<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Stella Maris Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005614</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Baylough, Athlone, Westmeath.</td>
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<tr>
<td>Telephone number:</td>
<td>090 649 2162</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:stellamaris1@eircom.net">stellamaris1@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Star of the Sea Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>21</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 02 August 2018 09:00
      03 August 2018 09:00
To:    02 August 2018 17:00
      03 August 2018 17:00

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

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<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Compliant</td>
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Summary of findings from this inspection
Stella Maris Nursing Home is a small family-run centre located in a residential area in the town of Athlone. It comprises of a converted house over two floors. Full-time, general nursing care is provided, and care is provided for people with a wide range of needs including long-term care, short-term respite care, dementia and mental health difficulties. The majority of residents are living there on a long-term basis.

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six outcomes and also followed up the actions from the last monitoring inspection. The provider had been invited to attend information sessions around the dementia thematic programme,
and provided with information about how compliance is judged.

Prior to this inspection the provider had completed a self-assessment document. The judgments in the self assessment were that substantial or full compliance was demonstrated. Ten residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The inspector found the provider was in substantial or full compliance in all outcomes reviewed.

Overall, the inspector found that the centre met the individual care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Residents who experienced responsive behaviours were well managed by staff with good communication skills and meaningful activities available. The inspector saw improvements had taken place since the last inspection, and all but one action relating to care planning were addressed. Nonetheless, further improvements with care planning reflecting the nutritional care needs.

Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Overall a good standard of communication and interaction was observed, and staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives respected by staff.
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. Suitable arrangements were in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans were developed to inform care to be provided. Assessments of need and development of care plans was done within 48 hours of each resident's admission and were reviewed accordingly thereafter. Improvements were noted following the last inspection in care planning for people with diabetes living at the centre. Care plans were monitored and audited by the person in charge, and improvements in the recording of the residents' individual hygiene preferences were noted to be in place now. However, the inspector found some gaps in a sample of the care plans viewed in terms of some aspects of clinical care. Areas for improvements were identified to ensure care plans were developed where there was an assessed need, and detailing and updating nutritional care provided for residents.

The centre catered for residents with a range of healthcare needs including eight residents with a diagnosis of dementia. The inspector focused on the experience of residents with dementia living in the centre, tracking the journey of a sample of residents and reviewed specific aspects of other residents' care such as safeguarding, nutrition, pressure area care and end-of-life assessments.

There were arrangements in place for communication regarding residents with dementia between the acute hospital and the centre. The person in charge told the inspector that most residents were admitted from hospital or home and she or her deputy visited prospective residents prior to their admission to the centre. Pre-admission documentation was retained in each residents file as required. 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 were not routinely obtained for residents admitted from the hospital setting for long-term care. However, this information was reviewed as part of their pre-admission assessment completed by the person in charge or her deputy. The files of residents’ admitted from hospital held their hospital discharge documentation. If a resident transfer took place the nursing staff provided a detailed account of 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. The person in charge confirmed that a number of local General Practitioners (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 their own GP they attended prior to their admission to the centre.

Residents had good access to allied healthcare professionals. Physiotherapy and occupational therapy specialists attended the centre routinely every two weeks and more often if necessary. These services supported staff with risk of fall, post fall reviews, mobility and seating assessments. Dietetic, speech and language therapy, dental, ophthalmology and chiropody services were also available to residents as necessary. Members of the community psychiatry of older age team attended residents in the centre. This service supported GPs and staff with the care of residents experiencing BPSD. Positive health and wellbeing was promoted for residents, with regular exercise as part of their activation programme, physiotherapy reviews, regular occupational therapy, 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 suitable pain assessment tool was available for residents with dementia.

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. Overall, care plans in place were informative and person-centred. However, there was opportunity for improvement to ensure that specific details were included in nutritional care plans to facilitate a consistent approach by staff. Residents’ care plans were updated routinely on a three to four monthly basis and thereafter to reflect their changing care needs. Improvements had taken place with records of any consultation with residents or family members where appropriate. The inspector 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. Equipment was provided to support residents with communication needs such as ‘talking mats’.

