

**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-0004589
Centre address:	Parke, Kinnegad, Meath.
Telephone number:	044 937 5243
Email address:	sanctamarianh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Compóird Teoranta
Provider Nominee:	Noel Keady
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	33

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 March 2017 09:10 To: 03 March 2017 19:50

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre.

Inspectors considered pre-inspection documentation forwarded by the person in charge, notifications and progress with completion of the action plan from the last inspection in the centre in October 2016. There were eight actions requiring completion from the findings of the last inspection, five of which were satisfactorily completed. The remaining three actions were in progress towards completion.

Inspectors also reviewed the details of unsolicited information received in February 2017 referencing cool environmental temperatures and inadequate supervision of and assistance provided to residents. This information was partially substantiated by the findings of this inspection and is discussed in the body of this report.

Residents' accommodation was provided at ground floor level and residents with dementia integrated with the other residents in the centre. The design and layout of

the centre met its stated purpose to a good standard and provided a therapeutic environment for residents with dementia. Work in progress to enhance the environment in the new extension will improve comfort and access for residents with dementia. Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia. However, there was opportunity for improvements to ensure residents with dementia were supported and facilitated to enjoy a meaningful and fulfilling life in the centre.

Inspectors met with residents and staff members during the inspection. The journey of residents with dementia within the service was tracked. Care practices and interactions between staff and residents who had dementia were observed using a validated tool. This observation evidenced that staff engaged positively with residents on a one-to-one basis mainly during care interactions. Inspectors reviewed documentation such as care plans, medical records, staff files and examined relevant policies including those submitted prior to inspection. The physical and mental health needs of residents with dementia were met to a good standard with some improvements identified in some documentation of care.

There were policies and procedures in place to inform safeguarding residents from abuse. Not all staff had completed mandatory training requirements however, they were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. Staff were respectful and empowering in their interactions with residents and supported them to maintain their independence. There were also policies and practices in place around managing behavioural and psychological symptoms of dementia and the use of restrictive interventions in the service.

The Action Plan at the end of this report identifies areas where improvements are required to comply 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 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: Health and Social Care Needs

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:

The healthcare needs of residents with dementia were met to a good standard. Inspectors found that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and while requiring some improvement, care plans were completed within 48 hours of each resident's admission and were reviewed accordingly thereafter.

The centre catered for residents with a range of healthcare needs including 27 residents with a diagnosis of dementia on the day of this inspection. Inspectors focused on the experience of residents with dementia living in the centre. They tracked the journey of a sample of residents and reviewed specific aspects of care such as safeguarding, nutrition, pressure area and end-of-life care in relation to some other residents with dementia in the centre.

Since the centre's last inspection in October 2016, systems were improved to optimise communications between residents and residents' families. There were arrangements in place for communication regarding residents between the acute hospital and the centre. The person in charge or her deputy visited prospective residents in hospital or their home in the community prior to admission. Inspectors were told that a number of residents admitted on a respite basis transitioned to continuing care in the centre. Prospective residents and their families were welcomed into the centre to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

Common Summary Assessments (CSARs) documentation which details pre-admission assessments undertaken by the multidisciplinary team for residents admitted under the 'Fair Deal' scheme was obtained for all residents admitted on respite. While not routinely obtained for residents admitted from the hospital setting for long-term care, this information was reviewed as part of the pre-admission assessment completed by the person in charge or her deputy. A copy of each residents' pre-admission assessment was

retained for information as part of their documentation in the centre. The files of residents' admitted to the centre from hospital also held their hospital discharge documentation. The centre was not currently using communication passports to support residents with dementia to access services outside the centre. This communication support tool is of value to residents with communication needs such as dementia as it outlines their individual preferences, dislikes and strategies to prevent or to support their physical and psychological symptoms of dementia (BPSD) if necessary.

There was evidence that residents received timely access to health care services including support to attend out-patient appointments. Inspectors saw where a resident with dementia was escorted to hospital to ensure they were supported during this process. The person in charge confirmed that a number of GPs were attending to the needs of residents in the centre, giving residents a choice of general practitioner. Residents' documentation reviewed by the inspector confirmed they had access to GP care including out-of-hours medical care. Residents from the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents had good access to allied healthcare professionals. Physiotherapy occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and chiropody services were available to residents as necessary. Community psychiatry of older age specialist services also attended residents with dementia in the centre. This service supported GPs and staff with care of residents experiencing BPSD as needed. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, an annual influenza vaccination programme, regular vital sign monitoring and medication reviews by their GPs. Residents in the centre had access to palliative care services for support with management of their pain and for symptom management during end-of-life care as necessary.

