

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Santa Sabina House
Centre ID:	OSV-0000159
Centre address:	Navan Road, Cabra, Dublin 7.
Telephone number:	01 868 2666
Email address:	lesley.costello@santasabinahouse.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Congregation of Dominican Sisters
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	6

About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 May 2018 10:00 To: 23 May 2018 16:00

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

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

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge and team completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table compares the self- assessment and inspector's judgment for each outcome.

The centre is a residential home for religious sisters to avail of residential,

convalescence and respite services. The inspector met with residents and staff members and tracked the journey of residents with dementia within the service. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed. The inspector also followed up on the areas of non-compliance found on the previous inspection on 27 September 2017. The action plans developed to bring the service into compliance had been completed.

On the day of inspection 13 of the 34 residents in the centre were reported to have a diagnosis of dementia. The centre did not have a dementia specific unit. Staff were skilled to support residents and to provide person-centred care. The centre was purpose built and had spacious facilities that included 36 single and two twin bedrooms with full en-suite facilities. All residents were the single occupant of their bedroom. Residents had access to appropriate communal facilities and to secure landscaped gardens and courtyards. The environment was calm, clean, decorated to a high standard and welcoming, but some aspects of it could be improved to support people with dementia including the use of colour and signage for individuals to optimise functioning and support way finding.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment and care plans were in place to meet their assessed needs. The service mainly used a computerised system for assessments, care planning and residents records with some records maintained in hardcopy form. The health needs of residents were met to a high standard. Residents had access to medical services and a range of other health services and evidence-based nursing care was provided. The service had made significant progress towards creating a restraint free environment. There was evidence of good interdisciplinary approaches in the management of responsive behaviours with positive outcomes for residents. The service functioned in a way that supported residents to lead purposeful lives. Positive connective care was observed during the formal and informal observation periods. Collaboration and respect for residents was very evident and the daily routine was organised to meet the needs of individual residents.

The findings are discussed further in the body of the report and the action required is included in the action plan at the end for response.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is discussed in Outcome 3.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans developed in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures.

Residents had the option to retain the services of their own general practitioner (GP) if they wished to do so. The majority of residents were with the local GPs who visited the residents weekly and more frequently if required. Residents also had access to out of hours medical services and to allied healthcare professionals including dietetic, speech and language, dental, physiotherapy, occupational therapy, ophthalmology and chiropody services. Residents also had access to the local palliative care team and mental health services upon GP referral. A pharmacy supplied residents with medicines and a pharmacist was available to participate in medication reviews and to meet with residents as required.

The inspector focused on the experience of residents with dementia and tracked the journey of residents with dementia. She also reviewed specific aspects of care such as nutrition and falls prevention.

There were systems in place for communications between the resident/families, the acute hospital and the centre. The person in charge or deputy visited prospective residents in hospital prior to admission. Residents' files held relevant information on discharge letters from hospital. The inspector examined the files of residents who were transferred to hospital from the centre and found that appropriate information about

their health, medications and their specific communication needs were included with the transfer letter.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There were also dependency and pain assessment tools. A care plan was developed within 48 hours of admission based on the residents assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a four monthly basis or to reflect the residents' changing care needs. There was documentary evidence that residents had provided information to inform the assessments, care plans and care plan reviews. Nurses, healthcare staff, residents and representatives who spoke with the inspector demonstrated appropriate levels of knowledge about care plans. The care plans examined on this inspection were found to be comprehensive and the computerised system facilitated timely access to relevant information.

Staff provided end of life care to residents with the support of their religious community/family, GP and the community palliative care team. The inspector reviewed a number of 'End of life' care plans that outlined the physical, psychological and spiritual needs of the residents. Residents occupied single bedrooms and a visitor's room with dining, meeting and sleeping facilities was available for families of those at the end of life. Engagement with residents including residents with dementia began at an earlier stage to elicit their wishes and preferences for their future care needs including end of life care.

