



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

Issued by the Chief Inspector

Name of designated centre:	Summerville Healthcare
Name of provider:	Summerville Healthcare Limited
Address of centre:	Strandhill, Sligo
Type of inspection:	Unannounced
Date of inspection:	10 June 2021
Centre ID:	OSV-0000397
Fieldwork ID:	MON-0033250

About the designated centre

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

Summerville Nursing Home is a purpose built privately run nursing home located in the seaside village of Strandhill in County Sligo. The building is a single storey with capacity to accommodate 47 residents requiring long-term care. Bedroom accommodation comprises 46 single bedrooms of which 37 have full en-suite toilet and shower facilities. Two single bedrooms have no en-suite facilities and six have an en-suite toilet. There is one two bedded room which has an en-suite toilet and shower. The building is bright and spacious and there are sea views from the sitting room and some bedrooms.. There is a choice of communal areas available and a designated physiotherapy room, hairdressers and oratory.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Thursday 10 June 2021	09:30hrs to 18:30hrs	Catherine Sweeney	Lead
Thursday 10 June 2021	09:30hrs to 18:30hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

Inspectors met and spoke with several residents and their representatives during the inspection. The overall feedback from residents was that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. There was an obvious, familiar and comfortable rapport between staff and residents, and a relaxed atmosphere was evident.

Inspectors arrived unannounced to the centre and were guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, the inspectors carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. Residents spoke of the challenges they faced with COVID-19 restrictions over the past year and how being away from their families had impacted them. Despite this, residents detailed the various methods they used to stay connected with their families. There was a resident library with Internet connection and computer available to residents. In addition the national daily newspapers were purchased and every bedroom had free telephone service.

Throughout the day, residents were observed partaking and enjoying a number of individual and group activities. There were dedicated staff assigned to activities which occurred in two separate communal sitting rooms. Interactions observed were seen to encourage participation and stimulate conversation. Residents told the inspector how they enjoyed a range of activities.

Residents reported that the food was very good and that they were happy with the choice and variety of food offered. Inspectors observed that a variety of snacks and drinks were offered between meals times. Residents were appropriately supported at mealtimes. Inspectors observed that staff sat down beside residents, chatted and provided the assistance at the residents pace.

The building is purpose built. Residents were accommodated in 45 single and one twin bedroom. Overall, it was found to be well maintained, warm and comfortably decorated. There was a variety of communal day spaces. There was ample space on corridors for the movement of any specialised or supportive equipment that a resident might require. Grab-rails and handrails were provided to bathrooms and corridors.

The provider placed a high level of importance on the presentation of resident bedrooms. No two bedrooms were the same. Residents had personalised their bedrooms with their own family photographs, ornaments and plants. Residents were

supported and encouraged to bring in items of furniture and personal value to make their rooms their own. The design and layout of the bedrooms and the placement of furniture was dictated by the resident. Residents spoken with told inspectors how they liked their bedrooms as they were bright, comfortable, spacious and many had lovely views of the picturesque Strandhill.

There was ample outdoor and garden space that was well maintained with seating available for residents and visitors. Staff were observed bringing residents outside for walks and engaging in friendly conversation. Multiple residents were seen to independently walk the building periphery with no restriction on their movements. Inspectors observed staff supporting residents to reach their personal targets with the daily steps via electronic watches.

Inspectors observed that the centre was visibly clean. Notwithstanding this, inspectors found that the supervision of cleaning practices were inconsistent and required improvement. It was unclear who held responsibility for the monitoring and supervision of cleaning practices of the building. Inspectors observed poor practice that was not in line with the centres own policy. For example: cleaning trolleys did not have any containers for the storage of clean and dirty mops. This meant that clean mops were stored inappropriately which is a risk. In addition, the practices for the cleaning of surfaces were inconsistent. Some trolleys had disposable durable cleaning cloths while other trolleys had paper roll.

Systems were in place for the segregation and flow of soiled and clean laundry in line with good practice in infection prevention and control. The inspector saw that systems were in place for the safe return of laundered personal clothing to residents. Residents were observed to have their individual choice and style of clothing and appearance respected.

Residents said they could talk to staff about any concerns they had and were confident that any issue raised would be resolved promptly.

The following sections of the report outline the inspection findings in relation to the capacity and capability in the centre and how this supports the quality and safety of the service been delivered.

Capacity and capability

This was an unannounced risk inspection by inspectors of social services to review the actions taken from a compliance plan submitted by the provider following an inspection on 4 April 2019. The provider had taken action in relation to staffing, fire safety and, complaints management, all of which were found to be complaint on this inspection. Inspectors found that further improvement was required to governance and management, infection control and the use of closed circuit television cameras (CCTV) in the centre.

