

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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| Centre name: | Santa Sabina House |
| Centre ID: | ORG-0000159 |
| Centre address: | Dominican Sisters, Navan Road, Cabra, Dublin 7. |
| Telephone number: | 01 868 2666 |
| Email address: | paul.collins@santasabinahouse.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Dominican Sisters |
| Provider Nominee: | Paul Collins |
| Person in charge: | Deepa Baby |
| Lead inspector: | Sheila McKeivitt |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 25 |
| Number of vacancies on the date of inspection: | 2 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 March 2014 09:30 To: 26 March 2014 16:30

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

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| Outcome 01: Statement of Purpose |
| Outcome 03: Suitable Person in Charge |
| Outcome 06: Safeguarding and Safety |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Medication Management |
| Outcome 11: Health and Social Care Needs |
| Outcome 12: Safe and Suitable Premises |
| Outcome 18: Suitable Staffing |

Summary of findings from this inspection

The purpose of this inspection was to assess the application made by the provider to vary condition seven of the current registration certificate, that is to increase the total capacity of residents' from 28 to 36. The centre is currently registered to care for 28 residents', on this inspection there were 25 residents in the centre with one in hospital, the additional two beds were vacant.

The inspector found the centre to be bright and airy with adequate personal and communal space available to residents. The inspector viewed the new extension and re-furnished bedrooms and followed up on outstanding action plans from the last monitoring inspection which took place on 21 March 2013.

Eight of the eighteen outcomes were reviewed on this inspection. Six action plans from the last inspection had been fully addressed and one partially. The fire drills although practices monthly did not involve night staff and the records reflecting fire drills were vague. An action plan reflecting this repeated non-compliance together with an action plan in relation to household staffs rostered hours appear at the end of this report.

Section 41(1)(c) of the Health Act 2007 Compliance with 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a statement of purpose available. It included the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which were to be provided for residents. It had been reviewed to reflect the new management structure, bedrooms and staff numbers. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the inspector saw it was available in a format that is accessible to residents.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The provider and person in charge worked closely in the governance, operational management and administration of the centre. Both were

known to the residents'.

The person in charge was in post for over a year, worked fulltime and demonstrated a good clinical knowledge, knowledge of the legislation and her statutory responsibilities. She was also supported in her role by two recently appointed Clinical Nurse Managers. The inspector was satisfied that the management structure was robust.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard residents and protect them from abuse. There was a policy on, and procedures in place for, the prevention, detection and response to abuse which staff were trained on. Staff spoken with knew what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Training records reviewed showed they had up-to-date refresher training in place.

The building was safe and secure. Closed circuit television was in place externally and on main corridors and the reception desk was manned during the day. There were safe systems in place to safeguard residents' money.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a risk management policy in place, it was in the process of been updated by the person in charge. Environmental risk assessments were completed for all areas of the environment and were updated on a regular basis. There was a safety statement displayed by the reception desk. There was an emergency plan in place and it gave clear instructions to staff of what to do in the event of an emergency.

The fire records were now filed in a clear, concise manner. They reflected that the fire alarm was checked quarterly, emergency lighting six monthly and fire extinguishers on an annual basis by fire professionals. Records showed staff checked fire escapes on a daily basis and fire doors on a weekly basis. However, two fire doors by the main reception area were not yet connected to the fire alarm, contractors were working on this issue during the inspection.

Staff spoken with were clear on what to do in the event of a fire. There was evidence in their personnel file that they had up-to-date fire training in place. Fire drills were practiced on a monthly basis with staff. However, records reviewed showed that no fire drill had been practiced at night time with night staff and the records of fire drills were not detailed enough. For example, the records did not reflect the number of residents' evacuated or where they were evacuated to during the drill.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and practices observed reflected these policies. Administration practices were also in line with An Bord Altranais agus Cnáimhseachais na hÉireann 'Guidance to Nurses and Midwives on Medication Management' (July 2007). All resident medication charts had been reviewed since the last inspection and the inspector saw that the all now included the residents photo, date of birth and a record of their known or unknown allergies.

The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation and faxed prescriptions were no longer accepted. Medication audits were conducted on a monthly basis, these

were detailed and lead to improvements in practice.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector saw evidence that residents' health care needs were being met through timely access to General Practitioner (GP) services and appropriate treatment and therapies. There was evidence that care prescribed by the GP and other visiting health care professionals was provided. For example, a dietitian had reviewed a resident and recommended commencement of supplement drinks and a special diet. The inspector saw evidence that these changes were implemented without delay.

