

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sancta Maria Nursing Home
Centre ID:	OSV-0005393
Centre address:	Gallow's Hill, Cratloe, Clare.
Telephone number:	061 357 143
Email address:	sanctamarianursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Joseph Cosgrave
Provider Nominee:	Joseph Cosgrave
Lead inspector:	Mary Costelloe
Support inspector(s):	Mary O'Mahony
Type of inspection	Announced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	1

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.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 April 2016 09:30	20 April 2016 17:30
21 April 2016 09:00	21 April 2016 15:00

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

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

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection, which took place following receipt of a notification received by the Health Information and Quality Authority (the Authority) Regulation Directorate from the provider of her intention to cease operation of the designated centre and the receipt of an application to register the centre by a new provider. This inspection was announced and took place over

two days. As part of the inspection the inspectors met with residents, relatives, staff members, the current provider/person in charge and the incoming provider/person in charge. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident and complaint logs, policies and procedures and staff files.

Overall, the inspectors found that the provider/person in charge had continued to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There was evidence of good practice in all areas. The provider/person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The inspectors met with the incoming provider/person in charge who had worked in the centre along with the existing management team for the past eight months to gain an understanding and in depth knowledge of the systems in place and to ensure a smooth transition for both residents and staff.

On the days of inspection, the inspectors were satisfied that the residents were cared for in a safe environment and that their nursing and health care needs were being met. The inspectors observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Improvements were required to recording of residents personal possessions, notification of incidents, medication management and formally recording residents/relatives involvement in the review of care plans.

These findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed the updated statement of purpose which was submitted with the application to register, it was found to be in compliance with the requirements of the Regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre. The incoming provider advised inspectors that some minor changes had recently been made to the statement of purpose and agreed to submit the updated version to the Authority.

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:

The provider had established a clear management structure. The provider was also the person in charge and worked full time in the centre. A senior nurse deputised in the

absence of the person in charge. There was an on call out of hours system in place. The incoming provider/person in charge had worked in the centre along with the existing management team for the past eight months to gain an understanding and in depth knowledge of the systems in place and to ensure a smooth transition for both residents and staff.

Systems were in place to review the safety and quality of care. Regular monthly quality and safety of care audits were carried out , these were in turn used to inform the annual review of the quality and safety of care in the centre. Audits were completed in relation to falls, accidents/incidents, complaints, documentation, administration of medicine's and food and nutrition. Improvement plans were documented and results of audits were discussed with staff to ensure learning and improvement to practice.

There was evidence of consultation with residents and their representatives. Regular residents meetings were held and facilitated by the activities coordinator. The inspector reviewed the minutes of the last meeting held in March 2016 and noted issues discussed included laundry, activities, food/menus, environment and care issues. The inspector was informed that changes had been brought about as a result of residents request. For example, there were now additional activities at weekends such as live music and some residents were facilitated to change bedrooms.

Resident quality satisfaction surveys were completed regularly, the results of which indicated high satisfaction with the service provided. Residents spoken with told the inspectors that they were regularly consulted with and involved in the running of the centre. All residents spoken with were aware of the proposed changes to the management of the centre which had been discussed with them.

Judgment:

Compliant

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:

The centre had a resident's guide which was available to residents and visitors, it was displayed in a prominent place. The guide contained all information as required by the Regulations.

Contracts of care were in place for all residents. The inspectors reviewed a sample of

contracts of care. They included the fees to be charged and outlined the services to be provided. The details of additional charges were clearly set out and included social programme and toiletries but these were optional.

Judgment:

Compliant

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:

The person in charge was also the provider and was engaged in the centre on a full time basis. She had the required experience in the area of nursing the older adult and had been involved in running the centre for several years. The person in charge was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

The inspectors observed that she was well known to staff and residents. Throughout the inspection process the person in charge demonstrated a commitment to improvements to the service and delivering good quality care to residents. All documentation requested by the inspectors was readily available.

Judgment:

Compliant

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):

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

Findings:

The inspectors were satisfied that records as required by the Regulations were generally maintained in the centre however, there was no formal records maintained of personal property such as furniture or other valuables brought in by residents.

All records as requested during the inspection were made readily available to the inspectors Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the Regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspectors reviewed the directory of residents and noted that it complied with the requirements of the Regulations.

The inspectors reviewed a sample of staff files which contained all of the information as required by the Regulations.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed 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:

The existing and proposed incoming management team were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Policies and procedures were in place for the prevention, detection and response to abuse. However, this did not make reference to the Health Service Executive policy (HSE) 2014. The provider stated that this would be addressed and staff would be made aware of this policy during training sessions. Staff with whom inspectors spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training sessions in this area. Training records were reviewed and these indicated that all staff had received updated training. Residents stated they felt safe and attributed this to the ethos of the centre and the kindness of staff. Inspectors noted that a complaint had been recorded in the centre concerning care issues. This had been investigated and comprehensively recorded. However, as it involved an allegation relating to a staff member the centre was obliged to submit the relevant notification. This was discussed with the provider/person in charge. This was addressed under Outcome 10: Notifications

Systems were in place to safeguard residents' money and this system was monitored by the provider, the person in charge and administration staff. This system included two staff signing for any money lodged or withdrawn. A sample of records checked were seen to be in order. Residents had a locked storage space available for storage of personal items in their bedrooms. Receipts were provided to residents for the withdrawal and return of money into their pocket money accounts, maintained on the electronic recording system. Residents were issued with monthly invoices which were signed by the resident, the administrator and the person in charge. However, there was no personal property list maintained to record personal items in residents' bedrooms. This was addressed under Outcome 5: Documentation.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible.

Staff promoted a restraint free environment. There were two residents using bedrails at the time of inspection, at the resident's own request. The inspectors noted that risk

assessments for the use of bedrails, alternatives tried or considered and care plans were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded.

However, notifications on the use of bedrails, which was required under the Regulations, had not been made to the Authority. This is addressed under Outcome 10: Notifications.

A policy on managing behaviour that challenged, which was related to the behavioural and psychological symptoms of dementia (BPSD) was in place. Efforts were made to identify and alleviate the underlying causes of such behaviour. Documentation was in place to the effect that distraction and de-escalation techniques were employed as a first response if required. Staff spoken with were aware of this policy and had received updated knowledge and relevant training on dementia care.

Judgment:

Substantially 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:

The inspectors were satisfied that risk management was generally well managed. Issues identified at the previous inspection and additional risks identified by inspectors on the first day of inspection were attended to immediately.

There was a health and safety statement available. The inspectors reviewed the risk register and found it to be comprehensive and had been reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations were included. Individual risk assessments were completed for residents who smoked, were at risk of absconson or who wished to visit the local shops and pubs independently.

The inspectors identified some risks during the first day of inspection which were brought to the attention of the provider/person in charge. These included a long dangling lead from a wall mounted touch screen, an unsecured/open wall mounted electric heating control unit, some cleaning chemicals in use were stored in unlabelled spray bottles and the restricting gate located on the stairwell leading to the lower ground floor was not closing automatically and found insecure at intervals during the first day of inspection. These posed a potential risk to residents and visitors. The provider/person in charge immediately undertook to address the risks, all were addressed on day two of the inspection.

The inspectors reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies such as power outage, loss of water supply, heat outage, flooding and included the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspectors observed good practice in relation to moving and handling of residents during the inspection.

The inspectors reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in March 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in March 2016. Systems were in place for weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were generally robust. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free.

The inspectors spoke with housekeeping staff regarding cleaning and laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. Staff spoken with had attended infection control training.

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):

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

Findings:

The inspectors found that medication management practices protected residents and there were sufficient policies and procedures to support and guide practice.

An inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP). All medications including medications that were required to be crushed were individually prescribed. However, the maximum dose for some medications was not always prescribed and the prescribed doses of some drugs were not specified clearly. This posed a risk to residents as there was no guidance available for staff regarding the administration of these medications and the procedure to be followed for titrating the dose, where required. In addition, inspectors were unable to decipher the initials of one nurse who had signed the drug administration sheet. The initials were checked against the signature sheet by an inspector and the nurse on duty, however a match was not identifiable.

Systems were in place to record medication errors which included the details, outcome and follow up action taken. There were no recent medication errors.

Systems were in place for checking medications on receipt from the pharmacy and the safe return of unused/out-of-date medications to the pharmacy.

Regular medication management audits were carried out by the pharmacist as well as weekly in-house audits. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. The inspectors reviewed recent audits and no significant issues had been identified. Nursing staff had up to date medication management training and new staff had completed a medication management competency assessment as part of their induction training.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Inspectors noted that a complaint had been recorded in the centre concerning care issues. This had been investigated and comprehensively recorded. However, as it involved an allegation relating to a staff member the person in charge was obliged to submit the relevant notification. This was discussed with the provider/person in charge who agreed to submit a notification relating to this incident retrospectively. Formal notification has since been received by the Authority.