A care plan was developed for each resident within 48 hours of admission based on their assessed needs. Care plans contained the required information to guide staff with caring for each resident. Care plans were informed by comprehensive assessment and the application of validated tools to determine each resident's risk of malnutrition, falls, level of cognitive function and skin integrity among others. While all residents' needs were identified, person-centred and met to a good standard, improvements were necessary to ensure the recommendations of allied health professionals were documented in care plan interventions. Parameter values were not consistently stated in some care plan interventions to clearly inform care such as amount of fluid intake to be promoted over 24 hours to ensure the hydration needs of some residents with dementia and at risk of dehydration was addressed. Residents' care plans were updated routinely on a three to four monthly basis and thereafter to reflect their changing care needs. This process was completed in consultation with residents or family members on their behalf. The inspectors found that all staff spoken with were knowledgeable regarding residents' likes, dislikes and care needs. A communication policy document was available to inform residents' communication needs including residents with dementia.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. Two residents were in receipt of end-of-life or palliative care services at the time of this inspection. A pain assessment tool for residents, including residents who were non-verbal was available but not consistently used to comprehensively inform pain management. Some residents with chronic pain

symptoms had a care plan in place to inform their care needs. The inspectors reviewed a sample of end-of-life care plans and found that they outlined residents' individual preferences regarding their physical, psychological and spiritual care. Residents' individual wishes regarding the place for receipt of their end-of-life care was also recorded. Residents receiving end-of-life care were accommodated in single bedrooms to enhance their end-of-life comfort and privacy. A palliative care suite was available to residents in the centre but not in use on the day of this inspection. This facility had a room for relatives to facilitate them to stay overnight with residents receiving end-of-life care if they wished. Staff outlined how residents' religious and cultural practices were facilitated. Members of the local clergy from the various religious faiths provided pastoral and spiritual support to residents as necessary.

There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure related skin injury assessed. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of pressure related skin ulcers developing. There was a very low incidence of pressure wounds developing in the centre and there were no residents with a pressure ulcer that developed in the centre on the day of this inspection. Tissue viability specialist services were available to support staff with management of any residents' wounds that were deteriorating or slow to heal. There was arrangements and policy documentation to meet the woundcare of residents in the centre as necessary including procedures in place to photograph wounds for the purpose of monitoring progress.

There were systems in place to ensure residents' nutritional needs were met and that they did not experience dehydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss. The inspectors saw that residents had a choice of appetising hot meals for lunch and tea. The chef confirmed that alternatives were also available to the menu if residents did not like the dishes on offer. The catering team recently introduced a breakfast club which residents were very satisfied with and chose to have a cooked breakfast in one of the dining rooms. While there were pictures of the plated dishes on the menu of the day displayed on a notice board in the dining room used by residents with assistive needs, they were not of good quality and outside the view of some residents. However, staff reminded residents of the menu available at mealtimes so that they could change their minds if they wished. The chef told an inspector that she met ascertained residents' food preferences, dislikes and routines. There were arrangements in place for communication of residents' dietary needs between nursing and catering staff to support residents with special dietary requirements. Residents on specialised diets such as fortified and modified consistency diets and thickened fluids received their correct diets. Residents received discreet assistance from staff with eating where necessary. Nutritional care plans were in place but did not outline the recommendations of the dietician and speech and language therapist where appropriate. Mealtimes were observed by inspectors to be arranged in two sittings. The second sitting was available in the centre's second dining room and ensured that there was no impact from the second sitting on residents with assistive needs. This arrangement also gave residents choice regarding the time they ate their meals. Residents spoken with commented positively on the food provided to them. A variety of drinks were made available to

residents at mealtimes and inspectors observed that some residents also enjoyed refreshments outside of scheduled mealtimes. Inspectors were told that staff were trained to administer subcutaneous fluids to residents to treat dehydration if necessary, to avoid unnecessary hospital admissions.