Inspectors also followed-up on unsolicited information received by the Chief Inspector in relation to care and staffing issues. Inspectors reviewed the detail of the information submitted and found that it was not substantiated.

The provider of the centre is Summerville Healthcare Limited. The provider representative has a strong presence in the centre and was available throughout the day of the inspection. The inspection was facilitated by the person in charge who had been in post since July 2020. While there was a clear system in place to supervise and support the nursing and care teams, it was not clear how the support workers such as housekeeping, kitchen and laundry staff were supervised and supported. The organisational structure, as set out in the centres statement of purpose, did not reflect the systems in place on the day of the inspection. The organisation structure in the centre required review to ensure that the roles and responsibilities of the management team was clearly defined for all areas of care provision.

There were 47 residents accommodated in the centre on the day of the inspection. Of these residents, 11 had been assessed as having high to maximum levels of care needs, with 36 assessed as having medium to low care needs. A review of the rosters found that staffing levels and skill mix were adequate to meet the needs of the residents and for the size and layout of the centre.

A training record for all staff members was made available for review. Inspectors found that all staff had access to appropriate training. A review of staff files found that staff had received up-to-date training appropriate to their roles.

A review of staff files found that some of the information required under schedule 2 of the regulations was out of date, for example, the current registration details of a staff nurse. In addition, a number of Garda (police) vetting disclosures were found to had been completed after the staff members commencement date. This gap in the records posed a safeguarding risk to residents.

The provider had system in place to ensure effective communication with staff, residents and their families. A review of management and staff meeting notes found that environmental and clinical issues identified through the accident and incident logs, risk assessments, audits and complaints were discussed and an quality improvement plan was developed.

A review of the complaint management systems in the centre found that complaints were managed in line with the requirements under regulation 34.

Regulation 15: Staffing

A review of the rosters, and the observations of the inspectors on the day of the inspection found that the staffing levels in place were adequate to meet the assessed needs of the residents and for the size and layout of the centre.

The centre had recently experienced a high level of staff changes and staff turnover was found to be high. The provider was in the process of actively recruiting staff nurses. Three staff nurses had been recently recruited but had not yet commenced employment.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training including safeguarding of vulnerable adults, fire safety, and infection prevention and control.

There was a system in place to ensure that new staff received a comprehensive induction when commencing their role. A review of staff files found that a system of staff appraisal was also in place.

Inspectors found that the system in place to supervise and support the house-keeping staff required review. Cleaning procedures observed by the inspectors did not reflect best practice guidelines for the prevention and control of infection. A review of the centres organisational systems found that there was no provision for the supervision and support of housekeeping staff.

Judgment: Compliant

Regulation 23: Governance and management

The organisations structure in the centre requires review. The management structure as set out in the centres statement of purpose was not accurate. Inspectors found that there was confusion in relation to the management structures. For example, staff could not clearly identify the systems in place, or identify the person responsible for supervising and supporting the house-keeping and catering staff.

Supervision and oversight of record-keeping required review to ensure that all staff files contain the information required under Schedule 2 of the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

Inspectors were satisfied that complaints were managed in line with the centre

complaints policy. Feedback from residents was welcomed by the management team. There was a comments/suggestion box placed outside the Director of Nursing office. Inspectors reviewed the complaints log and found that there was a total of five complaints logged in 2021. On the day of inspection all complaints were closed. There was good evidence in the documentation that appropriate actions were taken when a complaint was received. The satisfaction level of the complainant was documented.

The complaints procedure was displayed at the main entrance foyer. It contained all information as required by the regulations including the name of the complaints officer, details of the appeals process and contact details for the Office of the Ombudsman.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the residents in the centre received a high standard of health and social care. There were systems in place to recognise and manage risks. The residents and their families reported being very satisfied that their needs were being met and their rights were respected.

This inspection took place during the COVID-19 pandemic. The centre had policies in place to for the prevention and control of infection, including COVID-19. There were systems in place to ensure all staff and residents were monitored for signs of infection and a contingency plan was in place to manage any suspected or positive cases. The centre had remained free from COVID-19 throughout the pandemic. However, improvement was required to ensure that effective cleaning procedures, in line with the national standards were in place, communicated to staff, and appropriately supervised.

Inspectors observed visitors coming and going from the centre throughout the day of the inspection.

Nursing care was documented on an electronic documentation system. Each resident had a comprehensive assessment and care plan in place. Care plans were found to be detailed and person-centred. The person in charge was in the process of reviewing all care plans to ensure that all the information recorded was appropriate and up-to-date.

Residents had access to a doctor of their choice. Residents were referred to allied health care professionals when additional support was required.

Residents social care needs were well met in the centre. Inspectors observed multiple examples of positive social engagement throughout the day of inspection. Staff interactions with residents was observed to be respectful and patient.