There were two residents using bedrails at the time of inspection. However, notifications on the use of bedrails, which was required under the Regulations, had not been made to the Authority. The person in charge advised inspectors that notification of the use of bedrails would be submitted with the quarterly returns due this month.

The person in charge had put in place a system for recording, investigating and learning from incidents and accidents. Details of incidents were well recorded including the immediate and follow up action taken.

Judgment:

Non Compliant - Moderate

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:

The inspectors found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspectors reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspectors reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and presenting with behaviours that challenge. There were no residents with pressure ulcers at the time of inspection.

Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, dependency, manual handling, bedrail use and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. While staff and residents spoken with confirmed that residents/relatives were involved and consulted with regard to the development and review of care plans there was no formal system in place to ensure that this consultation was always recorded.

The inspectors were satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and/or SALT. Files reviewed by the inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed.

The inspectors reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated post falls.

There was evidence that the person in charge and staff had actively promoted the reduction in the use of restraint. See Outcome 7 Safeguarding and safety.

Staff continued to provide meaningful and interesting activities for residents. Each resident had a meaningful activities assessment completed. There was a full time activities coordinator employed four days a week Monday to Thursday 9.30am to 4pm. A Reiki therapist visited the centre each Friday and local musicians visited at weekends. The daily activities schedule was displayed. The activities coordinator facilitated both group and 1:1 activities. Staff were observed interacting with residents as they performed their work duties and facilitating planned activities. The inspector observed residents enjoying a variety of activities during the inspection including a live music session, singing and dancing, knitting, card playing and mass. Other activities that took place regularly included bingo, quizzes, board games, live music sessions as well as visits from local school children. Many of the residents actively partook while others stated that they enjoyed listening and looking on. Residents spoken to told the inspector that they enjoyed the variety of activities taking place as well as reading the newspapers, magazines, watching television and listening to the radio. Some residents

liked specific activities such as knitting and card playing and these were encouraged and facilitated. Photographs of the residents enjoying recent activities were displayed in the centre.

Some residents spoken with told inspectors how they liked doing jobs such as folding laundry, cleaning, gardening, collecting glasses and painting. Inspectors observed some residents helping out and mobilising about independently both inside and outside the centre. Other residents were observed going for walks with the support of staff. Some residents told inspectors how they liked to go shopping, visiting home and going to the local shops and pubs independently. Another resident told how she enjoyed attending a local day care unit three days a week and was collocated and returned to the centre by bus.

Judgment:

Substantially 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 centre was well maintained and nicely decorated. It was comfortable, clean and odour free throughout.

The centre was a split-level building with residents accommodated on both levels. The design of the building was suitable for its purpose. The circulation areas had hand rails, corridors allowed plenty of space for residents walking with frames and using wheelchairs. A new lift was provided between floors.

There was a variety of communal day spaces including day room, conservatory, dining room, smoking room, visitors room and other seating alcoves. Residents were observed using all of the areas. The communal areas had a variety of comfortable furnishings, were domestic in nature. Residents and relatives spoken with told inspectors that they liked the homely feel of the centre.

Bedroom accommodation met residents' needs for privacy, leisure and comfort. Inspectors found that bedrooms were clean, bright and had ample personal storage

space. There were call-bell facilities, specialised beds, screening curtains in shared rooms and armchairs in all bedrooms. Televisions were provided in bedrooms. Residents were encouraged to personalise their rooms and some had photographs and other personal belongings in their bedrooms. Residents spoken to stated that they liked their bedrooms.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. Inspectors viewed the service and maintenance records for the equipment and found these were up-to-date.

Inspectors visited the kitchen and found it to be clean, spacious and well equipped. Separate staff changing and toilet facilities were provided for catering staff.

Inspectors found that the building was secure and safe. All external doors were locked and fitted with electronic finger printed keypads. Some residents could enter and exit independently. Close circuit television cameras were fitted to corridors, external doors and outside areas ensuring additional security and safety for residents.

Residents had access to the garden areas and a secure patio area was provided with direct access from each floor. Inspectors spoke with residents who were sitting outside, they confirmed that they enjoyed sitting in the enclosed garden/patio areas during the fine weather.