Staff provided end-of-life care to residents with the support of their GP and community palliative care services as necessary. No residents were in receipt of end-of-life or palliative care services at the time of this inspection. The inspector 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 were also recorded. Residents receiving end-of-life care were accommodated in single bedrooms where possible, to enhance their end-of-life comfort and privacy. Relatives of residents were facilitated to stay overnight with residents receiving end-of-life care if they wished. Staff outlined how residents' religious and cultural practices were met. Members of the local clergy from the various religious faiths were available to provide 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 skin breakdown. There was a very low incidence of pressure wounds developing in the centre. 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 wound care needs 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. There was room for improvement to ensure weights were consistently recorded to inform and update care plans. The inspector saw that residents had a choice of hot meal. The chef confirmed that alternatives were also available to the menu available each day if residents did not like the dishes on offer. Staff reminded residents with dementia of the menu available at mealtimes so they were provided with the food they liked to eat. The chef was aware of and discussed individual 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 diabetic, fortified and modified consistency diets and thickened fluids received their correct diets and fluid consistencies. Residents received support encouragement and assistance from staff with eating where necessary. Residents spoken with commented positively on the food provided to them. A variety of drinks were made available to residents at mealtimes and the inspector 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. The physiotherapist and occupational therapist were involved in this process. There was a low incidence of resident falls resulting in serious injury. There was sufficient evidence of appropriate action taken to review fall incidences and learning was implemented. Fall incidents were trended taking account of location, times of incidents and repeat falls. Equipment was used to protect residents at risk of falling from injury such as hip protectors, low-level beds, foam floor mats and sensor alarms. The provider had purchased additional low
low beds since the last inspection for use where a risk was identified.

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. Systems were in place for recording and managing medication errors. Appropriate safe storage and checking procedures were in place for medicines controlled under misuse of drugs legislation and medicines requiring refrigerated storage.

**Judgment:**
Substantially Compliant

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**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:**
Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. There were robust systems in place to safeguard residents’ money. Restraint was rarely used and when employed it in line with national guidelines. Staff adopted a positive, person centred approach towards the management of behaviours that challenge.

Additional equipment such as low level beds and sensor alarms had been purchased to reduce the need for bedrails. Consequently bedrail usage was very low and alternatives were trialled before bed rails were used. Two residents had bedrails in place and appropriate risk assessments had been carried out. Care plans were in place to monitor the use of bedrails.

The inspector found that appropriate measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to safeguarding reports or allegations of abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff who spoke with the inspector demonstrated sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. There were no allegations of abuse being currently investigated.

There were robust systems in place to safeguard residents’ money. The person in charge was an agent for one resident and she lodged the resident's pension to a separate interest earning account. All transactions were documented and witnessed.
Because of their underlying condition some residents showed behavioural and psychological signs of dementia (BPSD). Residents who were tracked had been appropriately assessed to determine any underlying cause and the behaviours were monitored using the ABC (antecedent, behaviour and consequences) chart. Person centred care plans were put in place and reviewed regularly. Staff spoken with by the inspector were familiar with appropriate interventions for individual residents. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Residents were also referred for assessment by mental health of later life services. Some residents were prescribed antipsychotic or mood altering medications to treat an underlying condition. The inspector found that the use of PRN (a medicine only taken as the need arises) medications was carefully monitored and used as a last resort when other person centred interventions had failed. No residents were receiving PRN psychotropic medications at the time of this inspection.

**Judgment:**
Compliant

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**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:**
The ethos of the service upheld the rights and dignity for each resident. The nursing assessment included an evaluation of each resident’s functional capacity for each activity of daily living and their social needs. Staff optimised opportunities to engage with residents and provide positive connective interactions. The daily routine was organised to suit the residents. Rosary was an important aspect of daily life and activities available to residents, including those with advanced dementia reflected the capacities and interests of each resident.

The centre did not have an activity co-ordinator but a health care assistant was rostered to provide recreation and engaging activities for residents on a daily basis. Training had been provided to support staff to provide meaningful activities for residents. Group activities were organised such as exercise classes, music sessions, card games and painting. Residents who spoke with inspectors were satisfied with activities that were arranged. Staff created opportunities for one-to-one activities, for residents who were unable or unwilling to participate in groups. Staff were creative in offering stimulation to residents with advanced dementia. Sensory knitted mitts, crochet cushions with flowers and fabric photos were created by staff for residents. Doll therapy was used therapeutically for one resident.
A 'Key to Me' document containing information about each resident's history, hobbies and preferences was used to inform the planning of activities. Staff had worked with family members to create a 'life story' book for each resident who had dementia. This project was being extended to include other residents. The inspector found that all residents' files examined held a 'life story' and/or a 'key to me’ booklet which provided valuable information for staff to reminisce and engage in a person centred way with residents.

The inspector spent a period of time observing staff interactions with residents with a dementia. The inspector used a validated observational tool (the quality of interactions schedule or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in both the communal areas. The overall quality of the interactions was found to be very positive and staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. The inspector formally monitored staff and resident interactions during the day using this tool. Staff were observed to be calm and always spoke in a kind, unhurried and friendly manner. The inspector observed staff knocking on doors before entering residents' bedrooms. The inspector also observed that the staff helped put the residents at ease. Mealtimes were observed to be a social occasion and all were well supported to enjoy the dining experience. These periods of observations took place in the day room and during an art session and the vast majority of interactions were rated as positive task orientated care. The inspector also observed positive connective interactions between staff and residents who had dementia. Staff who spoke with the inspector attributed this to the relationships they had with the residents and the training they had received.

There was evidence that residents with dementia received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors before entering, and drawing the curtain in the bedroom when providing personal care. There were no restrictions on visiting times and there were facilities to enable residents to receive visitors in the visitor's room on the first floor.

There was evidence that residents with dementia were consulted about how the centre is run, and the services that are provided. Residents and staff confirmed that they were offered choice about all aspects of their day. Residents' meetings were held every two months, but residents were also routinely consulted about important decisions and they selected the paint colours when the centre was decorated.

Residents were supported to attend events in the community. Some of the residents were members of the community choir and residents also attended the local Alzheimers café. A number of residents attended local day-care services. Daily and local newspapers were provided for residents.

Residents were facilitated to exercise their civil, political and religious rights. There was evidence that residents' right to refuse treatment or care interventions was respected, and that residents were facilitated to vote in the centre or in the local polling station. Advocacy arrangements were in place should a resident require supports.
Judgment:
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:**
A complaints procedure was in place and the inspector reviewed the records. There had been a small number of verbal complaints recorded since the time of the last inspection, all had been investigated and actioned in line with the policy, and the outcomes were clearly recorded in the complaints file.

The complaints procedure was displayed prominently and this was in line with the information within the complaint’s policy. The inspector confirmed that in the first instance the nurse on duty would try to resolve the issue, and the person in charge as complaints manager would then follow the policy, which was overseen by the registered provider representative and director of the company at management meetings. There was a clear appeals process outlined within the policy should the complainant remain dissatisfied. Residents were facilitated if they wished to access independent advocacy supports.

Judgment:
Compliant

**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
The centre had appropriate staff numbers and skill mix to meet the assessed needs of the residents. Throughout the inspection, the inspector found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Care tasks were appropriately paced to ensure that residents were not rushed. Staff were observed to reassure and communicated in a clear and
open manner with residents, offering choice before continuing to assist them.

The inspector reviewed the planned and actual rota in the centre. The person in charge managed staffing planning and provision. The actual rota was found to be representative of the staff that were on duty during the inspection. The inspector found that there was an appropriate level of staff supervision, with person in charge or her deputy on duty to support the nurse on duty and care staff. An on-call management rota was in place and unanticipated leave was usually covered by existing staff and the centres’ own relief staff. Registration and personal identification numbers for all registered nurses were found to be in place.

Training records were reviewed and found to be up-to-date for training in fire safety, safeguarding and moving and handling. Staff had received training in dementia care, communication skills and responding to challenging behaviours.

The inspector confirmed safe recruitment procedures and a sample of staff files were reviewed and was found that all contained the requirements listed in schedule 2. A newly appointed registered nurse was also on duty on the day of the inspection undergoing induction in order to be fully supported in her new role.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre was not purpose built and the provider had installed a passenger lift, refurbished the rooms and reduced occupancy levels in order to meet residents’ individual and collective needs in a comfortable and homely way in accordance with the regulations and standards.

There was suitable and sufficient space for storage of equipment. Overall there was satisfactory level of cleanliness and hygiene maintained in the centre and measures were in place to prevent and control the spread of infection.

Nurse call alert bells and appropriate assistive equipment was provided to meet residents’ needs such as hoists, seating, specialised beds and mattresses. A review of the servicing and maintenance records for equipment and found they were up-to-date. Appropriate arrangements were in place for the disposal of clinical and general waste.
The inspector found that the premises were well maintained and nicely decorated. The communal areas such as the dining room and the day room had a variety of comfortable furnishings and were domestic in nature. The inspector saw that signage using pictures and text were placed at eye level on the doors to communal rooms and other key areas. Toilet doors had been painted a yellow colour to assist residents to identify them. Contrasting colours were also evident in the toilet on the first floor.

A variety of carpet and matt flooring was used throughout and non slip flooring was used in bathrooms and toilets. Handrails and grab rails were provided where required in circulating areas and in toilets and bathrooms.

