

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Santa Sabina House
Centre ID:	OSV-0000159
Centre address:	Navan Road, Cabra, Dublin 7.
Telephone number:	01 868 2666
Email address:	deepa.baby@santasabinahouse.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dominican Sisters
Provider Nominee:	Lesley Costello
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	6

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From: 21 February 2017 09:30 To: 21 February 2017 13:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an announced inspection. The inspection took place in response to the provider who submitted an application to vary condition 7 of the certificate of registration; to increase the maximum bed capacity from 36 to 40 beds.

As part of the inspection, inspectors reviewed the four additional single en-suite bedrooms. Action plans from two previous inspections were followed up had been addressed in full. Further improvements were required in medication practices and in the provision of fire training.

Inspectors found that the layout and the design of the additional bedrooms were suitable to meet the needs of four additional residents as outlined in the statement of purpose.

The action plan at the end of the report identifies actions required in order to comply with the regulations.

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 Standards for Residential Care Settings for Older People in Ireland.

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):

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

Findings:

The vacant clinical nurse managers post had been filled, this was reflected on the staff roster as detailed under outcome 18. An annual review had been completed for 2014, 2015 and 2016. These included feedback from residents and a quality improvement plan which included issues identified by residents for improvement.

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):

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

Findings:

Medication management practices had improved since the last inspection. Inspectors reviewed the storage of transdermal patches and found that they were being stored in accordance with best practice and in accordance to the centres policy. The date of opening was identified on these boxes. Records of medication administration reviewed showed that medications were being maintained in accordance with relevant

professional guidelines and as required under Schedule 3. Each medication prescription now included the frequency that medications required to be administered however the maximum dose of PRN (as required) medicines was not consistently indicated on the prescription sheet.

Medication audits were being completed on a monthly basis by the person in charge. The results were analysed and required actions outlined in a quality improvement plan which had been signed off as having being implemented by the person in charge.

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

Findings:
Inspectors reviewed the records of two residents'. Both had recently returned from an acute hospital stay. Inspectors saw that both had a comprehensive assessment and a number of risk assessment including a pain assessment completed within 48 hours of their re-admission to the centre. Inspectors reviewed the care plans of a further two residents' who had been reviewed by members of the multidisciplinary team. The recommendations made by these visiting personnel had been updated in their care plans. The care plans directed the care the resident required in a clear, concise and person centred manner.

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:

Four new bedrooms were reviewed in response to the provider's application to vary condition seven of their certificate of registration to increase the maximum bed numbers from 36 to 40.

The four new bedrooms were located on the first floor of the nursing home. The rooms were spacious, well lit and heated. All the rooms had a bed, a chair, a bedside locker, a fitted wardrobe, a chest of drawers and a wall mounted television. There was also a separate lockable storage unit in each room. The bedrooms doors were fire doors with smoke and heat seals, and all had self closing mechanisms in place. The doors also had small windows in them; however blinds had been put in place in order to maintain residents' privacy.

The rooms were all en-suite and the en-suites were found to be suitable for residents with various levels of mobility. The en-suites contained showers, were ventilated, lockable from the inside and had grab rails in place to assist residents if required. Both the bedrooms and the en-suites had call bells in place. The inspectors tested a call bell and found it to be in good working order.

The four bedrooms were found to meet the requirements of the regulations and standards.

The first floor was accessible by stairs or by lift. The stairs had handrails installed on both sides. The corridor on the first floor was found to be wide with handrails in place and the flooring was free from trip hazards.

The inspectors also reviewed the communal day room, kitchenette and bathroom on the first floor. The sitting room was homely and contained three armchairs, one couch and had a call bell in place. The kitchenette contained a number of appliances such as a toaster, a microwave and a kettle that allowed for the residents and their visitors to prepare snacks and tea/coffee at any time if they wished. The communal bathroom contained a domestic style bath tub, a toilet and a wash hand basin. However this bathroom had no grab rails in place but management assured the inspectors these would be installed immediately.

The inspectors determined that there was enough communal space to accommodate an increase in four beds to the centre.

Judgment:

Substantially 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):

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

Findings:

Inspectors found that there was a sufficient number and skill mix of staff to meet the assessed needs of the residents in the designated centre.

The person in charge informed the inspectors that the staffing compliment was based on the assessed needs of the residents and would be reassessed as admissions to the centre increased. All vacant staffing roles identified on a previous inspection had been filled and the centre was at its full staffing compliment.

Inspectors reviewed the staff training records. A lack of training had been an action from a previous inspection and while the previously identified gaps had been addressed further training gaps were identified. All staff nurses in the centre had completed training in medication management, care planning and all had completed or were scheduled to complete training in pressure sores.

Inspectors reviewed the records of mandatory training and found that all staff had up to date training in safeguarding against elder abuse and in moving and handling, however eight staff were identified who had no fire safety training or their training was out of date. This was brought to the attention of management who assured the inspectors that the staff would be prioritised to complete that training. Inspectors received written confirmation post this inspection that these staff were booked to attend fire safety training on 06 and 08 March 2017.

Three staff files were reviewed. Effective recruitment procedures were found to be in place and all files reviewed were found to have the requirements as listed in schedule 2 of the regulations. The person in charge informed the inspectors that all staff undergo Garda vetting before they work in the centre. The person in charge also informed inspectors that staff received annual appraisals. Staff on probation also underwent additional one to one supervision meetings with the person in charge. Records of these supervision meetings were held in the staff files reviewed.

Judgment:

Substantially 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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Santa Sabina House
Centre ID:	OSV-0000159
Date of inspection:	21/02/2017
Date of response:	13/03/2017

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 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 daily dosage for PRN (as required) medicines was not consistently indicated on the prescription sheet.

1. 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

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

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:

All PRN medicines now have a maximum dose. This was rectified by the GP on 27/2/17.

To maintain compliance and consistency, we have reviewed our medication management audit tool. The reviewed tool has a section to ensure a thorough check of all aspects of the Kardex.

Proposed Timescale: 10/03/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The upstairs bathroom did not have any handrails in place.

2. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Appropriate rails have been installed in the communal bathroom.

Proposed Timescale: 06/03/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Eight staff were identified who did not have up to date mandatory training in fire safety.

3. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

We have completed 4 fire training sessions, (6th and 8th March), to ensure all staff have completed the mandatory fire training.

The Centre will ensure that fire training is scheduled annually for all staff, and will

become part of the induction process for all new starters.

Proposed Timescale: Completed 6/3/17 and 8/3/17

Proposed Timescale: 08/03/2017