The provider had continued to invest in the premises. She had recently installed a new lift, upgraded beds, bed linen and bedroom furniture.

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:

The inspectors found evidence of good complaints management.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process.

The inspectors reviewed the complaints log which was maintained on the computerised system. There were no open complaints. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Residents spoken with told inspectors that they could speak with and raise any issue with members of the management team and felt they would be listened to. Throughout the inspection, inspectors observed good communication between residents and staff.

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 inspectors were satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in the centre.

There was an end-of-life policy in place. Staff confirmed that support and advice was available from the home care team and local hospice care team.

End of life care needs and wishes were discussed with residents and their representatives. The inspector found that end of life care plans were in place for all residents, they were very specific, very personal and very meaningful to the resident to whom they pertained.

Some staff members had attended recent end of life care and palliative care training.

Religious and cultural needs were identified and choice of priest documented.

Judgment:

Compliant

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:

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met. The inspectors spoke with the chef who was knowledgeable regarding residents special diets, likes and dislikes.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks were available throughout the day. Staff were observed offering and encouraging drinks throughout the days of inspection. The inspectors saw a variety of home-cooked food being served throughout the days of inspection including soups, scones, brown bread and cakes and desserts. Bowls of fresh fruit were readily available.

There was a three week rolling menu. The menus were displayed and offered a choice at every meal.

The inspectors observed the dining experience and noted it to be a pleasant one. Meals were served in the bright dining room. The table settings were attractive with tablecloths, table mats, centrepieces, condiment sets, sauces, butter and serviettes provided. A choice of drinks was offered. The atmosphere during dinner was relaxed and unhurried. It was seen to be a opportunity for social interaction with good banter and plenty of chat between residents and staff about news items, local events and sports. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently. Nursing staff monitored the meal times. Many residents had their meals in the day room. Inspectors spoke with some of those residents who stated that it was their preferred choice to have their meals in the dayroom while some choose to have their meals in their bedroom. Residents preferences including their choice of mealtimes and preferred dining location were documented in their files 'My day, my way, my preferences'.

Judgment:

Compliant

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:

The inspectors were satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2 Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspectors observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, reassured and reoriented when they were confused. The inspectors noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected.

Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect.

A number of the questionnaires completed by family members by way of feedback to the Authority confirmed that the centre made every effort to maintain residents' independence.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in centre and Holy communion was distributed by a Eucharistic Minister three times a week. Many of the residents liked to recite the rosary which was facilitated by the activities coordinator on a daily basis. The person in charge told the inspectors that all residents were currently Roman Catholic but that arrangements were put in place for residents of different religious beliefs in the past. She also told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house and some were taken to their own local polling stations during recent elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents

preferred routines were recorded in their files under 'My way, my day, my preferences'.

There was an open visiting policy in place. A separate visitors space was provided. Residents had access to the centre's cordless phones and many residents had their own mobile handset devices.

The centre was part of the local community and residents had access to radio, television and the internet. Daily and regional newspapers were provided. Many residents told the inspector how they enjoyed reading the daily newspapers.

Staff outlined to the inspector how links were maintained with the local community. Some residents went home at the weekends and for day visits, while others attended special family occasions. Local school children and musicians visited regularly. Celebrations took place at times like Christmas, St. Patrick's Day, Easter and for residents' birthdays. Some residents attended local day centres. Some residents visited the local shops and pubs.

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 laundry room available with one domestic type washing machine and tumbler dryer. Arrangements were in place that residents could launder their own clothes if they wished. Staff currently supported a resident to do their own laundry. The majority of personal clothing was laundered off site. There was a contract in place with a local laundry company who collected and returned personal clothing three times a week. Residents spoken with were satisfied with the laundry arrangements.

Adequate personal storage space including a wardrobe and chest of drawers was provided in residents' bedrooms.

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:

At the time of the inspection, inspectors noted adequate staffing levels and skill mix on duty to meet the assessed needs of residents. There was normally one staff nurse and four care assistants on duty during the morning, one nurse and three care staff were on duty during the afternoon and evening, one nurse and two care assistants on duty at night time to meet the needs of 32 residents. In addition, the person in charge worked during the day time Monday to Friday. Residents and staff spoken with were satisfied that there were adequate staffing levels and skill mix.