Bedroom accommodation for residents is located on both the ground and first floor. All the bedrooms had a wash-hand-basin and comprised nine twin bedrooms and seven single rooms (six bedrooms en-suite). There are three additional assisted shower rooms with toilets, one on the first floor and two on the ground floor. There was also a smaller toilet on the first floor. There was no bath available for residents to use should that be a resident’s choice.

All bedrooms had a call bell fitted within close proximity to their beds and many of the residents had clocks and calendars in their bedrooms. Bedrooms were spacious enough to accommodate personal equipment and assistive devices required by existing residents. Residents had a locked facility for safe storage of their personal valuables in their rooms. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents rested during the day.

Staff had made progress towards creating a dementia friendly environment. Examples of this included unique identifiers or pictures on bedroom doors to help residents to identify their bedroom. The use of restful colours and homely soft furnishings. Art and craft projects which the residents had created were on display. The additional use of pictorial signage is now in place to support way-finding.

There is a large decking area and a small garden to the rear of the centre. An area adjacent to the garden was being developed to create additional outdoor space for residents. The person in charge had identified that better access was now in place for residents to this decking area without the need to tap in a code to a keypad. Raised wooden flower and vegetable beds had been created and were planted up. A passenger lift had been installed to facilitate access to the garden from the decking area.

**Judgment:**
Compliant

**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The health and safety of residents, staff and visitors was promoted and protected. The centre had comprehensive policies relating to health and safety. The provider has addressed all actions in the action plan in relation to infection prevention and control found on the inspection carried out in March 2017. A safety statement dated 2017 was available. The risk management policies as required by regulation 26 were in place. The risk management policy informed practices in relation to residents at risk of self-harm, violence and aggression, abuse and unexplained absence. The centre maintained a risk register setting out hazards identified in the centre and the control measures in place to minimise associated risk. There was evidence that this register was reviewed and updated as necessary.

The provider representative advised the inspector that a new water pumping system had now been installed to provide thermostatically controlled water.

Clinical risks such as residents using restraint and bedrail and smoking among others were identified with appropriate controls in place. For example, residents who smoked were risk assessed, appropriately supervised and a safety apron was available in the smoker's room on ground floor. Health and safety issues and risks were discussed at management meetings and remedial actions completed.

All incidents and accidents involving residents, staff and visitors were recorded and actioned. They were reviewed and addressed by the provider representative/person in charge. There was evidence of learning from any serious incidents involving residents with corrective actions and controls implemented to prevent recurrence.

Overall, the provider took a proactive approach to fire safety management. Fire exits were free of any obstruction and were checked on a daily basis to ensure evacuation of residents, staff and visitors was not hindered in the event of an emergency. Measures were implemented since inspection in March 2017 to ensure residents with reduced mobility could exit safely. All residents had evacuation risk assessments completed and documented. Fire safety management checking procedures were in place and no gaps were observed in these records. Servicing of the fire panel, alarm, emergency lighting, directional signage and smoke/heat sensor equipment had been completed. Documentation reviewed confirmed they were in working order. Equipment including fire extinguishers and fire blankets were available at various points throughout the centre. Fire evacuation drills were completed at regular intervals and reflected testing of day and night-time resources and conditions to ensure residents could be safely evacuated in an emergency. Fire evacuation procedures were displayed in prominent locations for residents and visitors, including in high traffic areas and in residents’ bedrooms. Staff spoken with by the inspector had a good knowledge of what to do in the event of the fire alarm sounding. Fire safety training was completed by all staff, as confirmed by the staff training records.
The centre was visibly clean. Hand hygiene facilities were located throughout the premises. The inspector observed that additional shelving was now in place in the sluice room for the storage of equipment. An infection control policy informed procedures for management of communicable infection and infection outbreak to guide and inform staff. Staff attended training on infection prevention and control and hand hygiene.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Leone Ewings  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Stella Maris Nursing Home
Centre ID: OSV-0005614
Date of inspection: 02/08/2018 and 03/08/2018
Date of response: 17/09/2018

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:
Some written care plans reviewed had gaps and were not found to be fully reflective of nutritional care provided for residents, or updated further to any changes in care provision.
Care plans were not fully developed by staff to include all care provided.

1. Action Required:

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

Full audit of care plans has been carried out.

All care plans have had a full review and are being updated if required.

Care plan training is still being sourced and will be attended by nursing staff.

**Proposed Timescale:** 15/10/2018