There were arrangements in place to record and review accidents and incidents involving residents in the centre. Residents were assessed on admission and regularly thereafter to ensure their risk of falls was minimised. There was a low incidence of resident falls resulting in serious injury. Inspectors observed that a resident with BPSD and was at increased risk of falls was supervised on a one-to-one basis by staff throughout the day of inspection. However, learning from falls was not consistently implemented. For example, an inspector observed where a resident with dementia at high risk of falls had on a number of occasions, disconnected a sensor alarm designed to alert staff. There was insufficient evidence of appropriate action taken to ensure this did not recur. Fall incidents were trended reflecting review of times of incidents and repeat falls. While improvement in supervision of residents in the sitting-room by staff was identified, there was evidence that equipment was used to protect vulnerable residents from injury such as hip protectors and sensor mats placed on chairs.

Residents were protected by safe medicines management practices and procedures. There was a written operational policy informing ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing and medicine reviews met with the legislation and regulatory requirements. Nursing staff were observed administering medicines to residents and practices reflected professional guidelines. However, staff were administering subcutaneous fluids to residents without administration protocols and in one instance from an incomplete prescription. The centre recently changed the pharmacy provider involved in dispensing residents' medicines. The pharmacist was available to meet residents if they wished. Procedures for the return of out of date or unused medicines required improvement. Systems were in place for recording and managing medication errors. Appropriate storage and checking procedures were in place for medicines controlled under misuse of drugs legislation and medicines requiring refrigerated storage. While appropriate clinical and treatment rooms were available, two medicine trolleys were not stored in line with best practice.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:

There were measures in place to protect residents, particularly those with dementia, from abuse.

A restraint-free environment was strongly promoted in the centre by all staff, and substantial efforts had been made to reduce the use of restraint. A small number of bedrails were in use on the day of the inspection, but these were at the request of residents. A variety of alternative methods were used to reduce the risk of falls and injuries to residents. The person in charge confirmed that all bedrooms located in the new extension had been equipped with lower level beds. All alternatives to restrictive procedures tried were documented prior to use. A restraint register was maintained in the centre. However, a number of alarms were in use for residents at risk of leaving the centre unaccompanied but their usage was not recorded in the restraint register.

There was a policy and procedures in place advising staff on prevention, detection and response to abuse. Staff had been trained in the safeguarding and protection of older people. Staff spoken with by inspectors could describe the various types of abuse and what to do in the event of an allegation, suspicion or incident of abuse. Staff were aware of their responsibility to report and could also identify whom they would report concerns or suspicions to. The person in charge monitored the systems in place to protect residents, and ensured that there were no barriers to staff or residents disclosing any abuse. The person in charge also confirmed that all staff working in the centre had An Garda Síochána Vetting in place.

A policy and procedures were in place to inform the management of behavioural and psychological symptoms of dementia (BPSD). The majority of staff had received training in managing BPSD, and those who spoke with inspectors were knowledgeable regarding individual resident's behaviours and could describe the triggers to these behaviours and the most effective strategies to de-escalate them if necessary. This information was reflected in residents' behavioural support plans and was reviewed as necessary. Inspectors found that residents with BPSD were well supported by staff. While no residents were currently receiving PRN (a medicine only taken as the need arises) medicines, a procedure was in place if required.

The system in place for managing residents' finances was robust and was informed by a policy and procedure. While the registered provider was currently not a pension agent for any residents, the centre held small amounts of money for a number of residents. This money was held securely and was accessible to residents as they wished. Individual records were held in respect of each resident, with all transactions signed by staff members and the resident where possible. Statements of these transactions were issued to residents or their representatives every three months. A sample of these monies was checked by inspectors, and were all found to be correct.

Residents who spoke with inspectors stated that they felt safe in the centre.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents in the centre were consulted with and involved in the planning and organisation of the centre. Residents with dementia integrated with other residents in the centre. Residents' privacy and dignity needs were met. Residents' rights to make choices about how they spent their day was promoted and respected. While activities were available, the recreational needs of residents with dementia were not adequately met on the day of this inspection.