Residents were routinely assessed for their risk of developing pressure related ulcers. Care plans to manage the risk were in place and specialist pressure relieving equipment provided. None of the residents had a pressure sore or ulcer at the time of inspection. One resident had a chronic wound that was healing and subject to regular review by relevant specialists.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a weekly or monthly basis depending on the risk identified. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and or speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained. The inspector observed residents having their lunch in the dining room and joined them in the afternoon for tea and snacks, and saw that a choice of meals, diets and food options was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The nursing staff communicated the nutritional needs of each resident with the catering staff to ensure residents who required modified consistency diets and thickened fluids received the correct diet and modified meals which were attractively served. Mealtimes in the dining room were social occasions and staff sat with residents while providing encouragement or assistance with the meal.

There were arrangements in place to review accidents and incidents within the centre,

and residents were regularly assessed for risk of falls. Care plans were in place and reviewed following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to prevent further falls and to mitigate the risk of injury should a fall occur. The audit of incidents and near misses presented an opportunity for reflective practice and new learning to manage risk.

Nurse's completed on line training in Safe Medication Practice. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Residents had access to the pharmacist who also participated in the reviews of medications. Practices in relation to prescribing, ordering, and receiving, administering, storing and returning unused medications were informed by robust medication policies. The action required from the previous inspection in relation to the management of the sharps bin was addressed.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

Staff had received safeguarding training to enable them to identify and respond to elder abuse. There was a comprehensive 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 displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. There were no allegations of abuse reported. There were systems in place to safeguard residents' money.

There was a comprehensive policy in place which gave guidance to staff on restraint. The inspector was informed that no form of restraint was used at the time of inspection and when employed it was done in line with national guidelines following an assessment and decision by the multidisciplinary team. Equipment such as low beds, levers and sensor alarms were used to reduce the need for bedrails. A high level of staff supervision, structured activities and meaningful engagement had reduced the use of bedrail. None of the current residents had bedrails in place. Appropriate risk assessments had been carried out and care plans were in place to monitor the safety and welfare of resident.

Staff adopted a positive, person centred approach towards the management of responsive behaviours. Because of an underlying condition some residents showed behavioural and psychological signs of dementia (BPSD). Staff 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. The inspector was told that the use of PRN (as required) psychotropic medications as a form of restraint was not in use by any of the residents which was confirmed in a review of the medicine records.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The ethos of the service upheld the rights, and dignity was respect for each resident. The nursing assessment included an evaluation of the resident's social and emotional wellbeing. All staff optimised opportunities to engage with residents and provide positive connective interactions. The daily routine was organised to suit the residents. Prayer and religious services continued to be an important aspect of daily life and activities available to residents with dementia reflected the capacities and interests of each resident.

An activity co-ordinator was rostered and on duty to provide recreation and engaging activities for residents on a daily basis. In addition to activities held in the centre, outings were organised to local events and areas of interest during the year. There was evidence that such outings had been chosen in collaboration with residents, and that residents were satisfied with activities that were arranged. Group activities were organised such as exercise classes, board games, music sessions, art and painting.

Residents had access to the hairdresser who came to the centre. A stock of books was available in the centre's library section and a selection of music was accessible in the music corner. Staff created opportunities for one-to-one activities, for residents who were unable or unwilling to participate in groups. A record containing information about each resident's history, hobbies and preferences was used to inform the planning of activities. The provider and sisters who lived in a separate building on the campus provided daily pastoral care and were familiar with the life story and work of residents prior to sisters being admitted to the centre. The inspector found that valuable information for staff to reminisce and engage in a person centred way with residents

was gathered and known by staff.

The inspector observed staff interactions with residents, including residents with dementia. These periods of observation took place in the dining room, day room and art room. The vast majority of interactions were rated as positive connective care. Staff who spoke with the inspector attributed this to the culture within the centre, the training they had on dementia and the knowledge they had about each resident. Staff showed the inspector the art and crafts they created with residents.

There was evidence to support that residents with dementia received care in a dignified manner that respected their privacy. Staff were observed knocking on residents' bedroom doors before entering, and drawing the curtain on the bedroom window when providing personal care. There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private.

There was evidence that residents with dementia were consulted about how the centre is run, and the services that are provided. Residents provided feedback daily and formally in a satisfaction survey to inform the annual review seen completed. Residents' meetings were held every 3 months, but residents were also consulted about important decisions between meetings. Residents had been consulted to determine the improvements and choices in menu and activity.

