# Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Santa Sabina House</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000159</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Navan Road, Cabra, Dublin 7.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>01 868 2666</td>
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<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:paul.collins@santasabinahouse.com">paul.collins@santasabinahouse.com</a></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Dominican Sisters</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Paul Collins</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Sheila McKevitt</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Shane Walsh</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>34</td>
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<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>2</td>
</tr>
</tbody>
</table>
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 judgments 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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**
From: 21 October 2014 10:30
To: 21 October 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Statement of Purpose</td>
</tr>
<tr>
<td>02</td>
<td>Governance and Management</td>
</tr>
<tr>
<td>03</td>
<td>Information for residents</td>
</tr>
<tr>
<td>04</td>
<td>Suitable Person in Charge</td>
</tr>
<tr>
<td>05</td>
<td>Documentation to be kept at a designated centre</td>
</tr>
<tr>
<td>06</td>
<td>Absence of the Person in charge</td>
</tr>
<tr>
<td>07</td>
<td>Safeguarding and Safety</td>
</tr>
<tr>
<td>08</td>
<td>Health and Safety and Risk Management</td>
</tr>
<tr>
<td>09</td>
<td>Medication Management</td>
</tr>
<tr>
<td>10</td>
<td>Notification of Incidents</td>
</tr>
<tr>
<td>11</td>
<td>Health and Social Care Needs</td>
</tr>
<tr>
<td>12</td>
<td>Safe and Suitable Premises</td>
</tr>
<tr>
<td>13</td>
<td>Complaints procedures</td>
</tr>
<tr>
<td>14</td>
<td>End of Life Care</td>
</tr>
<tr>
<td>15</td>
<td>Food and Nutrition</td>
</tr>
<tr>
<td>16</td>
<td>Residents' Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>17</td>
<td>Residents' clothing and personal property and possessions</td>
</tr>
<tr>
<td>18</td>
<td>Suitable Staffing</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**
This inspection was announced following an application by the provider to renew the registration of the centre. As part of the inspection, the inspector met with residents and staff. The inspector observed practices and reviewed documentation such as resident assessments, care plans, medical records, accident logs, policies and procedures.

Prior to the inspection, the inspector reviewed written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire and planning authorities in relation to the use of the building as residential centre for older people. All documents submitted by the nominated person on behalf of the provider, for the purposes of application to register were found to be satisfactory.
The centre is registered to accommodate 36 residents' and there were 33 residents on the day of inspection with one away on holidays, leaving two vacant beds.

The provider and the person in charge were found to be operating in compliance with the conditions of registration and in compliance with fourteen of the eighteen outcomes inspected against. The inspector confirmed that the nominated person on behalf of the provider had fully addressed the two non compliant outcomes from the last inspection which took place on 26 March 2014 relating to the practicing of fire drills, fire records and putting additional cleaning staff on duty in the afternoons and on weekends.

The inspector found that the governance structure in place was relatively new and roles and responsibilities of each individual within in the team needed to be clearly outlined to them to ensure the management of the centre remained robust. The four outcomes not met on this inspection all related issues which were under the direct control of the management team. They included, residents' not having their medications administered to them in accordance with best practice and professional guidelines and medication errors not been followed up upon by the management team. Policies in relation to food safety and provision of information to residents' not being developed and/or implemented. Also, the planned and actual staff roster did not reflect all staff on duty. Finally, the systems in place to monitor quality and safety of care and the quality of life of residents are not robust and there is no consistent evidence of learning from the monitoring/review practices in place.

The action plans at the end of this report reflect these non-compliances.
### 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:**
Governance, Leadership and Management

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

**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 in October 2014 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.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a clearly defined management structure in place with sufficient resources to ensure effective management of a 36 bedded centre. The management structure
included, the nominated person on behalf of the provider who worked in the centre four days per week supporting the person in charge. The newly appointed clinical nurse manager 2 and the two clinical nurse managers 1, all of whom worked full time supporting the person in charge. However, the inspector found that the management team were not fully compliant with four outcomes/issues which were directly related to management issues. For example, the roster was not reflecting the names of all staff on duty, policies listed in schedule 5 were not all available for review and medication management errors were not being followed up on by the management team.

Management systems were in place to ensure that the service provided was monitored. These systems included reviewing and monitoring the quality and safety of care and the quality of life of residents each year. However the systems in place were not robust enough to ensure continual improvements in practice.