There was evidence that feedback was sought from residents including residents with dementia. Residents were given opportunity to move to bedrooms in the new extension which some availed of. A residents' forum was convened and chaired by the centre's activity co-ordinator and the meetings were minuted. While advocacy services were available to residents if necessary, the person in charge was seeking to provide a voluntary advocate service for residents in the centre. The team demonstrated that they valued and welcomed feedback on the service provided from residents and their families. There was evidence that issues raised by residents or requests made by them were listened to and acted upon. Most residents spoken with by inspectors commented positively on the service they received in the centre but some residents identified improvements needed in the quality of activities available to them and the environmental temperatures in the new extension. Findings regarding environmental temperatures are discussed in outcome 6.

An activity co-ordinator with the support of the care assistants facilitated activities for residents. The centre's activity co-ordinator worked five days each week which included every second Saturday. While a varied activity programme was provided, inspectors found that improvements were necessary to ensure the activation needs of residents with dementia were sufficiently addressed when the activity co-ordinator was not available in the centre. Although a variety of communal rooms were available, group activities were facilitated in one communal sitting-room. This large group format did not meet the needs of many residents, especially residents with advanced dementia. Inspectors were told that documentation was maintained referencing each residents' participation and level of engagement to ensure activities provided for them met their interests and capabilities. However recent records were not available to inspectors on the day of inspection. As part of this inspection, inspectors spent a two hour period of time observing staff interactions with residents, some of whom had dementia. The observations took place at five-minute intervals in one communal sitting-room and the dining rooms. The interactions observed evidenced good examples of positive connective engagement between staff and residents on a one-to-one basis mainly during care activities. Although a staff member facilitating an afternoon group activity in the sitting-room tried to connect positively with all residents, the activity did not suit the

capabilities of many residents with dementia present. These observations also evidenced a need for improved supervision of residents with dementia who were at high risk of falling. Mealtimes were observed to be a social occasion and some residents with dementia had formed friendships with other residents.

There was an open visiting policy in the centre and family were encouraged to be involved in aspects of residents' lives. Visitors were observed visiting throughout the day of this inspection and there were facilities for residents to meet their visitors in private if they wished.

A variety of local newspapers were available for residents so they could keep up-to-date on local news from their community. Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and toilet doors before entering. Inspectors observed staff interacting with residents in an appropriate and respectful manner and it was clear that staff knew residents well. Residents were facilitated to exercise their civil, political and religious rights. Inspectors observed that residents' right to refuse treatment or care interventions was respected. Residents told inspectors that they were satisfied with the opportunities they had for religious practices. A mass was held for residents in the morning on the day of this inspection. Closed circuit television (CCTV) was in operation in the centre. While cameras were located at various points on the grounds, access doors and corridors, they were also fitted in residents' communal sitting and dining areas. Use of this monitoring system was informed by a policy, notices regarding use were displayed and access to data was controlled.

Residents were observed to move around the centre freely and were appropriately supported by staff while mobilising on corridors. Each resident's bedroom was personalised with their favourite photographs and ornaments. Some residents had colourful throws and cushions in their bedrooms. The centre had a bird cage and many residents enjoyed watching the two resident birds.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
Inspectors found that the complaints of residents, families and visitors were listened to, acted upon and appropriately recorded and addressed by staff and management in the centre.

There was a policy and procedure in place informing the management of complaints in the centre. The procedure outlined the appeals process and included details of the Office of the Ombudsman and an advocacy service. While the complaints' summary on display required simplification to ensure it was accessible to all residents, inspectors acknowledged that the person in charge promoted a culture whereby all complaints were listened to and dealt with effectively. Residents who spoke with inspectors on the day of the inspection stated that they would feel comfortable raising a complaint with staff. Staff could outline how they would assist a resident in making a complaint.

The person in charge was the nominated complaints' officer. She maintained a complaints' log of both written and verbal complaints in the centre and this was reviewed by inspectors. One complaint was open at the time of this inspection, there was evidence of action had already been taken by the person in charge and this would be closed within the designated timeframe. The system for documenting complaints was robust and was found to contain all of the information required by the regulations. There was a nominated person responsible for ensuring that complaints were appropriately recorded and responded to and confirmed that they reviewed complaints on a monthly basis.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

An actual and planned staff roster was made available to inspectors, which outlined any changes made and reflected the staff working in the centre on the day of inspection. Inspectors reviewed the number and skill-mix of staff available to meet the assessed needs of residents on the day of inspection and found evidence to support review of staffing resources was required to ensure residents' activation and supervision needs were adequately met. Improvement was also required to ensure that all staff received up-to-date mandatory training, and that all documentation required by Schedule 2 of the Regulations was maintained in respect of each staff member.