The inspectors were satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. There was documentary evidence of verification of the authenticity of references. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2016. Staff had recently completed training in the role of the healthcare assistant, fluid balance monitoring, behaviours that challenge, elder abuse, infection control, food hygiene and food safety management systems. Some nursing staff had attended training in sub-cutaneous fluids, male catheterisation, vena puncture and palliative care. Further training was planned and scheduled in food safety management systems, cardiac pulmonary resuscitation, management of catheterisation and dementia care.

Judgment:

Compliant

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:

Mary Costelloe
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

Centre name:	Sancta Maria Nursing Home
Centre ID:	OSV-0005393
Date of inspection:	20/04/2016
Date of response:	18/05/2016

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 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:

There were no formal records maintained of furniture or other valuables brought in by residents.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

Retrospective logging of all Resident Valuables (including Furniture) has commenced and will be uploaded on to Epicare (computerised software) under Individual Resident accounts.

New Admissions to the Nursing Home will have all their property and valuables checked on admission and these valuables will be documented in a "Carbon Copy Book", and the new Resident (or their NOK) will receive an agreed signed copy of the Valuables Inventory given to them by the Nurse in Charge of the Shift. Thereafter, the Nurse completing the Admission of the New Resident will upload this agreed inventory onto Epicare

Proposed Timescale: To be completed for current residents by 31/05/2016 and on Admission to the Nursing Home for all new Residents thereafter.

Proposed Timescale: 31/05/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The HSE policy on Safeguarding which was published in 2014 was not available in the centre. The person in charge stated that staff had yet to receive updated training based on the best evidence practice outlined in this policy.

2. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

The "Safeguarding Vulnerable Persons at Risk of Abuse", National Policy & Procedure has now been downloaded from the HSE website and added to our internal policy document on "The Prevention, Detection and Response to Abuse". I have subsequently spoken to our Practice and Professional Development Manager who will update the training material to reflect "Best Practice" as outlined in the National Policy and Procedure document (HSE 2014) and all Staff within Nursing Home will continue to receive Yearly Mandatory Training Updates on the new best practice points identified.

All new staff entering the Nursing Home will continue receive formal induction training on "Safeguarding Vulnerable Persons" and yearly thereafter, while also informing them of our Internal and National Policies that we use to inform our clinical practice each day within the Nursing Home.

Our current policy on "The Prevention, Detection and Response to Abuse" is due to be re reviewed before April 2017, and it is our intention to upgrade this policy to include

the "best practice evidence" before this review date expires.

Proposed Timescale: 31/07/2016

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:

The maximum dose for some medications was not always prescribed and the doses prescribed for some medications were not clearly set out.

3. 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:

We have been in liaison with the GP's visiting the Nursing Home to review Residents along with the Pharmacy dispensing Medicines to the Home to inform them that "Maximum Doses for PRN Medications" need to be clearly documented in the Residents Kardex for Medicines to be given safely and as per HSE "Medicine Management Guidance – October 2015" and as per An Bord Altranais Guidance to Nurses and Midwives on Medicines Management.

All Medicine Kardex'es are currently under review, in association with Resident GP's and Pharmacy Manager to amend and update, thus ensuring the safe administration of all medicines to all residents in a safe and timely manner.

Proposed Timescale: 31/05/2016

Theme:

Safe care and support

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

The initials of a nursing staff member were not identifiable against the staff signature sheet on record in the centre. It was not possible for inspectors to identify which staff member had signed the drug administration record.

4. 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:

The Staff Nurse who had not signed the "Signature Sheet" has now done so and the "Signature Sheet" has now been updated to include all Registered Nurses (Full and Part-time, Permanent and Bank Staff) working within Sancta Maria NH.

Proposed Timescale: 12/05/2016

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

There were two residents using bedrails at the time of inspection. However, notifications on the use of bedrails, which was required under the Regulations, had not been made to the Authority.

5. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

The required Notification for the use of Bed Rails has now been completed and sent to the HIQA Chief Inspector as of 30th April 2016 (Quarter 2).

Proposed Timescale: 30/04/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

There was no formal system in place to record evidence of resident/relatives involvement and consultation with regard to the development and review of care plans.

6. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care Planning Formal Review systems has now been implemented where Residents or their Relatives formally sign-off their proposed Care Plans in agreement and in association with the Nursing Team/Allied Health Professionals.

It is the intention of the new Registered Provider to have all Care Plan formally signed-off by Residents (with full capacity to do so) or in association with their immediate family/Next of Kin during the next quarter (1st May – 31st July 2016) and each quarter thereafter.

Proposed Timescale: 31/07/2016