The inspector saw evidence that improvements had been brought about as a result of some monitoring practices. For example, continuous monitoring of the use of restraint had lead to alternatives to restraint being tried and tested and had lead to a minimum use of restraint being used in the centre. However, other areas of practice were not been monitored effectively. For example, the results of the documentation audit completed in May and repeated in August had not been analysed, there were no follow up action plans, time frames or evidence of feedback to staff. There was no evidence of learning from the monitoring/review. Other areas of practice audited such as infection control practices were analysed but action plans and timescales were not set.

There was evidence of consultation with residents and their representatives. For example, residents told the inspector they had regular meetings where they discussed a variety of topics such as activities and planned events.

Judgment:
Non Compliant - Moderate

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
There was a guide to the centre available to residents, a copy of which was submitted and reviewed prior to this inspection. It included a summary of services and facilities provided, outlined the terms and conditions of a residents stay, the complaints procedure and arrangements for visitors to the centre. There was a copy available to
The contract of care had been reviewed since the last inspection. Each resident had a written contract agreed on admission which included details of the care and welfare and services provided. Each contract also included details of the fees charged to the resident each week. The residents' were not charged any additional fees.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
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 good clinical knowledge, knowledge of the legislation and her statutory responsibilities. She was also supported in her role by a newly appointed Clinical Nurse Manager 2 and two Clinical Nurse Manager 1’s. The inspector was satisfied that the management structure was robust.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
All records outlined in schedule 2, 3, 4 were available for review. However, all polices outlined in schedule 5 were not available.

Overall, the inspector found records were kept secure and were easily retrievable. Residents could access their records if they wished. There was a policy in place which reflected practice in relation to retention of records in the centre.

The centre-specific policies outlined in schedule 5 were reviewed. Those in place reflected the centre’s practices. However, the food safety policy was in draft format and therefore had not been implemented. There was no policy in place regarding the provision of information to residents’. Policies, procedures and practices were reviewed at a minimum every three years to ensure the changing needs of residents were met.

The inspector reviewed the insurance document which showed the centre was adequately insured against injury to residents and other risks were insured against, including loss or damage to a resident’s property. The directory of residents contained all the required details of each resident including the date, time, cause and place of those who had died.

Staff files were not reviewed as they were found to be in compliance with schedule 2 during the last inspection in March 2014.

Judgment:
Non Compliant - Major

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
There had been no period to date where the person in charge was absent for 28 days or more. The inspector was satisfied that suitable arrangements were in place to cover any prolonged period of her absence. Her deputies, the clinical nurse managers took over in her absence. All three have been met by the inspector and a review of documentation
submitted as part of this application to renew registration show all three have the required qualifications, experience and knowledge to cover in her absence.

The management team were aware of the legal requirement to notify the Authority of any period of leave of 28 days or more, one month prior to expected absence of the person in charge and in the case of an emergency absence within 3 days of its occurrence and within 3 days of person in charge’s return.

**Judgment:**
Compliant

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**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

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

**Findings:**

Measures were in place to protect residents from being harmed or suffering any form of abuse.

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 in March 2014 showed they had up-to-date refresher training in place.

The inspector saw the building was safe and secure and residents spoken with told the inspector they felt safe in the centre. Closed circuit television was in place externally and on main corridors and the reception desk was manned during the day. There was a visitor's sign in book at the main entrance.

There were safe systems in place to safeguard residents’ money. It was covered by a clearly outlined policy. There was a policy on, and procedures in place, for managing behaviour that may be challenging. However, there were no residents displaying such behaviour at the time of inspection.

There was a policy on, and procedures in place, for the use of restraint. Practices reflected policy; the inspector saw that residents had been risk assessed, alternatives tried and options discussed with them prior to a restraint being used.
Judgment: Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
There was a risk management policy in place which met the regulatory requirements. 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.

Prior to this inspection the Authority had received written confirmation from a competent person stating that all the requirements of the statutory fire authority were complied with. The inspector saw that there was adequate means of escape and fire exits were unobstructed. 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. Fire doors by the main reception area were now connected to the fire alarm.

Staff spoken with were clear on what to do in the event of a fire. There was evidence that they had all received fire training in 2014. Fire drills were practiced on a monthly basis with staff and residents had been involved in one practiced fire drill. Records reviewed showed that a fire drill had been practiced at night time with night staff and the records of all fire drills were now detailed and clear.

Manual handling practices were not observed on this inspection. However, the inspector saw on the inspection in March 2014 that all staff had up-to-date refresher training in place.

Judgment: Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.
**Theme:**
Safe care and support

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

**Findings:**
Medication management required review. The written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents had been updated to reflect current practices.

The inspector found that medication administration practices observed on inspection reflected the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann "Guidance to Nurses and Midwives on Medication Management" (July 2007). However, there had been up to 15 medication errors recorded and reported to the management since the last inspection which took place on 26 March 2014. These included a number of incidents where staff nurses had omitted to administer medications to residents' medications as prescribed.

The inspector raised concerns as over half of these errors had not been followed up on by the management team and for the others it was not evident what exact actions had been taken and by whom to ensure the errors did not re-occur. Also, records reviewed indicated that a number of these errors had occurred when agency staff were administering medications on the day shift on days where there were up to three other permanent full time staff on duty who would have known the residents and could have administered the medications to residents'.

Although there had been three different audits had been completed on the medication management systems in place none of these had included a review of medication errors as the audit tools being used were not capturing all aspects of the medication management policy.

**Judgment:**
Non Compliant - Major

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**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Clear and concise records of all incidents occurring in the centre were maintained and made available for review.

The inspector found that all notifiable incidents had been notified to the Chief Inspector within three days. Quarterly reports had been provided to the authority to notify the Chief Inspector of any incident which did not involve personal injury to a resident.

Judgment:
Compliant

**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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

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

**Findings:**
Each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care.

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 resident identified by staff as having weight loss had been referred to a dietician without delay. Records on file showed that staff had implemented recommendations made.

The assessment, care planning and clinical care records were computerised. Residents told the inspector they had been involved in an assessment to identify their individual needs and choices and had developed 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.

Judgment:
Compliant

**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. The
premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**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 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 extended earlier in 2014 and the existing bedrooms had been refurbished. The centre extended over two floors. There were 32 single and two twin ensuite bedrooms in the centre, with four single bedrooms located on the first floor. The bedrooms were all above the minimum requirements. They contained adequate 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.

There was a large dining room in use which was adequate in size to meet the needs of 36 residents. A second dining room was not in use. Residents had access to several communal rooms including a large sitting room, an activities room, a parlour and a large oratory. They confirmed they had plenty of space available to them to meet visitors in private. There were an adequate number of toilets located throughout the centre for residents’, staff and visitors. There were communal bathrooms which included one with a large bath. A treatment and hairdressers room was also available for residents use.

The centre was bright and airy with lots of natural sunlight. The corridors were wide with hand rails on either side. There were a number of internal courtyards these were safe and secure and residents’ had independent access to them.

Evidence that the building complied with the Planning and Development Act 2000-2013 signed by a suitably qualified competent person as required by Registration Regulation (5)(3)(c) was submitted to the Authority prior to this inspection and was deemed satisfactory.

**Judgment:**
Compliant

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.
Theme:
Person-centred care and support

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

Findings:
Complaints were well managed. There was a complaints policy in place which met the legislative requirements and was clearly outlined in the statement of purpose and the residents guide. The process was clear, accessible to all residents and displayed in prominent places such as at the reception desk and on the residents notice board.

The person in charge was the nominated person to deal with all complaints. The inspector reviewed records of complaints received since the last inspection (of which there were few). All complaints had been fully investigated with clear concise records kept including the residents level of satisfaction with the outcome of the complaint. Residents and relatives who provided written feedback stated that they had never had a reason to complain.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
The policies and practice in place ensured that each resident received care at the end of their life which met their physical, emotional, social, psychological and spiritual needs and respected their privacy, dignity and autonomy.

The management team had recently completed a full review of end of life care provided to residents. The centre had access to a local palliative care team and there was no delay in seeking their expert advice.

There was no resident receiving end of life care on the day of inspection. However, the inspector observed that one resident’s documentation review included the resident’s end of life preferences and an end of life care plan.
Residents could choose their preferred place of death. All religious and cultural practices were facilitated by staff with the support of the pastoral care leader, prioress and volunteer sisters from the congregation. Respect was shown for the remains of a deceased resident and arrangements for the removal of remains occurred in consultation with deceased resident’s family.

Some staff had received training on palliative care/end of life care.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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

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

**Findings:**
There was a policy in place for the monitoring and documentation of nutritional intake. It was reflected in practice.

Residents had access to fresh drinking water at all times. Residents stated that the food provided met their needs and overall they received a good variety and choice in sufficient quantities at each meal time. Meals and snacks were available at times suitable to residents. The inspector saw that the special dietary requirements of each resident were addressed.

Food appeared to be properly prepared, cooked and served, and appeared wholesome and nutritious. The inspector saw evidence that residents' who required review had been had been reviewed by a dietician.