Inspectors reviewed training records and found that a number of staff did not have up-to-date mandatory training in fire safety, safe moving and handling procedures and safeguarding residents, as required by the regulations. While training dates had been scheduled in the weeks following inspection for safe moving and handling procedures and fire safety training, a date had not yet been confirmed for training in safeguarding

residents from abuse. The person in charge committed to ensuring all outstanding mandatory staff training would be completed as a priority. A wide range of professional development training was available to staff. This training included cardiopulmonary resuscitation, dysphagia and wound management. In addition to this, a number of staff had completed training in dementia care in 2016 with additional training dates scheduled between March and June 2017 to support more staff to attend.

A sample of staff files was examined by inspectors and some gaps in documentation were found in relation to Schedule 2 of the Regulations. All nursing staff were found to have up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

Newly recruited staff took part in a comprehensive induction process and probationary period with evaluations conducted at regular intervals. An annual appraisal was conducted by the person in charge with all staff, and evidence of these were found in staff files. The person in charge confirmed that newly recruited staff did not work in the centre until An Garda Síochána vetting had been processed, and evidence of this was seen by inspectors.

Staff meetings for all staff disciplines were held a number of times over the year. Meeting minutes and actions from these meetings were documented.

There were no volunteers operating in the centre at the time of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The designated centre was recently extended to provide accommodation for 78 residents. There were 45 residents living in the centre on the day of this inspection. Inspectors found that the centre's design and layout met its stated purpose. While the centre provided residents with dementia with a therapeutic and accessible environment, environmental temperatures required review to ensure all areas of the centre felt comfortable for residents. Inspectors found the centre to be bright, well maintained and decorated to reflect residents' preferences. There was good use of tactile decorations, colour and traditional memorabilia and furnishings in the original part of the centre and work was in progress to make the new extension environment homely for residents including residents with dementia.

There was sufficient communal dining and sitting room space provided in a variety of comfortable communal rooms and areas for residents who favoured quieter areas to rest

in. Both dining rooms were in use and mealtimes were arranged in two sittings, providing residents with a choice regarding the time they ate their meals. Although there was a variety of communal sitting -rooms including an activities room, residents went by themselves or were assisted to the sitting-room in the original part of the building. The inspectors did not observe any of the other sitting areas or the activity room in use during the day of inspection. The communal sitting and dining rooms in the original building were crowded and noisy at times. Seating was arranged around the perimeter walls and in a row up the middle of the room to facilitate all residents to sit in this area. The room was also used for facilitating residents' activities. These findings confirmed that review was required to ensure residents' comfort and relaxation needs were optimised.

Residents' accommodation was provided on ground floor level throughout. Residents' bedrooms had sufficient storage space for personal and assistive equipment. Residents were encouraged to bring in their own personal mementos and furnishings which some availed of.

All parts of the building and grounds were accessible for residents using wheelchairs. Two internal safe and secure courtyards were provided for residents' enjoyment. The courtyards were attractively landscaped with a variety of sensory shrubs, small trees and garden seating. Large windows optimised natural light and attractively patterned curtains enabled control of glare from the sun. The centre was of sound construction and kept in a good state of repair and upkeep. While the building was heated, the environment in the new extension felt cool. Some residents also reported that they felt cold. Thermostatic temperature control units were fitted in each bedroom, in all communal areas and on corridors. Inspectors observed that environmental temperature recordings met recommended levels. Inspectors found that a significant draught from an open outer door in the reception area to the centre was being addressed. Inspectors also found that the environmental temperatures were not maintained at a consistent level throughout the corridors and as such felt cooler at various points.

Handrails and grab rails were provided where required in circulating areas and in toilets/showers. Handrails on corridors were in a contrasting colour to the surrounding walls which enhanced their visibility for residents with dementia or with other vision needs. Signage that was suitable for residents with communication needs such as dementia was in place identifying key areas such as toilets and communal areas. The person in charge was in the process of enhancing directional signage to key areas. Floor coverings were matt finished and did not have bold patterns which enhanced accessibility for residents with dementia.