The assessment, care planning and clinical care records were now computerised. Residents had been assessed to identify their individual needs and choices and had personalised care plans which reflected these needs and choices. Care was provided in line with their individualised care plan and care plans were reviewed on a three monthly basis. There was minimum use of restraint in the centre with evidence that alternatives had been tried prior to restraint been used. Residents' using restraint had appropriate risk assessments and detailed care plans in place which included regular release and review of its use.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There was appropriate equipment for use by residents and staff which was maintained in good working order.

The centre was bright and airy with lots of natural sunlight. There were a number of internal courtyards these were safe and secure and residents' had independent access to them. The new extension included eight large ensuite single bedrooms, an assisted shower room, an assisted toilet, dining room, living room, hairdressers' room, staff toilet, nurses station and a number of store rooms. There was a secure clinical room situated beside the nurses' station. The re-furnished bedrooms were also nice and bright. The corridors were wide with hand rails on either side.

The measurements of the new bedrooms were above the minimum requirements for a newly build premises. There was lots of storage space for residents' personal belongings including a lockable storage area. There was a call bell and over-bed light at each bed space together with a television point and telephone. All windows had restricted opening. The hairdressers' room contained a lockable cupboard room for chemicals and the cleaning rooms appropriate storage racks for mops.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The numbers and skill mix of care staff were appropriate to meet the assessed needs of 26 residents and the size and layout of the centre. The drafted roster for caring for 36 residents appeared adequate. However, the household roster required review as their were three to four cleaners rostered to work each morning Monday to Friday and none

rostered to work in the afternoons, one rostered to work two and a half hours on a Saturday morning and none rostered to work on a Sunday. This did not appear adequate to meet the needs of residents' 24 hours per day, seven days per week.

The inspector was informed that there had been a turnover in staff recently and a number of new staff had commenced employment in the centre. The inspector saw that all had completed or were in the process of completing an induction programme. There were effective recruitment procedures in place and a review of three staff files confirmed that they included all documents outlined in schedule 2. Staff excluding the new employees had mandatory training in place and the inspector saw dates were scheduled for new staff. Staff meetings took place on a three monthly basis. However, staff spoken with felt they were not held frequently enough with the large turnover of staff, change in management structure, change in environment and the impending increase in residents numbers. The provider and person in charge were informed of this finding.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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| Centre name: | Santa Sabina House |
| Centre ID: | ORG-0000159 |
| Date of inspection: | 26/03/2014 |
| Date of response: | 06/05/2014 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The two fire doors by the main reception area were not yet attached to the fire alarm.

Action Required:

Under Regulation 32 (1) (c) (iv) you are required to: Make adequate arrangements for the maintenance of all fire equipment.

Please state the actions you have taken or are planning to take:

The fire doors by the nurses' station area has been attached to the fire alarm system following the inspection and automatic door release system was fitted to these doors in line with the recommendations and tested accordingly.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 27/03/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A fire drill had not been practiced with night staff.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Please state the actions you have taken or are planning to take:

A night time fire drill was undertaken following recommendations from the Inspector. The Fire drill was undertaken 28th of April 2014 at 20:30hrs. There was one staff nurse and two care assistants on duty at the time of the fire alarm. The pastoral team attended and were directed by the nurse in charge. The total duration of the fire drill was 3.56 minutes. The alarm was set off in bedroom 20. The staff responded and evacuated Rooms 16 to Room 22 which included evacuating 2 bed bound residents and 3 mobile residents. The staff who responded to the alarm appeared to be confident in the whole procedure. The fire alarm incident was fully recorded in the Fire Safety Book.

Fire drill schedule changed after the inspection and there will be two fire drills conducted at night every year and also fire drill will be conducted once a month during the day. The fire drill will be practiced by all staff in the morning, afternoon and night time following the recommendations of the Inspector.

Proposed Timescale: 28/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The record of fire drills was not detailed enough.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Please state the actions you have taken or are planning to take:

All Fire drill records are now more detailed and included the fire drill from 28th April 2014 which clearly outlines the time of the fire drill, the number of staff on duty, the site of the fire, the number of residents and dependency of the residents evacuated and whether the emergency services were contacted. The fire drill will be practised by all staff in the morning, afternoon and night time following the recommendations of the Inspector.

Following the recommendations after the inspection, we implemented a new fire drill record template, a copy of which is attached along with this response.

Proposed Timescale: 28/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The schedule for household staff was not adequate to ensure the needs of residents were met 24 hours per day, seven days per week.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

A full review was taken of the staffing rosters for household staff and based on the recommendations, the household staff now work from 08.30 to 16.00 Monday to Friday and two staff work on Saturday and Sunday from 10.00-13.00. There has been an additional 52 hours per week minimum rostered into the staffing roster for household staff for Santa Sabina House.

Proposed Timescale: 14/04/2014