The centre had developed a number of methods of maintaining residents' links with their local communities. Phones were installed in each bedroom, and some residents used laptops for emails and Skype. Daily and local newspapers were provided for residents. The activity co-ordinator also read the daily papers to residents and facilitated discussions about interesting topics.

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 process was in place to ensure the complaints of residents including those with dementia were listened to and acted upon. The process included an appeals procedure and was posted prominently in the centre. The complaints procedure met the regulatory requirements.

Residents who met the inspector were clear about who they would bring a complaint to.

Information from complaints formed part of the quality improvement process.
Judgment: Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There were appropriate staff numbers and skill mix to meet the assessed needs of residents, and in particular residents with a dementia. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The person in charge told the inspector that volunteers and pastoral carers were used in the centre. A file of a volunteer was examined. It held the required documents of a Garda vetting disclosure and a written agreement in relation to their role and responsibilities.

A recruitment policy in line with the requirements of the regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete. The inspector saw that a list was in place to ensure that all staff files included the requirements of the Regulations. Garda Clearance was present in the staff files reviewed. The provider representative and person in charge confirmed that all staff were Garda Vetted.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty. Residents who spoke with the inspector were complimentary of the staff and the care provided. Staff and residents were satisfied that there were adequate staff on duty over a 24 hour period and at weekends.

A Training Matrix was available, and systems were in place to ensure that all staff had attended the required mandatory training. There was a varied programme of training for staff. Records confirmed that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, manual handling, fire safety, dementia and responsive behaviours that challenge. Other training provided included training in medicine management, cardio pulmonary resuscitation, food hygiene and infection control.

An induction programme was in place for new staff who were rosterd to work with more experienced staff. Annual appraisals were done and professional development needs were identified. Staff were supported to develop expertise in specific areas and said they

valued the support and expertise which management provided. Staff had completed an on-line programme in dementia and had attended training on the prevention of falls, end-of-life and malnutrition.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:

The two story purpose built nursing home is situated on a campus near to a school and all amenities. The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The inspector found the centre to be calm, welcoming, warm, well ventilated and maintained and suitably decorated throughout.

The dining room adjoined the kitchen where meals were prepared onsite. There was ample communal space including a day room, art room, a dining room, a sun room and a complimentary therapy room. There was a large adjoining chapel, a room to meet with visitors in private and a hairdressing salon on site. Residents had access to a variety of secure well maintained outdoor areas with raised flower beds, a green house, patios and seating areas.

Corridors and door entrances used by residents were wide and spacious to facilitate movement and aids used and required by residents. The flooring throughout was safe and appropriate. There were plenty of seating bays where residents congregated. Handrails and grab rails were provided where required in circulating areas and in bathrooms.

Bedroom accommodation was provided with 36 single and two twin rooms with en suite facilities including an accessible shower, toilet and wash hand basin. All bedrooms had a call bell and a telephone by the bedside and some of the residents had clocks and calendars in their bedrooms. Bedrooms were spacious enough to accommodate personal equipment and devices required by existing residents. Residents had a locked facility for safe storage in their rooms.

Staff had made progress towards creating a dementia friendly environment and this was apparent on the inspection. Examples of this include symbols or pictures to help residents to identify their bedroom and most of the bedrooms were personalised to suit the individual resident. Pictures and photographs which depicted their previous years

were seen in parts as a reminder of past-times.

Some improvements were discussed between the inspector and management, such as signage to orientate residents to specific locations and the use of contrasting colours to optimise functioning and support way finding.

Measures had been taken to control the environment, but factors such as noise from an alarm activated when deliveries were made to the kitchen required monitoring.

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:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Santa Sabina House
Centre ID:	OSV-0000159
Date of inspection:	23/05/2018
Date of response:	21/06/2018

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 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Some improvements such as signage to orientate residents to specific locations and the use of contrasting colours to optimise functioning and support way finding was required.

The noise from an alarm activated when deliveries were made to the kitchen required monitoring.

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

1. Action Required:

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

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

Yellow signs (black text) have been ordered for SSH, to improve directions to Dining Room, Community Room, Chapel etc. These will be installed on delivery, anticipated July 18. Order sent to company June '18.

Security buzzers on doors (front and back) will be deactivated during business hours, to reduce noise in SSH. Installation of on/off switch anticipated June – July 18. Order sent to Security company June '18.

Proposed Timescale: 31/07/2018