were used to improve and maintain memory function.

While two activity coordinating staff were employed in the centre, addressing the social needs of the residents was also integral to the role of healthcare assistants.

An activity schedule was prominently displayed in residents’ bedrooms and throughout the day there were many non-structured activities in each of the units. There was a relaxed atmosphere and staff were inviting and welcoming. There were designated low arousal areas for residents assessed with more advanced dementia, where sensorial stimulation was used such as lights, sounds, smells. Staff were providing hand massage or one to one reading activities. Some residents were busy engaged in games, sing songs, looking after the hens, knitting and chatting. Conversation was flowing and staff had good communication skills to activate and involve residents. Staff were empathetic
and kind and knew the residents really well. There was a bar where residents could socialise. The notice board was full of photographs of residents engaged in activities and particularly during the annual holiday. The inspector heard that every effort was made to bring residents on holiday and this included hiring equipment such as a folding hoist. In 2018 residents participated in 103 outings. Each resident had an annual wish list which staff made every effort to ensure was achieved. The annual newsletter captured all of the events in pictorial style.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Staff were trained to understand, encourage and support residents with reduced capacity to express any of their concerns safely. The residents also had access to trained advocates.

A policy and procedures were in place regarding the management of complaints and it met the requirements of the regulations. This procedure in leaflet format was on display.

There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy.

Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate.

A record of complaints was maintained. This outlined the investigation, action taken, whether the complaint was resolved or otherwise and whether the complainant was satisfied or not.

Satisfaction surveys reviewed by the inspector indicated that relatives found that management and staff were approachable if they had a complaint.

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

No actions were required from the previous inspection.

**Findings:**

A review of the rosters, solicited information received from management, staff, residents and observation of practices highlighted that staffing numbers met the needs of residents.

Individual roster identifying management, staff nurses, care assistants, household, catering, administration, maintenance, activities and one to one staff were available.

In addition to the RPR and the person in charge there were four nurses and nineteen care staff on duty during the mornings with a decrease in the evening and three nurses and six care staff on duty throughout the night.

There was a comprehensive recruitment policy, procedure and process and at the time of the inspection there were no vacant staff positions. There was a clear organisational structure and reporting relationships in place which staff fully understood and were able to describe to the inspector. Samples of documents required to be held in respect of staff working in the centre regarding the person’s identity, vetting disclosure, relevant qualifications, employment history and references were available for inspection and were found to be satisfactory. Staff nurses registration details were all up to date.

The company has a rolling training programme and the records showed that staff had participated in up to date mandatory training for example fire safety, including fire warden training, moving and handling, responsive behaviours, restraint and safeguarding vulnerable persons. The staff also had access to a range of education appropriate to their roles and responsibilities, including dementia care, palliative care/end of life and continence care. All staff were trained in up to date first aid.

There were regular meetings at which operational and staffing issues were discussed. Formal and informal supervision arrangements for staff were in place. Staff confirmed that they were supported to carry out their work by the RPR and the person in charge. They were confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residents with dementia living in residential care. Staff told the inspector that there were good supports available to them and there was good staff morale.

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Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The centre's Statement of Purpose reflected the premises.

The purpose built premises accommodates 92 residents in ground floor accommodation. The entrance to the centre was bright with a spacious reception area. Running left and right of the reception were the two units Sandpit and Seapoint. Each of the three units has its own front door. Baltray can be accessed internally or externally. The units were named after local town lands and golf courses.

There were 74 single full ensuite and 9 twin full ensuite bedrooms. The ensuite facilities consisted of toilet, wash hand basin and shower which were spacious to accommodate the use of assistive equipment and grab rails have been installed to support residents' movement. Bedrooms were large, safe, comfortable and contained ample storage space including a lockable drawer for residents' valuables. Smart televisions had been installed and telephone facilities could be provided to residents if they so wished. Bedrooms had direct access to secure courtyards or one of the 5 private garden areas.

Several communal spaces were available to residents: 5 Dining rooms, 9 sitting rooms (excluding quiet spaces for residents and visitors), ‘Memory Lane Café’, hairdressing salon and outdoor conservatory smoking room. Large and smaller dining rooms were sufficiently spacious to accommodate residents and any assistive equipment they may require. Kitchen facilities were installed in each of these dining rooms to create a more domestic-style environment. The appliances were operational and it was planned that they could be used to facilitate baking and cooking activities with residents. Clinical and sluice rooms were available and secure. There were several storage rooms and areas for linen and other equipment. The centre also contained a main kitchen and small laundry area. Currently the laundry is outsourced.

Overall the premises had sufficient lighting and ventilation in corridors and rooms. An under floor heating system had been installed in Baltray. An accessible call bell system was available in all bedrooms, ensuite facilities and communal areas. The centre was decorated to a high standard involving residents and staff in choosing the fabrics and furnishings. The buildings and grounds were maintained in a safe condition. The premises was kept clean, hygienic, free from unpleasant odours and suitably decorated. Equipment was also found to be in a good state of repair.

Where it was appropriate, the environment for residents was regarded as a therapeutic
resource, promoting well-being and functionality among residents with dementia. The environment was conducive to a lifestyle as close as possible to that of being at home. Acceptable levels of noise and stimulation were evident and residents had freedom and choice of movement throughout the centre. Areas of quiet space for reflection and interactions with others were available.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority