



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

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| Name of designated centre: | Stella Maris Nursing Home |
| Name of provider: | Stella Maris Residential Care Limited |
| Address of centre: | Cummer, Tuam, Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 28 April 2025 |
| Centre ID: | OSV-0000396 |
| Fieldwork ID: | MON-0046896 |

About the designated centre

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

Stella Maris Nursing Home is purpose built centre located in a rural setting near Cumber in County Galway. The centre is registered to accommodate 43 residents over the age of 18 requiring 24-hour nursing care with a range of medical and social care needs. All resident areas are located on the ground floor. Office and storage areas are located on the first floor. Communal space includes a large central day room and several smaller sitting rooms. Bedroom accommodation comprises 21 two bedded rooms and one single room. All bedrooms have en suite toilet and shower facilities. There is a driveway and walkway around the building and a number of small garden areas one of which is a safe enclosed area. Ample parking was available to the front of the building.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 41 |
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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:

| Date | Times of Inspection | Inspector | Role |
|----------------------|----------------------|-------------------|---------|
| Monday 28 April 2025 | 09:00hrs to 18:00hrs | Leanne Crowe | Lead |
| Monday 28 April 2025 | 09:00hrs to 18:00hrs | Yvonne O'Loughlin | Support |

What residents told us and what inspectors observed

Overall, residents living in Stella Maris Nursing Home felt content and well cared for by the centre's team of staff. Residents were complimentary about their experience of living in the centre, saying "I like it here", "I'm very happy" and "I'm treated very well".

This was an unannounced inspection that was carried out over one day. On arrival to the centre, the inspectors were greeted by the person in charge. Following an introductory meeting, the inspectors walked around the centre. Many residents were seated in the centre's various communal areas, such as the day sitting room or the dining room. Other residents were resting in their rooms or being assisted by staff to get ready for the day ahead.

The centre is a two-storey building which can accommodate up to 43 residents in 21 twin bedrooms and one single bedroom, all of which are located on the ground floor and contain ensuite facilities. On the day of the inspection, 40 residents were living in the centre.

The premises was observed to be warm, comfortable and visibly clean on the day of the inspection. A variety of communal areas were available for residents' use, including a day room, a dining room and a visitor's room. An external courtyard was accessible from various parts of the building, and residents could also walk around the grounds surrounding the nursing home.

Residents' bedrooms were tidy and well maintained. The inspectors observed that many residents had personalised their bedrooms with ornaments, photographs, furniture and other items. Residents who spoke with the inspectors confirmed that they were satisfied with the layout of their bedroom and the storage available to them.

The inspectors observed kind and respectful interactions between residents and staff on the day of inspection. Residents praised the staff that supported them, with one resident saying "they're very kind and they make me feel like my wishes are important". Residents who were unable to speak with the inspectors were observed to be content and comfortable in their surroundings throughout the day of the inspection. Staff were knowledgeable of the residents' individual routines, interests and preferences.

A varied programme of activities was available to residents, with mass, ball games, a quiz and music occurring on the day of the inspection. Residents were observed engaging in these activities, with support from the activity co-ordinator and other staff. Schedules displayed the activities that were planned for the coming days, including knitting, aromatherapy, bingo and pet therapy. Residents expressed

satisfaction with the activity schedule and the opportunities for socialising that were provided.

Visiting was unrestricted in the centre. During the inspection, the inspectors met with visitors who expressed a high level of satisfaction with the quality of care provided to their relatives and friends. They noted that their interactions with the management and staff were positive. The visitors reported that the management team were approachable and responsive to any questions or concerns they had.

Ancillary facilities generally supported effective infection prevention and control (IPC) measures. The infrastructure of the small on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. The sluice room was clean and well ventilated.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on solicited received by the Chief Inspector of Social Services since the last inspection.

The registered provider of Stella Maris Nursing Home is Stella Maris Residential Care Limited. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person representing the registered provider worked frequently in the centre. The person in charge was supported by this person, as well as two clinical nurse managers (CNMs) and a team of nurses, healthcare assistants, catering, housekeeping, laundry, activities, administrative and maintenance staff. Each CNM completed 18 hours of supervisory work each week.

The management systems in place were well established and effectively monitored the quality of care provided to residents. A programme of audits was completed by the management team, which evaluated clinical and operational aspects of the service. The results of these audits were analysed and informed the development of quality improvement plans, which were monitored to ensure all actions were completed in a timely manner. Clinical governance meetings took place on a monthly basis, where these audits as well as other key information relating to the service, was discussed.

The centre had a schedule for conducting IPC audits, carried out by the management team. The audits covered various areas such as hand hygiene, linen management, equipment, environmental cleanliness, laundry and waste

management. Audit scores were high, which reflected what the inspectors observed on the day of inspection.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. Up-to-date rosters were available for review by the inspectors. These reflected the configuration of staff on duty.

The inspectors reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána (police) vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

Staff were facilitated to complete mandatory training and additional professional development training, to ensure they were appropriately skilled to meet the residents' needs. For example, training in fire safety, moving and handling, safeguarding and infection prevention and control. The provider had designated a staff member to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

The registered provider maintained a suite of written policies and procedures in line with the regulations, such as those relating to staff training and development, risk management and the implementation of restrictive practices. These were made available for staff to review.

