<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mount Sackville Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000176</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Mountsackville, Chapelizod, Dublin 20.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 821 3134</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:clunymg@gmail.com">clunymg@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Sisters of St Joseph of Cluny</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Maeve Guinan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>33</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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.

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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 18 January 2017 09:30 18 January 2017 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This report sets out the findings of a one day inspection, the purpose of which was to inform a decision for the renewal of the centre's registration. A dementia thematic inspection which took place on 4 March 2016 will also be considered as part of the overall assessment of compliance. The provider had fully addressed the two action plans from the previous inspection, with improved signage and staffing arrangements at mealtimes.

During the course of the inspection, the inspector met with residents, relatives, staff, the person in charge and the provider. The views of staff, residents and relatives were listened to, practices were observed and documentation was reviewed.

Surveys completed by residents and/or their relatives were also reviewed, this included feedback from six residents and eight relatives. Overall, the inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way.

The management and staff of the centre were striving to improved resident
outcomes. A culture of person centred approach was noted and continuance of the ethos of this centre. Residents appeared well cared for and expressed satisfaction with the care they received in the centre and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who cared for them.

Safe systems and appropriate measures were in place to manage and govern this centre. The provider, person in charge and staff team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge, strong governance and an ability to meet regulatory requirements.

Overall, full compliance with found with the Regulations and met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland (2016).
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 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:
A written up-to-date statement of purpose was in place, and this detailed the aims, objectives and ethos of the service. The information was in line with legislative requirements.

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:
Management systems were in place to ensure that the service to be provided was safe, appropriate to residents’ needs, consistent and effectively monitored. The annual quality and safety review for 2016 had been drafted with feedback from residents which informed practices and quality of life at the centre.
There was a clear management structure in place as outlined in the statement of purpose. The management team included the provider, person in charge, catering manager, and the house manager/accountant. A newly-appointed clinical nurse manager assists the person in charge in managing clinical aspects of care and deputises for her.

The inspector found there is a robust system in place to conduct audits, and reviews of the safety and quality of the service. The person in charge was supported by the provider who is available each day in the centre.

The registered staff nurses reported to the person in charge or her deputy. The health care assistants report to the registered nurses.

The inspector was informed that a schedule of clinical audits was implemented within the centre. The methods of obtaining feedback from any planned audits could be evidenced from the records reviewed. Clinical audits were made available to the inspector. These outlined an auditing programme that included hand washing, nutrition, falls and resident incidents. The centre operated a restraint-free environment in line with national policy.

Audits were also conducted to monitor the number of residents with weight loss, pressure ulcers and medicines management.

The inspector was satisfied that the centre is sufficiently resourced and the quality of care delivery was audited on a continuous basis.

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 had not changed since the time of the last inspection, she is a registered nurse and works full time within the centre. The person in charge had been interviewed previously by HIQA and she was deemed to have the required skills, knowledge and experience to hold the post of person in charge.

She was knowledgeable about each resident’s nursing and social care needs. Evidence
of her continuous professional development was up-to-date. She had completed a post-graduate diploma in healthcare management since the time of the last inspection.

**Judgment:**
Compliant

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<table>
<thead>
<tr>
<th><strong>Outcome 06: Absence of the Person in charge</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There were suitable arrangements in place for a clinical nurse manager to deputise for the person in charge in her absence.

The provider has recently notified and submitted the required information for a new deputy manager, participating in the management of the centre. The arrangements in place were found to be clearly outlined in the statement of purpose and confirmed on inspection.

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

**Judgment:**
Compliant

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<table>
<thead>
<tr>
<th><strong>Outcome 07: Safeguarding and Safety</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector was satisfied that safe systems were in place to protect residents being harmed or suffering abuse. There was a detailed policy to guide staff and they received appropriate training and refreshers in this area. Care and communication was observed to be person-centred and in an environment which promoted residents' rights. The person in charge was aware of the requirement to notify any allegation of abuse to the Authority.

The staff were guided by policies on the protection of vulnerable adults in place. The inspector found there was regular staff training in the protection of vulnerable adults, and this was up-to-date. Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place. The inspector spoke to a number of residents who said that they felt safe and secure in the centre.

A policy on the management ofresponsivebehaviors was in place that guided practice was in place. Supportive care plans were developed and in place to inform staff and guide practice where required. The findings were that evidenced based tools were utilised to monitor behaviours. Staff were familiar with the residents and understood theirbehaviours, what triggered them and implemented the least restrictive interventions as outlined in the written care plan. Staff documented the rationale for use of any psychotropic medication, and audited and reviewed any use.

The policy, practice and assessment forms reviewed reflected practice in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). The person in charge ensured that a detailed risk assessment took place and the least restrictive intervention was in use. Alternatives had been trialled prior to the use of any bed rails. For example, use of low low beds and crash mats. This inspection and the quarterly reports submitted by the person in charge could demonstrate that bed rails were not used, and an up-to-date risk register was in place.

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):
No actions were required from the previous inspection.

Findings:
Health and safety and risk management was found to be well managed. The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was also confirmed by the person in charge and provider.
The fire safety policy and procedures were fully implemented in relation to the management of the fire safety at the premises.

The inspector found adequate precautions against the risk of fire and that arrangements for the safe evacuation of persons from all parts of the centre were in place. The records confirmed that the fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. The inspector found that all means of escape were unobstructed during the inspection. Staff confirmed to the inspector satisfactory knowledge of fire safety policy and actions to take in the event of a fire.

The building and plans displayed near the main entrance and fire instructions were in place throughout the building. Staff and records confirmed that training in fire safety and evacuation procedures had been planned for and provided. Staff on duty were familiar with the evacuation procedures; including what actions to take in the event of a fire or evacuation. The records of the fire drills which took place at the centre contained full details of the fire drill, and evaluation of the effectiveness of staff training in this area.

