

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Sancta Maria Nursing Home
<b>Centre ID:</b>	OSV-0004589
<b>Centre address:</b>	Parke, Kinnegad, Meath.
<b>Telephone number:</b>	044 937 5243
<b>Email address:</b>	sanctamarianh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Compóird Teoranta
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	50
<b>Number of vacancies on the date of inspection:</b>	28

## **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 receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 24 July 2017 09:30 To: 24 July 2017 17:15

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

This inspection was unannounced and triggered in response to receipt of unsolicited information by the Health Information and Quality Authority (HIQA) regarding poor standards of personal care and hygiene, concerns regarding healthcare and hydration, unsatisfactory complaints management, insufficient staffing to supervise residents in communal rooms and loss of personal clothing. While the majority of issues raised were not substantiated on this inspection, findings indicated that improvements were required in supervision of residents in one communal room and documentation of residents care needs and hydration requirements of residents at risk of dehydration. The areas for improvement are addressed in the action plan with this report. Progress with completion of the actions in the action plan from the last inspection were also followed up. Seven of the nine actions required were completed. The remaining two incomplete actions were being progressed.

Residents and relatives spoken with during this inspection mostly confirmed their satisfaction with the service provided, care received and the competency and kindness of staff in the centre. Residents confirmed that they felt safe and had choice in their daily routine. Residents and relatives told the inspector that they were consulted with and that their positive and negative feedback was welcomed. Feedback from residents and their relatives and used to improve the service provided

to meet residents' needs.

The inspector met with the Person in charge, Regional director of care manager, members of the staff team, residents and their relatives during the course of the inspection. Documentation such as care records, complaints log, restraint log, audits, staff training records and residents' records were reviewed among other documentation.

The inspector found that residents were appropriately safeguarded and observed that all interactions by staff with residents were courteous, respectful and kind. Procedures were in place guided practice, to ensure that residents were protected from abuse.

There were appropriate systems in place to manage and govern the service. The provider and person in charge held responsibility for the governance, operational management and administration of services and provision of sufficient resources to meet residents' needs. While some areas for improvement was identified, overall the inspector's findings demonstrated that they had sufficient knowledge and an ability to meet regulatory requirements.

Residents' healthcare needs were met but some documentation to inform care needs required improvement. The activities provided for residents were interesting, varied and meaningful but supervision arrangements for residents in one communal room did not ensure their safety needs were satisfactorily met. Staff were knowledgeable regarding residents needs and were facilitated to attend training to meet mandatory requirements and their professional development needs.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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**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:**

There was a written statement of purpose available that accurately described the organizational structure, the range of needs that the designated centre meets and the services provided for residents. The statement of purpose and function was demonstrated in practice.

Details of the recently revised management and governance structure was included in the copy of the centre's statement of purpose and function seen on inspection and was being forwarded to the Health Information and Quality Authority (HIQA). This document was reviewed and the inspector found that it contained all of the information as required by schedule 1 of the Regulations.

**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:**

Since the last inspection in March 2017, the provider had replaced the provider nominee and revised the management structure for the period 01 May to 31 May 2017. The governance and management structure in place previous to this change has resumed since June 01 2017. The centre's existing governance and management structure was clearly outlined. Each person's role and responsibilities was defined and demonstrated in practice.

A comprehensive system was in place to monitor the quality and safety of care and the service provided. This process was supported by an electronic data management system which was readily accessible to the provider and all members of the senior management team. The inspector found that key aspects of the service and key clinical parameters were audited including resident falls, complaints, person-centred care standards and risks. Data collated was analyzed and action plans were developed to inform areas requiring improvement. There was evidence that action plans were followed through to completion and improvements made were sustained. A schedule was in place to inform the frequency of audits. A monthly and quarterly governance and management meeting schedule was resumed where all aspects of the service were reviewed by the provider, person in charge and senior management team.

Sufficient resources were provided to ensure the needs of residents were met. The inspector found that most actions in the action plan from the last inspection were progressed completed and actions not fully completed had been progressed. The feedback received from residents and relatives spoken with by the inspector on the day of inspection was overall positive regarding the care, staff team and service provided. Areas identified for improvement in this feedback from residents and relatives spoken with was communicated to the person in charge and director of care services during the inspection closure meeting.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

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

**Findings:**

An action from the last inspection regarding recording of all procedures that place restrictions on residents was found to be completed. Since the last inspection the person in charge included residents assessed as being at risk of leaving the centre unaccompanied and requiring alert bracelets to mitigate their level of risk were recorded in the restraint register.

Residents were protected and safeguarded from abuse. All staff spoken with were aware of the various forms of abuse and the reporting procedures in place if they had any suspicions, witnessed an incident or an allegation of abuse was made to them. Staff spoken with were also aware of their responsibility to report. Residents spoken with told the inspector they felt safe in the centre and commented positively about the staff team caring for them. All interactions between staff and residents as observed by the inspector were respectful and kind.

**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):**

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

**Findings:**

The inspector found that resident's healthcare needs were met on this inspection. However, improvements were required in residents' documentation to ensure their assessed needs were communicated to the care team and that records of care provided were consistently recorded. Actions from the last inspection in March 2017 requiring use of an assessment tool to inform residents' pain management and documentation of recommendations made by allied health professionals in residents' care plan interventions were found to be satisfactorily completed. However, as found on the last inspection, the recommended amount of oral fluid intake over 24 hours for residents at risk of dehydration was not documented in their care plan interventions. This action has been restated in the action plan from this inspection. No residents required subcutaneous fluid administration on this inspection. Procedures were implemented since the last inspection to ensure this therapy was prescribed and included administration protocols.

The inspector followed up on issues raised in unsolicited information received by HIQA in July 2017 alleging poor standards of personal care provided to residents and also referenced in some complaints documented in the centre's records of complaints. The inspector reviewed the procedures in place to ensure residents were supported and assisted as necessary to maintain their personal hygiene needs. Residents and relatives spoken with on the day of inspection confirmed their satisfaction with the standards of personal care provided. The inspector found that each resident's assessed personal care needs were described in a detailed person-centred care plan. Residents' nails were clean, manicured and some residents chose to wear nail polish. A hairdresser attended the centre each week and was observed cutting and styling male and female residents' hair on the day of inspection in the centre's hair salon. Residents were supported to shower by staff as necessary and according to their wishes.

Examination of a sample of residents' records confirmed their timely access to general practitioner (GP) palliative care, psychiatry of older age and tissue viability specialist services as necessary. A physiotherapist attended residents in the centre on a weekly basis as part of the service provided for residents in respect of the additional fees charged to them. Residents also had access to occupational therapy, speech and language and dietician services as necessary. Details of treatment plans and recommendations made by these allied health professionals were documented in residents' care plans as appropriate. Arrangements were in place to ensure residents were supported to attend out-patient appointments. Residents and residents spoken with by the inspector expressed their satisfaction with the care they received from staff, medical and allied health services.

Arrangements were in place to meet residents' assessed healthcare needs. Residents' care needs were assessed on admission and regularly reviewed thereafter with use of a variety of assessment tools. This information informed care plans that described the care interventions to be delivered to meet residents identified needs. The care plans in place and feedback from residents spoken with indicated that care provided to residents was person-centred and met their needs. While the inspector found that residents' assessed needs were met in practice, some identified needs were not informed by a documented care plan. For example, care plans were not in place to inform the interventions to be taken to meet the needs of a resident with chronic pain, a resident with a urinary tract infection and a resident with diabetes. Arrangements were in place to ensure care plans were reviewed on a three-to-four monthly basis, or more often in response to residents' changing needs. There was evidence that residents' care plan development and subsequent review was discussed with them or their relatives where appropriate.

The centre's physiotherapist was involved in promoting residents' mobility and independence. All residents were assessed on admission and regularly thereafter to identify their risk of falling. Residents at risk of falling and residents involved in a fall incident were reviewed by the physiotherapist. While there was a low incidence of resident falling and sustaining an injury requiring hospital care, there was a small number of residents who had an increased incidence of falls due to their medical condition. The inspector observed that these residents were monitored and referred for medical care where necessary. There was evidence that actions were implemented to reduce their risk of injury with use of sensor alert equipment, hip protection and low

level beds and foam floor mats. While staffing resources were increased in the evening to ensure residents at risk of falling were supervised in the sitting rooms, supervision of residents at risk of falling in one sitting room required improvement. Care staff spoken with explained that while they did not remain in the communal room with residents, they checked on them frequently while undertaking other care tasks. This did not provide assurances that vulnerable residents were appropriately supervised in this communal room. Residents who sustained an injury to their head during a fall had neurological observations completed. There were procedures in place to promote residents' good health and to prevent unnecessary hospital admissions. Residents' health was promoted by annual influenza vaccine, regular vital sign monitoring and regular exercise provided by the physiotherapist and as part of their activity programme.

