

Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people



Centre name:	San Remo Nursing Home
Centre ID:	0093
Centre address:	Sidmonton Road
	Bray
	Co. Wicklow
Telephone number:	01 - 2862328
Fax number:	01 - 2864308
Email address:	info@sanremo.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	San Remo Nursing and Convalescent Home Ltd
Person in charge:	Carmel Kearns
Date of inspection:	9 November 2011
Time inspection took place:	Start: 09:30 hrs Completion: 16:15 hrs
Lead inspector:	Angela Ring
Support inspector:	None
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

San Remo is a two-story building with capacity for 51 residents, providing long-term residential and respite care for people under and over 65 years.

There are two stairs that access the upper levels of the building, one of which has a chair lift. The ground floor accommodates 24 residents in one single room, four twin rooms, three three-bedded rooms and one six-bedded room. There are no en suite facilities in the bedrooms. There are three bathrooms and two additional toilets. In addition, there are three lounge areas, a visitors' room, a dining room, main kitchen and a smoking room on this floor.

The first floor accommodates 27 residents in two single rooms, eight twin rooms and three three-bedded rooms. There are two bathrooms on this level with two additional toilets on the return of the two stairways.

There is a heated patio area with seating and a water feature at the rear of the centre and parking at the front of the centre.

Location

San Remo is located on a residential road, near Bray town, Co Wicklow.

Date centre was first established:	1982
Number of residents on the date of inspection:	49 + 1 in hospital

Dependency level of current residents	Max	High	Medium	Low
Number of residents	22	12	4	11

Management structure

The centre is a family operated business. Dr Evelyn Willis is the named Provider. Her husband, Robert Willis, is the Managing Director of the company. Their son, Ronan Willis, works full-time in the centre and is responsible for administration and the general day to day management of the centre. Carmel Kearns is the Person in Charge who reports to the Provider. The nurses, care assistants, cleaning and catering staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	8	2	2	0	4*

* Activity Coordinator, Maintenance Person, Robert Willis and Ronan Willis.

Summary of findings from this inspection

This was the second inspection carried out by the Authority. The previous inspection was carried out in October 2010 and the main findings indicated that the centre was well run and the ethos of care was to provide a home-like atmosphere and the promotion of person-centred care. Some improvements were required in carrying out an analysis of residents with multiple falls, ensuring there was adequate space in bedrooms to meet residents' needs and updating the Residents' Guide and the risk management policy to meet the Regulations.

Overall, the inspector found that the centre continues to be well run and most of the actions from the previous inspection were addressed the provider. The provider and person in charge were committed to providing a high level of care to residents and promoted the safety of residents whilst ensuring they live as independently as possible. Staff were knowledgeable about fire safety and the prevention and response to elder abuse. The health and social needs of residents were met. Care plans were in place for all residents and they were regularly reviewed. The quality of residents' lives was enhanced by the provision of activities and opportunities to leave the centre for exercise during the day.

However, there were some improvements required. For example:

- use of restraint
- ensuring the size of residents bedrooms met the residents' needs
- updating the Residents' Guide
- records required for staff files
- resident involvement in care planning
- clarification of the independent appeals process in the complaints procedure
- implementing a system for reviewing and learning from incidents.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Comments by residents and relatives

The inspector met with several residents and a small number of relatives. All of the feedback received was positive and several spoke of the commitment of the person in charge and the kindness she displayed to all residents. Residents said they felt safe in the centre and several said they had opportunities to engage in meaningful activities. All residents spoken to said they enjoyed their food and were complimentary about the staff. Relatives told the inspector that they were very satisfied with the care their loved one received.

Governance

Article 5: Statement of Purpose

The inspector found that the statement of purpose accurately described the service that was provided in the centre.

The inspector was satisfied that the service met the diverse care needs of residents, as stated in the statement of purpose which was kept under review by the provider.

The inspector reviewed the Residents' Guide which was lacking the required information at the last inspection and found that although it had been revised, it still did not meet with the requirements in the Regulations.

Article 15: Person in Charge

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre since 2001. She continued to keep her skills and knowledge up-to-date. There was evidence that she facilitated several staff meetings to assist them in understanding and implementing the centres policies. She demonstrated an adequate knowledge of her responsibilities as outlined in the Regulations and demonstrated good organisational skills. She was supported in her role by a newly appointed Assistant Director of Nursing who deputised in her absence. The inspector found that the person in charge was very knowledgeable about residents' needs and their backgrounds. She was observed engaging well with residents and relatives throughout the day of inspection.

Article 16: Staffing

The inspector randomly examined the files of staff members and found that they contained all of the information required by the Regulations with the exception of a reference from the most recent employer of a newly recruited nurse. The inspector found that there were good induction arrangements for newly employed staff members and staff performance was monitored and staff were supported through the use of staff appraisals.

At the previous inspection in October 2010, the provider was asked to review the staffing levels particularly in the evenings. The inspector found that this had been carried out and there was an additional staff member allocated to the evening shift to ensure residents' needs were met. Staff, residents and relatives agreed that there were adequate staff on duty.

The inspector carried out interviews with staff members and found that they were knowledgeable of the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting alleged elder abuse. The inspector saw them responding to residents' needs in a respectful manner. Staff told the inspector that they were supported by the provider and person in charge.

The inspector saw evidence that systems of communication were appropriate to support staff to provide safe and appropriate care. In addition to daily handover meetings, the inspector reviewed minutes of staff meetings and found that risk management, safety issues and the introduction of new policies were discussed regularly with staff.

The person in charge explained that she was responsible for providing education to staff and there were records to indicate that staff had received training on fire procedures, the prevention, detection and response to elder abuse and manual handling and further training on these issues were planned for the following week.

Article 23: Directory of Residents

The inspector reviewed the Directory of Residents and found that it was updated to include recent transfer of a resident to hospital and a recent death.

Article 31: Risk Management Procedures

The inspector found that practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors. The inspector reviewed the emergency plan and found that it was sufficient to guide to staff in the event of an emergency.

There was a health and safety statement in place which related to the health and safety of residents, staff and visitors. There was a risk management policy in place, which addressed the risks identified in the Regulations such as violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. This was addressed since the last inspection.

The inspector found that improvements were made in the identification of risks and potential risks in the centre. The inspector noted that a small number of residents smoked, this was identified as a potential risk in a previous inspection. The inspector found that care plans were developed for residents who smoked - these identified some of the safety measures in place to control the risks associated with smoking.

The inspector reviewed the incidents that occurred since the previous inspection and found that while there were a number of falls during the previous year, none resulting in serious injury to a resident. Incident forms were completed for each incident and there was evidence of residents being monitored closely following an incident. The inspector found that risk assessments were completed, and care plans developed for residents with preventative strategies identified such as environmental precautions. There was also a post falls assessment completed with some analysis carried out to determine the root cause. The inspector found that although improvements were made in this area since the last inspection, further improvements were required as there was no system in place for the overall analysis of falls to determine patterns and areas for improvement and to determine if the preventative measure put in place were effective. Therefore, there was an inadequate system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Article 39: Complaints Procedures

The inspector found evidence of good complaints management. The complaints policy was reviewed and was found to be comprehensive and displayed in a prominent position in the centre. It complied with the requirements of the Regulations with the exception of clarification of the name of the independent appeals person who could be contacted should the complainant be dissatisfied with the outcome of their complaint.

The inspector reviewed the complaints log and saw that some verbal complaints were recorded from residents and relatives and there was evidence of complaints being appropriately responded to by the person in charge to the satisfaction of the complainant.

Article 36: Notification of Incidents

Practice in relation to notifications of incidents was satisfactory.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Resident Care

Article 9: Health Care

The inspector found that the residents had diverse needs, some were high dependant and required full assistance for all activities, other residents were quite mobile and independent with a history of mental health illness and social problems. Overall the inspector found that the ethos in the centre was to promote residents' independence as much as possible and several residents were seen mobilising independently throughout the day.

The inspector found that there was good access to medical practitioners in the local area and there was evidence that residents were regularly reviewed by their general practitioner (GP). In addition to GP services, there was evidence that residents had access to mental health services, occupational therapy and physiotherapy where necessary.

The inspector reviewed a sample of residents' care plans and noted that nursing assessments and clinical risk assessments were carried out for all residents. There was a record of the resident's health condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty. Care plans were in place which identified residents' needs and there were three-monthly reviews completed. However, the inspector noted that improvements were required in the involvement of residents in the development and review of their care plans.

There were a small number of residents with behaviours that challenged. The inspector reviewed the nursing notes of some of these residents and found that behavioural logs were maintained to record behaviours and there was documentary evidence of the triggers to the behaviour, a description of the behaviour and the measures to be taken to respond to the behaviour. There was a challenging behaviour policy in place and staff had received training on responding to behaviours that challenge. The inspector observed staff responding appropriately to residents with behaviours that challenged. The inspector also found evidence that some of the residents were reviewed by a Psychiatrist in Later Life.

The inspector noted that there were a number of bedrails, recliner chairs and bed tables used for residents. The inspector reviewed files for a sample of these residents and found that there was an assessment completed for the use of the restraint and there was documentation on the frequent release of the restraint. However, the inspector found that improvements were required in the initial assessment for the use of bedrails as there was no evidence of the risks of using restraints being considered or evidence of alternative strategies being tried prior to the use of restraint in line with the centres policy. Therefore, the inspector found that the use of restraint was not in line with evidence based nursing practice.

The person in charge told the inspector that she was aware of the new HSE policy on the use of restraint and she had plans in place to update the centre's policy in line with the new national policy and to provide training to staff.

The inspector saw documentary evidence to demonstrate that residents' weights were recorded each month and the person in charge monitored any changes such as significant weight loss. Nutritional risk assessments were used to identify residents at risk and there was evidence of residents being prescribed supplements where necessary.

There were some opportunities for all residents to participate in activities appropriate to his or her interests and capacities. The inspector met with the activity coordinator who was employed full-time in the centre. There was evidence that residents engaged in activities such as live music sessions, table quizzes, newspaper reading, reminiscence, art and walks outside. The activity coordinator knew the residents well and was seen responding to each of them as individuals. She provided individual sessions for residents with high dependency needs and these included massage, Sonas (a therapeutic activity based on communication) and a chat. Other residents were encouraged and facilitated to go out to a local day centre and to the nearby shops.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

The inspector found evidence of good medication management processes. There was a comprehensive medication management policy which provided guidance to staff. The person in charge told the inspector that the pharmacist was completing medication audits and there was documentary evidence to support this. The staff nurse on duty told the inspector about the procedures she follows to administer medication which was in line with best practice guidelines.

The inspector noted that a minor improvement was required in medication management as all discontinued medications were not dated and signed by the prescriber.

Article 6: General Welfare and Protection

The inspector found that measures were in place to safeguard residents. Records showed that staff had attended a training course on the prevention, detection and response to elder abuse in 2010 and the person in charge told the inspector that she frequently discussed elder abuse with staff on duty. There was evidence that further training was planned for staff the following week after the inspection. The inspector found that staff spoken to were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge. Residents confirmed to the inspector that they felt safe in the centre.

The inspector found that the centre-specific elder abuse policy gave guidance to staff on the types of abuse and the need to report suspected abuse and it gave guidance on the procedures to follow in the investigation of an allegation of abuse.

Article 20: Food and Nutrition

The inspector was satisfied that residents received a nutritious and varied diet. There were two dining rooms and residents were seen to enjoy the social dining occasion. The inspector noted that meals were hot, well presented and tasty. Some residents opted to dine in the day room and the inspector saw that their food was served on a tray. Staff were seen assisting residents discreetly and respectfully if required. Residents confirmed that they enjoyed the food. The inspector saw residents being offered drinks throughout the day. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them.

Environment

Article 19: Premises

The centre was clean and homely throughout. The inspector found that most of the bedrooms were personalised with adequate space for belongings. Residents also had access to locked personal storage space in their bedroom if they wished.

At the previous inspection, the provider was asked to review the layout of the three-bedded rooms as there was no clearly identified space for each resident. The inspector found that these rooms had been reconfigured and each resident now had their own corner in the room with their bed and belongings. The person in charge told the inspector that the new arrangement made it easier to deliver care. Although the provider was aware that these rooms would not be acceptable after 2015, there was no definitive plan in place to address this.

There was a secure outdoor area for residents to access unaccompanied with a seating area. Some residents were seen sitting outside getting some fresh air and others were outside smoking

The inspector visited one resident in their bedroom and found that the room was not suitable to meet their needs. Although this bedroom met the minimum requirements in terms of space, the inspector found that the room was very small and cramped as there was inadequate space for storing the resident's belongings and the resident described the room as "claustrophobic".

Article 32: Fire Precautions and Records

The procedures for fire detection and prevention were in place. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored. The inspector read records which showed that daily inspections of fire exits were carried out and the fire exits were unobstructed. There were training records which confirmed that staff had attended training on fire prevention and response. The inspector found that all staff spoken with were clear about the procedure to follow in the event of a fire.

Closing the visit

At the close of the inspection visit a feedback meeting was held with Mr Robert Willis, Mr Ronan Willis and the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Angela Ring

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

14 November 2011

Provider's response to inspection report*

Centre:	San Remo Nursing Home
Centre ID:	0093
Date of inspection:	9 November 2011
Date of response:	2 December 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The size and layout of one resident's bedroom was not suitable for their needs.

Action required:

Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Room layout in question to be reviewed and modifications to be made to ensure room meets residents' needs.	5 months

2. The provider has failed to comply with a regulatory requirement in the following respect:

There was an inadequate system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Action required:

Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

Reference:

Health Act, 2007
 Regulation 31: Risk Management Procedures
 Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We currently feel that we have an effective system in place for identifying and recording incidents and adverse events involving residents. However, this system is resident specific and information is generally recorded in isolation e.g. in care plans. We will put a system in place that collates all the information as outlined in Standard 30.2. This information will be used to facilitate ongoing monitoring and development of the quality of care and experiences of residents.	2 Months

3. The provider has failed to comply with a regulatory requirement in the following respect:

There was no record of a reference from the past employer of a newly recruited nurse.

Action required:

Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2 of the Regulations.

Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Requested reference from most recent employer.	Awaiting response

4. The provider/person in charge has failed to comply with a regulatory requirement in the following respect: The use of restraint was not in line with evidence based nursing practice.	
Action required: Provide a high standard of evidence based nursing practice.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: San Remo strives to maintain a restraint free environment. Restraint policy to be modified to reflect most recent amendments to best practice guidelines.	3 months

5. The provider has failed to comply with a regulatory requirement in the following respect: The complaints procedure on display did not clearly state the independent appeals process.	
Action required: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.	

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: San Remo to update complaints procedure on display with extract from our complaints policy which deals with the independent appeals process.	Implemented

6. The person in charge has failed to comply with a regulatory requirement in the following respect: There was no evidence of residents' involvement in the development and review of their care plans.	
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: San Remo has always involved residents in the development of their care plans with regard to their social and nursing needs. We will endeavour to make this more explicit in the documentation of their needs.	Implemented

7. The provider has failed to comply with a regulatory requirement in the following respect: The Residents' Guide did not meet the requirements in the Regulations.

Action required:	
Produce a resident's guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.	
Reference:	
Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
Provider's response:	
Residents' Guide to be updated to meet standards	4 months

7. The provider has failed to comply with a regulatory requirement in the following respect:	
There was no plan in place to address the multi-occupancy rooms within the predetermined timeframe.	
Action required:	
Put a plan in place to address the multi-occupancy rooms within the predetermined timeframe.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
All Standards will be met within the required timeframe.	

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 14: Medication Management	Put a plan in place to ensure that all discontinued medication are signed and dated by the prescriber.

Any comments the provider may wish to make:

Provider's response:

We in San Remo wish to thank the Authority for their courtesy and consideration during the inspection. We again welcome the positive report from the inspection team. In San Remo we are very proud of the service and facility we provide to all entrusted into our care and will continue to provide a homely environment for our residents where we strive to maintain the highest standards of person-centred care.

Provider's name: Ronan Willis

Date: 2 December 2011