Residents were observed to be relaxed and comfortable in the company of staff.

A review of the use of CCTV in the centre was required to ensure the privacy of residents and visitors was respected when using the communal spaces in the centre.

Regulation 11: Visits

The current COVID-19 Guidance on visits to Long Term Residential Care Facilities was seen to be implemented.

Judgment: Compliant

Regulation 26: Risk management

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. The personal emergency evacuation plans for residents were found to be informative and up-to-date. There was a risk register in place and systems in place for the regular review and updating of same. The management team had developed a COVID-19 contingency plan to assist them in the preparing for and managing of an outbreak.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that the centre was visibly clean on the day of the inspection, however, inspectors observed that the cleaning procedures used by staff were inconsistent and did not follow the national standards for infection prevention and control in the community. For example,

- there was no color-coded cloths available for use
- one cleaning sponge was used in multiple rooms
- some cleaning chemicals were not diluted as recommended
- cleaning trolley was not organised to separate clean and dirty equipment

The cleaning procedure for the centre was not documented within the cleaning policy and was not available for review.

Cleaning staff were not supervised and supported in their role.

Judgment: Not compliant

Regulation 28: Fire precautions

The management of fire safety in the centre was comprehensive. Annual servicing of fire fighting equipment had been completed. Quarterly servicing was completed. Daily checks on exits were carried out throughout the premises. The fire alarm was checked. All staff had completed annual fire training. Each resident had a completed personal emergency evacuation plan in place to guide staff. Simulated fire evacuation drills of the largest compartment for night time conditions had been carried out with learning taken to ensure that residents could be assisted to evacuate in a safe and efficient manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents had an assessment completed. Nursing assessments included falls risk, nutritional risks, and dependency levels. Care plans were reviewed in line with regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents had unrestricted access to their local doctors and a team of allied health care professionals including physiotherapy, occupational therapy, dietitian and psychiatry of late life.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors noted there was CCTV in use in the centre that captured the communal rooms. Inspectors highlighted that the CCTV is placed in areas where there is an expectation of privacy. Inspectors were informed that resident consent was

obtained. However, the consent forms given to the inspectors did not identify CCTV. The provider committed to complete a review of the need for CCTV in communal spaces and will address the findings in the compliance plan response under regulation 9 Residents rights.

Judgment: Substantially 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Summerville Healthcare OSV-0000397

Inspection ID: MON-0033250

Date of inspection: 10/06/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will do this by</p> <ol style="list-style-type: none"> 1) We will revise our current management structure and ensure all our staff are aware of roles responsibilities and clear lines of reporting they will be given a copy of the revised management structure. 2) We will review job descriptions with our staff 1-1 to ensure they are aware of their roles and responsibilities. 3) We will ensure our structured management plan is updated in our statement of purpose and our annual review. 4) We will develop weekend and out of hours escalation process in line with our contingency plan which is available to all staff. 5) We will ensure an identified senior staff shift leader daily in all disciplines. (6) All staff files to have all information required under schedule 2 assurance by monthly audit and reporting to Quality and safety management meetings. (7) We will ensure that all our nursing staff registrations are up to date in their retrospective files. (8) We will devise a clear checklist which will be available on each file to support easy identification of any deficits. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We will do this by</p>	

- (1) We have contacted HSE IPC lead and she has spot audited the nursing home on 26/6/2021 to provide further quality assurance and review. She will continue to support the Nursing home with her expertise.
- (2) We will have further Infection control training for all our staff consistent with their roles use of HSE land internal identified IPC lead nurse with up to date IPC Training to facilitate.
- (3) All staff to have re training re color coding systems.
- (4) All cleaning staff will have at all times the cleaning schedule with them this provides assurance of the areas they are cleaning.
- (5) All cleaning staff will have re training re the products they are using and action cards to support the staff, i.e. use of chemicals as per IPC guidelines.
- (6) Weekly audits of the environment to be carried out by the cleaning supervisor and spot audits by the direct line managers in all areas.
- (7) Cleaning trolley to ensure separate clean from dirty equipment in place.
- (8) Purchase of colour-coding cloths
- (9) Purchase of Glo box to facilitate further hand hygiene training compliance.
- (10) Purchase of new enclosed linen trolley.
- (11) Improvement action plan to outline specific findings of audits and actions required.

1/8/2021

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: We will do this by;</p> <ol style="list-style-type: none"> (1) Signage which outlines the areas where CCTV are in place. (2) The Cameras which may have been intrusive have now been decommissioned and are not in use. (3) Consent form for all new residents to the nursing home which outlines the areas where CCTV is in operation. 	

(4) We will have in place Activities on Sundays.

1/8/2021

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 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	31/07/2021
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	31/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Not Compliant	Orange	01/08/2021

	prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	01/08/2021