Residents' risk of unintentional weight loss or weight gain was assessed on admission and regularly thereafter. Residents' weights were checked on a monthly basis or more often to monitor treatment interventions and progress more closely. Inspectors observed that residents with unintentional weight loss or weight gain had their needs appropriately reviewed by a dietician and an associated treatment plan was in place. There were procedures in place to ensure residents' hydration needs were met. Although records of fluid intake over 24 hours was monitored for residents assessed as being at risk of dehydration, the recommended amount of fluid they should drink in a 24 hour was not stated in their care plans. Staff were trained to provide subcutaneous fluid administration to treat residents with acute episodes of dehydration.

There was a low incidence of residents developing pressure related skin ulcers in the centre. Arrangements were in place to ensure residents with wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate and included a treatment plan to inform care procedures. Tissue viability, dietician and occupational therapy specialists were available as necessary to support staff with management of wounds that were slow to heal or deteriorating. The inspector reviewed pressure related skin injury preventative procedures in the centre and found that they were informed by evidence based best practice. Assessment of risk of skin breakdown was completed for each resident on admission and reviewed regularly thereafter. Equipment such as pressure relieving mattresses and cushions were used as prevention strategies. Repositioning schedules were in place for residents who needed to be repositioned regularly. Turning charts were provided for staff to record when a resident was repositioned. But the turning charts were not consistently filled in, so it was not possible to determine if residents were repositioned as frequently as recommended in their care plan.

**Judgment:**

Non Compliant - Moderate

***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:**

Progress with completion of the actions from the last inspections in March 2017 was followed up on this inspection. The inspector found that the action regarding a requirement to review environmental temperatures to ensure all areas of the centre felt comfortable for residents was completed. Systems were in place for monitoring of environmental temperatures in all areas of the centre. The inspector found that the environment in bedrooms, corridors and communal rooms felt comfortable. All residents with the exception of one resident spoken with confirmed that the environmental temperatures were comfortable for them. While one resident told the inspector she felt cool, her bedroom felt warm and the temperature in the room was above recommended limits. This resident attributed her feelings of coolness to showering earlier in the day and confirmed she felt warmer with a blanket.

On the last inspection, the arrangements in place for use of one communal room did not ensure that residents comfort and relaxation was optimized. Since the last inspection the purpose of this communal room was changed to a dining room and the dining room in the new extension was changed to a communal sitting room. While this was a work in progress, the inspector observed and residents spoken with confirmed that this arrangement improves the facilities for residents. Residents now had access to a choice of two spacious dining rooms adjacent to the main kitchen. This negated need to transport residents meals to residents who chose to dine in the new extension. Residents had access to three communal rooms, each differently decorated and with a different ambience. The person in charge was consulting with residents regarding the décor and fittings in the revised communal rooms. This action also ensued better use of all communal facilities by residents.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A complaints policy was available to inform the management of complaints in the centre. Arrangements were in place for recording both written and verbal expressions of dissatisfaction. There were no active complaints under investigation on the day of inspection. Records of complaints received by the centre since the last inspection in March 2017 were reviewed. The inspector found that details of the dissatisfaction and the outcome of investigations completed including any areas identified for learning. While there was evidence that each complaint was investigated, the detail provided in the records reviewed required improvement. Complainants' satisfaction with the outcome of the investigations of their complaints was also not consistently recorded. There was some evidence indicating that complainants were not sufficiently satisfied with the outcomes of a small number of complaints but no record was maintained to confirm they were referred to the appeals procedure in the centre. An appeals process was in place and detailed in the complaints policy including contact details for the office of the ombudsman. The complaints procedure was displayed in the centre and was being revised by the person in charge to reference the changed management structure. The residents' guide also held details of the procedure for making a complaint and the appeals process.

Residents spoken with confirmed they were aware that they could make a complaint if dissatisfied with any aspect of the service. Residents and relatives spoken with by the inspector expressed their satisfaction with the service provided. Residents confirmed to the inspector that they knew who to make a complaint to and felt they would be listened to. An advocacy service was available to residents who required assistance with making a complaint if needed.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

Residents in the centre were consulted with and involved in the planning and

organisation of the centre. Residents' privacy and dignity needs were met. Residents' rights to make choices about how they spent their day was promoted and respected. An action from the last inspection regarding provision of activities to meet the interests and capabilities of residents less able to participate in group activities was completed.

A residents' forum was convened and chaired by the centre's activity co-ordinator and the meetings were minuted. Advocacy services were available to residents if necessary. Residents were encouraged to give their views and feedback on the service provided. There was evidence that issues raised by residents or requests made by them were listened to and were addressed where possible. Residents spoken with by the inspector expressed their satisfaction with their quality of life in the centre and how staff supported them to participate in activities that interested them.

Residents' recreational activities were organized by an activity coordinator and facilitated with the support of healthcare assistants. The centre's activity co-ordinator worked five days each week which included every second Saturday. Her hours on-duty were changed since the last inspection to meet the needs of residents who liked to get up early in the morning. A care staff member facilitated an activity for residents organized by the activity coordinator each evening. Residents' activity needs were assessed and documented in a care plan. A varied activity programme informed by residents' past interests and capabilities was provided. The programme included activities suitable for less able residents to ensure their activation needs were met. A review and reorganization of the communal rooms had also taken place since the last inspection and was a work in progress. The inspector observed that all three communal sitting rooms were used for activities at various times of the day and there was improved use of the new extension. As the weather was warm on the day of inspection, many residents chose to sit out in the centre's enclosed courtyard on the outdoor seating provided. The doors to the courtyard were opened wide and many residents were observed to stroll out into the sunshine. Residents also took opportunity of the nice weather to walk around the perimeter of the centres. Surfaces were flat to ensure they could do this safely. Residents were supported to go on regular outings from the centre and the activity coordinator demonstrated her commitment to ensure all residents got an opportunity to go on outings that interested them. The inspector reviewed the daily documentation maintained that recorded each residents' participation and level of engagement to ensure the activities provided for them met their interests and capabilities.

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. There were facilities for residents to meet their visitors in private if they wished.

Local newspapers were available for residents so they could keep up-to-date on news from their community. Staff worked to ensure that each resident was provided with care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and toilet doors before entering. The inspector observed that all interactions by staff with residents were appropriate and respectful. 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 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 potted plants, colourful throws and cushions in their bedrooms. The activity coordinator also supported residents to personalize their bedrooms with colourful mobiles and textured wall designs.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

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

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

**Findings:**

A staff roster was made available to the inspector and reflected the staff working in the centre on the day of inspection. Since the last inspection in March 2017 the numbers and skills of staff had been increased. The inspector found that residents were not appropriately supervised by staff in one communal room and recommended a further review of staffing numbers and allocation to ensure vulnerable residents were appropriately supervised at all times.

Staff spoken with by the inspector and staff training records confirmed that all staff were facilitated to attend up-to-date mandatory training in fire safety, safe moving and handling procedures and safeguarding residents, as required by the regulations. Staff were also facilitated to attend professional development training to ensure they had the knowledge and skills to meet the needs of residents.

A sample of staff files was examined by the inspector and no gaps in this 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. 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 confirmed in the sample of staff files examined by the inspector.

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

**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 report<sup>1</sup>

<b>Centre name:</b>	Sancta Maria Nursing Home
<b>Centre ID:</b>	OSV-0004589
<b>Date of inspection:</b>	24/07/2017
<b>Date of response:</b>	03/08/2017

### 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 11: Health and Social Care Needs

#### Theme:

Effective care and support

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

While residents' assessed needs were met in practice, some needs found on assessment did not have a documented care plan.

#### **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

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

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 review the care plans and ensure that they accurately reflect all of the residents' assessed care needs.

**Proposed Timescale:** 31/08/2017

**Theme:**

Effective care and support

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

The recommended amount of oral fluid intake over 24 hours for residents at risk of dehydration was not documented in their care plan interventions.

Equipment such as pressure relieving mattresses and cushions were used as prevention strategies. Repositioning schedules were in place for residents who needed to be repositioned regularly. Turning charts were provided for staff to record when a resident was repositioned. But the turning charts were not consistently filled in, so it was not possible to determine if residents were repositioned as frequently as recommended in their care plan.

**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 recommended fluid intake over 24 hours will be recorded for all residents deemed to be at risk of dehydration.

Repositioning records will be completed consistently for residents at risk of pressure related skin breakdown.

**Proposed Timescale:** 31/08/2017

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

While there was evidence that each complaint was investigated, the detail provided in the records reviewed required improvement.

Complainants' satisfaction with the outcome of the investigations of their complaints was also not consistently recorded.

**3. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

We will ensure that the details of each complaint is outlined accurately and that each complaint is reported, recorded, investigated and addressed.

We will ensure that the satisfaction of the complainant with the outcome of the complaint investigation and response is documented in all cases.

**Proposed Timescale:** 31/08/2017

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The inspector found that residents were not appropriately supervised by staff in communal rooms and recommended a further review of staffing numbers and allocation to ensure vulnerable residents were appropriately supervised at all times.

**4. 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:**

We will review the allocation of staff to ensure that there are appropriate levels of supervision for all residents at all times. This review will include specifically allocating staff to supervise communal areas and ensuring that staff are visible and available to assist residents as required. The number and skill mix of staff on duty will be appropriate to the needs of the residents, their dependency levels and the size and layout of the centre.

**Proposed Timescale:** 30/09/2017