Air extractors were installed in the hairdressing salon and the smoking room to ensure fumes and smoke was removed from these areas since the last inspection in October 2016. The inspectors were told by the person in charge that designated fire exits were reviewed since the last inspection resulting in the exit for the centre through the smoking room and one exit from the dining room in the new extension being revised. Signage was revised to take account of this revision which ensured fire exits were clearly indicated and were not obstructed by furnishings.

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:

Catherine Rose Connolly Gargan
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-0004589
Date of inspection:	03/03/2017
Date of response:	24/03/2017

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

Parameter values were not consistently stated in some care plan interventions to clearly inform care such as amount of fluid intake to be promoted over 24 hours to ensure the hydration needs of some residents with dementia and at risk of dehydration was addressed.

Improvements were required to ensure the recommendations of allied health

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

professionals were documented in care plan interventions.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The Person-in-Charge will ensure that where parameter values are required/indicated, such as the amount of fluid intake in 24 hours, will be stated in Residents' care plan to clearly inform care and to ensure that all residents are sufficiently hydrated, including those with a diagnosis of dementia or those at risk of dehydration.

The Person-in-Charge will ensure that the recommendations of the allied health professionals are documented in the appropriate part of the residents' care plan to ensure that specialist recommendations are implemented as required.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

A pain assessment tool for residents, including residents who were non-verbal was available but not consistently used to comprehensively inform pain management.

Staff were administering subcutaneous fluids to residents without administration protocols and in one instance from an incomplete prescription.

2. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

The Person-in-Charge will ensure that pain assessments are consistently used and comprehensively inform and evaluate pain management.

The Person-in-Charge will ensure that subcutaneous fluids are administered as per the centre's policy and according to the prescriber's instructions.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

While appropriate clinical and treatment rooms were available, two medicine trolleys were not stored in line with best practice.

3. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

The Person-in-Charge will ensure that medicine trolleys are locked and stored safely in designated clinical treatment rooms, with a lock securely affixed to the wall.

Proposed Timescale: 31/03/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Some restrictive procedures were not recorded in the Restraint Register for the centre, in line with Schedule 3 of the Regulations.

4. 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 the Chief Inspector.

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

The Person-in-Charge will ensure that all restrictive procedures are appropriately assessed and recorded in the centre's Restraint Register in line with Schedule 3 of the Regulations.

Proposed Timescale: 14/03/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

A review of arrangements for facilitating residents' activities was required to ensure the interests and capabilities of residents with dementia were adequately met.

5. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A review of arrangements for facilitating residents' activities will be undertaken in order to meet the needs of residents with dementia. A Pool Activity Level (PAL) assessment will be undertaken on residents with a cognitive impairment and/or a diagnosis of dementia to ensure that they are provided with therapeutic and meaningful activities according to their preference and choice.

Proposed Timescale: 30/06/2017

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

A review of staffing resources was required to ensure residents' activation and supervision needs in the communal sitting-room were adequately met.

6. Action Required:

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

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

The staffing levels and skill mix are determined based on the number and dependency levels of residents in the centre, taking into account their assessed care needs and the layout of the centre. The Person-in-Charge will ensure that there are arrangements in place and that staff are allocated appropriately in order to ensure that residents' activation and supervision needs are met, including supervision of communal areas.

Proposed Timescale: 31/03/2017

Theme:

Workforce

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

Not all staff had completed up-to-date mandatory training.

7. 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:

The Person-in-Charge will ensure that all staff have access to appropriate mandatory training and that refresher updates are undertaken according to the timescales in place within the centre.

Proposed Timescale: 30/04/2017

Theme:

Workforce

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

Ensure that all records required by Schedule 2 of the Regulations are complete.

8. 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 the Chief Inspector.

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

The Person-in-Charge will ensure that all records set out in Schedule 2, 3 and 4 are maintained in the centre and are available for inspection by the Authority.

Proposed Timescale: 31/03/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Environmental temperatures required review to ensure all areas of the centre felt comfortable for residents.

The arrangements in place for use of one communal sitting room required review to ensure residents' comfort and relaxation needs were optimised.

9. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The Provider will ensure that the ambient temperature of the centre is maintained at an

appropriate level to ensure the comfort of residents.
The Person-in-Charge will review the use of day space throughout the building to optimise residents' comfort and relaxation needs.

Proposed Timescale: 30/04/2017