**Judgment:**
Compliant

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**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.
Theme:
Person-centred care and support

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

Findings:
Residents were consulted with and participated in how the centre was run.
Feedback was sought from them, both verbal and written and this information was used to inform practice. Residents had access to independent advocacy services, volunteers and sister who visited on a daily basis from the local convent.

Routines, practices and facilities maximised residents’ independence. Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care through the provision of appropriate information. They had a choice to attend Mass and a number of structured religious prayer meetings each day.

There was group and one to one recreation activities scheduled daily to meet the needs of residents. The new refurbishment had lead to a quite library space and a large recreational room been made available for residents use.

Residents told the inspector were no restrictions on visitors expect at a their request.

Residents confirmed that they received care in a dignified way that respected their privacy at all times. Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of all residents. Each resident s' communication needs were reflected in their assessment and care plan.

Residents had access to radio, television, daily newspapers, information on local events, etc. All residents had access to a private telephone in their bedroom.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
There was a policy on residents’ personal property and possessions. The inspector saw that a record of each resident’s personal property was recorded on admission. Residents informed the inspector that they maintained control of their personal belongings and they had an adequate amount of storage space available to them including lockable storage in their personal bedroom.

Residents’ told the inspector that good systems were in place to ensure that their clothes were returned to them within a short time frame.

Judgment:
Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The numbers and skill mix of care staff were appropriate to meet needs of residents and the size and layout of the centre.

The household roster had been reviewed since the last inspection and household staff were now on duty in the afternoons and at weekends, thus providing a service over seven days of the week.

There was an actual and planned staff rota. The inspector saw that there was a minimum of one staff nurse on duty at all times and the numbers of staff rostered during the day and night took into account the statement of purpose and size and layout of the building. Residents spoken with confirmed that staffing levels were good, stating they never had to wait long for their call bell to be answered or their requested needs to be met. The rostered did not include the maintenance staff or some of the administration staff and did not include the surname of agency staff who had worked certain shifts in the centre.

The inspector found on the last inspection that there were effective recruitment
procedures in place and all staff files included all documents outlined in schedule 2. They were not reviewed on this inspection. Staff had mandatory training in place. Staff meetings took place on a three monthly basis.

**Judgment:**
Non Compliant - Minor

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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:**

Sheila McKevitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Santa Sabina House
Centre ID: OSV-0000159
Date of inspection: 21/10/2014
Date of response: 12/11/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The reviews of quality and safety of care delivered to residents' were not robust enough and therefore did not show improvements in practices.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
Roster now reflects all the employee’s working hours. Medication management and drug error management being reviewed at present, In house medication management training organized for 11/11/14 for all nurses. We are in the process of constructing a new audit management system, where all our Audits forms are being reviewed, templates prepared to analyse the audit and evidence based feed back to the staff which also shows time frames for action plans.

**Proposed Timescale:** 15/12/2014

### Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All operational policies required by Schedule 5 were not available in writing, adopted or implemented.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
Food safety and Provision of information to the residents policies are in the process of construction.

**Proposed Timescale:** 15/12/2014

### Outcome 09: Medication Management

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medications were not been administered as prescribed or in line with An Bord Altranais agus Cnáimhseachais na hÉireann “Guidance to Nurses and Midwives on Medication Management, July 2007.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident
concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Medication management Policy being reviewed at present, all nurses are undergoing a medication management training on 11/11/14. Medication management audit form being reviewed to include medication error analysis. All medication errors will be followed up by the senior management team. Arrangements are in place to avoid the use of agency nurses administering drugs and to avoid the use of agency nurses as far as possible. Monthly medication management audit will be done by the senior management.

Proposed Timescale: 15/12/2014

Theme: Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication errors were not been followed up on by the management team and were not been reviewed on a regular basis.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
Medication management Policy being reviewed at present, all nurses are undergoing a medication management training on 11/11/14. Medication management audit form being reviewed to include medication error analysis. All medication errors will be followed up by the senior management team. Arrangements are in place to avoid the use of agency nurses administering drugs and to avoid the use of agency nurses as far as possible. Monthly medication management audit will be done by the senior management.

Proposed Timescale: 15/12/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staff roster did not include the surnames of agency staff and did not include the
names of the maintenance and all the administration staff on duty.

**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Roster now include all the employees. Clear Guidelines are in place to use while making any changes on the roster. Agency nurse’s full name and PIN number will be reflected on the roster.

**Proposed Timescale:** 17/11/2014