The centre was observed to be clean and well maintained. The inspector found that there were measures in place to control and prevent infection. Training had been provided to all staff on infection control, hand hygiene and they had access to supplies of gloves, disposable aprons, and alcohol hand gels which were available throughout the centre. One staff member had attended a four day course on infection prevention and control. Staff training records confirmed that all staff had completed up-to-date moving and handling training.

An audit programme which is over seen by the person in charge and provider was in place, and the person in charge and she had full oversight of actions to mitigate risks identified. The person in charge had reported a small number of serious incidents as required by the regulations in a timely manner.

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:
Overall, medicines were found to be managed well, and safe practices were observed. Medicines management audits were conducted within the centre as part of the quality
and clinical governance system in place. Staff confirmed that a pharmacist from the pharmacy who supplied medicines to the centre was facilitated to visit the centre, and meet their obligations to residents as required by the Pharmaceutical Society of Ireland.

Nursing staff were familiar with the procedure for storage, and disposing of unused or out-of-date medicines. The medication prescription sheet contained details for prescribing for any crushed medications.

Residents were protected by the centre's policies and procedures for medicines management. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system which was appropriate. Medicines were stored securely in the centre, at the nurses' station in a trolley or within locked storage cupboards. A secure fridge was available to store all medicines, and prescribed nutritional supplements that required refrigeration. Fridge temperatures were checked and recorded on a daily basis.

Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift.

The inspector observed nursing staff safely administering medicines to residents. The nurses on duty knew all the residents well, and were familiar with the residents' individual medication requirements. Medication administration practices were found to adhere to current professional guidelines. The rights and dignity of each resident relating to taking their medicines were fully respected. For example, a small number of residents had been assessed as being independent with self-administration of their prescribed medicines.

The inspector reviewed a number of the records including prescription and administration sheets, and identified that practices conformed to appropriate medication management practice.

The inspector reviewed records which confirmed that all nursing staff had completed mandatory training in relation to medicines management. Further formal medicines management training was planned for February 2017, on-site with an external provider of training.

**Judgment:**
Compliant

**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:**
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

**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:**
The inspector found that the health and social care needs of residents were met to a high standard. The centre had sufficient medical cover including the services of psychiatry of later life.

Residents had access to General Practitioner services and out-of-hours medical cover was provided. A full range of other services was available on referral through the medical care or privately including speech and language therapy (SALT), occupational therapy (OT), physiotherapy and dietetic services. Chiropody, dental, audiology and optical services were also facilitated. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes. Residents told the inspector that if they required a doctor this service was provided without delay.

The inspector reviewed a number of residents’ files and noted that a nursing assessment and additional risk assessments were carried out for residents. Detailed person-centred care plans were in place for all residents' care needs.

The inspector was satisfied that any incident, or fall was well managed. Records showed that there was a low incidence of falls in the centre. Strategies were put in place for those residents who were at risk of falling. Care plans reviewed had been updated to reflect the care that residents had received following a fall which included a review of their medication, falls risk assessments and physiotherapy assessments and any other measures to improve wellbeing.
A review of residents’ medical notes showed inspectors that medical staff visited the centre regularly and nursing staff informed the inspector that medical staff were also available by phone to offer advice to staff. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored and referrals made where required.

Staff facilitated and provided all residents with a broad range of opportunities to enjoy various activities seven days per week. Daily individual pastimes and activity available was available including music, quizzes arts and crafts. The person in charge spoke about having mindfulness sessions, reflexology, and Sonas (a sensory communication therapy) available. Residents confirmed that they were provided with an extensive range of things to do during the day. Residents had the choice to either join in an activity or spend time alone if they so wished. All resident were given the option to participate or refuse to participate in the activities. Some residents were seen enjoying visits from family members. One-to-one sessions were also part of the day with staff members. A daily mass took place in the centre.

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

Findings:
At the time of the last registration renewal and the previous application to vary conditions the premises was found to be in compliance with the regulations. The centre has 29 single bedrooms and two twin rooms, all laid out over three levels. Floors can be accessed by stairs or passenger lift. Access to suitable communal day and dining space is in place. There are eight assisted bath/shower rooms available, a large chapel, oratory, parlour and dining room. The premises were found to be in compliance with the regulations and Standards.

The signage in the circulation area had been improved following the last thematic inspection. Discrete pictorial signage guiding people to the toilet and hand washing facilities was now in place. Access to an additional secure outdoor garden space, and
extensive lawns are in place. Parking spaces are available for visitors. A private room is also in use for visiting.

The ongoing maintenance of assistive equipment was fully up-to-date. Service agreements were in place for this equipment.

**Judgment:**
Compliant

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**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 provider and person in charge had reviewed the staffing in place to support residents at mealtimes since the time of the last inspection. The inspector reviewed lunch time service and a small number of residents required assistance and supervision at this meal. Staff were available to undertake this role in a sensitive and discrete manner. The mealtime was managed well, and residents independence with dining also promoted. Further to a review of this action with the person in charge, she identified that some changes had taken place to times of staff breaks and there had been a reduction in the number of residents assessed dependency and those requiring assistance at mealtimes since the last inspection.

Staffing rosters reviewed by the inspector were maintained in line with the regulations and a nurse registered with NMBI (Nursing and Midwifery Board of Ireland) was on duty at all times. The provider employs 52 staff with appropriate management support and organizational structure clearly outlined in the statement of purpose. All 16 care staff employed have minimum standard (or above) of relevant qualifications to undertake their roles. The provider confirmed that staff did not commence employment unless a disclosure for Garda Vetting was available. A sample of schedule 2 staff files confirmed this was the case, and staff turnover was low.

**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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority