Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Mount Sackville Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Sisters of St Joseph of Cluny</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Sisters of St. Joseph of Cluny, Mountsackville, Chapelizod, Dublin 20</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>21 March 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000176</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0020923</td>
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</table>
About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Mount Sackville Nursing Home is located in Chapelizod, Dublin 20 and is close to the Phoenix Park amenities, schools and bus routes. The centre has 29 single bedrooms and two twin rooms, all laid out over three floors. Floors can be accessed by stairs or passenger lifts. Full-time long-term general nursing care is provided for persons over the age of 65, and people living with dementia. Admission takes place following a detailed pre-admission assessment.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>19/04/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>32</td>
</tr>
</tbody>
</table>
How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 March 2018</td>
<td>10:00hrs to 15:30hrs</td>
<td>Leone Ewings</td>
<td>Lead</td>
</tr>
</tbody>
</table>
Residents gave very positive feedback to the inspector about their experiences of the service they were receiving. Residents told the inspector that meals were tasty and of a very good standard, and they enjoyed the variety on the menu. The centre is operated by the congregation of the Sisters of St. Joseph of Cluny and is located beside a school and convent. The ethos and access to daily religious services was an important part of the daily routine, and was valued by many residents who spoke with the inspector.

The staff team was described by residents as friendly, caring and available to meet their needs. A high level of respect for residents' independence and dignity was also discussed during resident interviews. Residents confirmed staff communicated well with them, and they were involved with any decisions and choices about their daily routines.

Residents expressed satisfaction with access to activities that suit their preferences. Residents reported enjoying reading daily and regional newspapers, music, arts and crafts and attendance at mass and prayers. They also confirmed that their individual choices to engage or not to engage in any activity was respected. The inspector saw that staff had a regular session of Sonas (accredited communication therapy for people with dementia) scheduled and a small group of residents were observed enjoying this programme on the day of the inspection.

The complaints procedure was said to be accessible, and residents confirmed who they could speak to in order to raise any issues.

Overall, a good person-centred service was being provided to residents. One area for improvement was found - the provider did not record sufficient detail in the records of all fire drills which took place in the centre.

Clearly defined governance and effective management arrangements were in place by the provider, person in charge and a further person participating in management. The management team work closely together, and also have their formal management meetings. They demonstrated a person-centred approach,
and operated a dignified service for the benefit of the residents.

Residents had been closely involved in the development of the annual report. The management team reviewed ongoing quality of life and safety at the centre, using items such as audits, and reviews of care practices. Where improvements were identified, these were addressed and in a timely way. Staff met regularly with the person in charge who has oversight of the clinical indicators of care, for example, number of falls, pressure area care, use of psychotropic medicines and care planning.

Sufficient resources were in place to ensure the effective delivery of care. Recruitment practices were found to be safe. The centre's last inspection was fully compliant, and there were no follow-up actions required. At the time of this inspection the provider told the inspector improvements to the call bells system and a new electronic record-keeping systems had been put in place. In addition, the provider was planning to make improvements to the premises, adding an en-suite shower room to a bedroom, and plans to make all bedrooms single occupancy. The provider was aware of the process of submitting the proposed plans and relevant documents to HIQA for review.

A clear complaints policy was in place and overseen by the person in charge. No written complaints had been made. The procedure was on display in the centre and residents who gave feedback to the inspector confirmed they understood the process, and felt any issues raised would be addressed.

**Regulation 14: Persons in charge**

The person in charge was well known to all the residents and staff, and meets the regulatory requirements in terms of skills, knowledge and experience. She has completed a post-graduate management qualification and is engaged in continuous professional development to keep herself up to date.

Judgment: Compliant

**Regulation 15: Staffing**

Staffing provision in the centre was in line with proposed staffing rosters and staff available on the day. Staff turnover was low and recruitment practices were overseen by the provider and person in charge. Staff received suitable induction and had appropriate qualifications. Registered nurses had evidence of current registration with the regulatory body for nursing.
Judgment: Compliant

Regulation 16: Training and staff development

Staff mandatory training in safeguarding, fire safety and moving and handling was up to date. Staff appraisals identified areas for staff development, and a detailed training plan was in place for 2018. For example, infection prevention and control for staff was planned to take place in the week after this inspection.

All staff were supervised and care practices were closely reviewed by the person in charge or her deputy.

Judgment: Compliant

Regulation 21: Records

Records were maintained to a high standard, and contained all the information required by legislation. A new record-keeping system had been implemented and all staff had received training on its use.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a clear management structure, and safe systems to ensure that the centre was providing the service in line with the statement of purpose.

An annual review had been completed, with input from residents and relatives. This review informed detailed action plans for 2018, with clear evidence of service improvements. For example, reductions in falls and improved access to the gardens.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre maintained a statement of purpose which contained the required
information about the centre and the service provided.

Judgment: Compliant

**Regulation 31: Notification of incidents**

All notifications required by regulation were submitted within the required time frame.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

All of the policies and procedures required by the legislation were in place, and were evidence-based and guided practice at the centre.

Judgment: Compliant

**Quality and safety**

Overall, residents in this centre were well cared for, and the quality and safety of care was to a high standard. Residents' assessed needs were being well met, with improvements in well-being since admission clearly reported to the inspector by a number of residents. There were good opportunities for residents to engage in recreational activities to enhance their quality of life.

Overall, the premises was well maintained and decorated with adequate communal and private space. One area on the ground floor was purpose-built, but the remaining bedrooms and communal space was in an older building with high ceilings laid out over three floors, with the basement as a service area. The centre was found to be clean hygienic and well furnished with suitable flooring and soft furnishings, making it more homely in nature. The centre had adequate provision for baths and showers for 33 residents. Some of the private single bedrooms had en-suite facilities in place to offer privacy. New signage had been put in place on the ground floor to assist residents finding the location of a toilet facility adjacent to the dining rooms.

There was a clear process for assessing the needs of long-term residents prior to their admission. Care plans were in place where needs were identified, and some good examples of setting out individual wishes and preferences were evident. All
reviews included using a range of recognised nursing tools covering topics such as risk of pressure area breakdown, risk of malnutrition, and risk of falls. There were low levels of clinical incidents seen in the ongoing reviews of care and audits carried out by the person in charge.

Medication practice was seen to be in line with professional guidelines, and the audits carried out by the visiting pharmacist found good levels of compliance in relation to receipt, storage, administration and the return of medication, including that of controlled drugs.

Staff spoken with were very clear of the arrangements in place in the centre to safeguard residents from abuse. They were clear of the policy and the steps they must take if they witnessed, suspected or had abuse reported to them. Residents said they felt safe in the centre. All residents felt their rights were being respected, and the inspector observed a number of positive interactions between staff and residents where choices were being facilitated. Throughout the day, residents were seen to be making choices, including when to get up, what to eat, and how to spend their time.

Residents' rights were safeguarded by systems and processes the provider and person in charge had put in place. For example, there was a low use of restrictive practice in the centre, which was monitored regularly. The policy and procedure followed the nationally published guidance ‘Towards a restraint free environment’.

**Regulation 17: Premises**

Overall, the premises met the needs of residents. Its size and layout allowed for good access to communal spaces on the ground floor. Residents accommodated on the upper levels were of lower dependency, more mobile and could use the lift. Nonetheless a small number of residents did require supervision to move between floors. There were sufficient showers and baths available over the three floors to meet the needs of all residents. The provider was planning to make further provision for an en-suite in one bedroom, and floor plans and a statement of purpose were to be submitted to HIQA for this change.

**Judgment: Compliant**

**Regulation 25: Temporary absence or discharge of residents**

Admissions, transfers and discharges were in line with the centre's policies and procedures, and recorded in the directory of residents. One resident was on a short holiday at the time of the inspection.
Judgment: Compliant

**Regulation 26: Risk management**

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards. An emergency plan was in place and staff were knowledgeable about actions to take.

Judgment: Compliant

**Regulation 28: Fire precautions**

There were adequate arrangements in place against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of systems. Staff knowledge of what to do in the event of hearing the alarm was good, and the support needs of each resident were clearly documented. The provider and person in charge confirmed that fire drills took place regularly. Some improvements were required to the standard of records maintained to include more detail of fire drills, including staff response and times taken to evacuate.

Judgment: Substantially compliant

**Regulation 5: Individual assessment and care plan**

An assessment to determine the needs and abilities of each resident was completed, prior to, and following admission. Care plans were completed in accordance with the centre's policies and procedures. Care plans were informed by evidence-based assessment tools, and subject to audit and review.

Reviews were carried out every three months or if a resident's needs changed. The inspector reviewed the audit completed by the person in charge and a sample of care plans and also found that care was planned for in a person-centred way and was up to date.

Judgment: Compliant
### Regulation 6: Health care

Appropriate medical and health-care was being provided and was accessible for residents, in line with their identified health and social care needs. The person in charge provided leadership and ensured that a high standard of evidence-based nursing care practices was in place.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There were systems in place to assess whether a restrictive practice such as bed rails, was appropriate to support a resident. For example, there was a low use of any restrictive practices in the centre. Restrictive practice was subject to close audit and was monitored regularly to ensure it was used for the shortest duration. The policy and procedure followed the nationally published guidance ‘Towards a restraint free environment’. Supportive care plans were in place for any residents who may show any responsive behaviours associated with dementia, and this was well managed using a gentle approach.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including the recruitment of staff, ongoing recent staff training and supervision of staff, clear arrangements for managing finances and provision of personal storage space. No reports had been made to HIQA in relation to any allegations since the last inspection.

Judgment: Compliant
### Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence or discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially Compliant</td>
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</tbody>
</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire Drill took place on the week following the inspection and the scenario simulated was recorded, length of time taken to evacuate noted and the difficulties encountered helped us to adapt our method of evacuation in one instance. Fire Drills planned for every 6 months are now documented as recommended in the Fire Register to facilitate access.
Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28(1)(e)</td>
<td>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>27 March 2018</td>
</tr>
</tbody>
</table>