Regulation 15: Staffing

On the day of the inspection, the number and skill-mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that staff were up to date with training in moving and handling procedures, infection prevention and control, fire safety, and the safeguarding of residents from abuse. A range of other training was available to staff to ensure their knowledge and skills were maintained or enhanced, as needed.

There were arrangements in place to ensure that staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 23: Governance and management

The provider had established a clearly defined management structure that identified the lines of authority and accountability.

There were effective management systems in place to ensure that the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents, had been completed.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents that required notification to Chief Inspector had been submitted by the registered provider.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies required by Schedule 5 of the regulations had been reviewed within the last three years and were made available to staff.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life and that their care needs were met. However, this inspection

found that some areas of infection prevention and control management were not fully in line with the national standards.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of comprehensive care plans, which were reviewed every four months or more frequently if required. The inspectors reviewed a sample of these care plans and found that they were person-centred and reflected the care needs of the residents. Daily nursing records demonstrated good monitoring of residents' care needs.

Residents were reviewed by a medical general practitioner (GP), as required or requested. Arrangements were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure the best outcomes for residents.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs.

There were no visiting restrictions in place and there were suitable rooms for residents to have visitors in private.

Overall, the general environment including residents' bedrooms, communal areas and toilets, were visibly clean and well maintained. A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. The provider had identified areas that needed upgrading in the centre and there was a plan in place to address this.

There were established processes in place to support effective infection prevention and control. Conveniently located alcohol-based product dispensers along corridors and within resident bedrooms facilitated staff compliance with hand hygiene requirements. A clinical hand-wash basin had been recently installed in the corridor for staff to wash their hands, if required. Residents were supported to access recommended vaccines, in line with the national immunisation guidelines.

The centre had managed a small outbreak of an infection this year and had an outbreak management plan in place. Following the outbreak, the person in charge had prepared a detailed outbreak report, in line with the national guidelines. The report included a timeline of events, the number of residents and staff affected and details of the infection control measures implemented. The outbreak report identified learning points and included clear recommendations to improve future responses.

The provider had arranged for residents to have their spring COVID-19 booster by the Health Service Executive (HSE) vaccination team in April of this year of this year.

Notwithstanding the good practices in infection prevention and control, there were some areas that were not in line with the standards. For example, documentation reviewed in relation to water safety did not demonstrate that the risk of *Legionella* bacteria was being effectively managed within the centre. For example, housekeeping staff said that they regularly flushed taps but there were no water flushing records on the day of inspection.

While transfer documentation was used to communicate key information regarding residents when they were transferred to acute care, this did not always contain details of healthcare associated infections and colonisation.

Residents' rights were promoted in the centre. Residents were free to exercise choice in how to spend their day. Activities were observed to be provided by dedicated activities staff, with the support of health care staff. Residents told the inspector that they were satisfied with the activities on offer. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service.

Regulation 11: Visits

A policy was in place to support flexible visiting arrangements. There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured premises were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations (2013). The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.

Overall, the general environment including residents' bedrooms, communal areas and toilets were visibly clean and well maintained.

A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. The provider had identified areas that needed upgrading in the centre and there was a plan in place to address this.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A resident that had a recent admission to hospital did not have their infectious status included on the transfer form when transferred to acute services. This meant that staff may not have used the appropriate precautions to prevent the spread of colonisation and infection.

Judgment: Substantially compliant

Regulation 26: Risk management

A centre-specific risk management policy was in place, in line with the requirements of the regulations.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018). However inspectors found that some areas of the service did not align with these standards. This was evidenced by;

- The needles used for injections and drawing up medication lacked safety devices, and were therefore not in line with best practice guidelines. This omission could increase the risk of needle stick injuries, which may leave staff exposed to blood borne viruses
- While standard precautions were in place while providing care to a number of residents, clinical waste bins had been placed inside these residents' bedrooms. This increased the risk of inappropriate waste segregation, and may lead to confusion when extra precautions are required.
- Water safety management was not robust. For example, there were no flushing records of water outlets. Additionally, the water had not been fully tested to ensure *Legionella* bacteria was not present in the water samples of sentinel points.
- A small number of staff did not have knowledge about "skip the dip", a national programme to reduce the use of dipsticks to determine if a resident

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| had a urine infection. This posed an increased risk of inappropriate antibiotic use within the centre. |
| Judgment: Substantially compliant |
| Regulation 5: Individual assessment and care plan |
| Residents' needs were assessed within 48 hours of admission to the centre, and regularly thereafter. These assessments informed the development of comprehensive care plans which were person-centred and reflected residents' individual needs. Care plans were reviewed and updated regularly, in consultation with the resident and their representatives, as appropriate. |
| Judgment: Compliant |
| Regulation 6: Health care |
| Residents had timely access to medical assessments and treatment by their choice of GP. There were also arrangements in place to ensure residents had access to appropriate health and social care professional support to meet their needs. |
| Judgment: Compliant |
| Regulation 7: Managing behaviour that is challenging |
| There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours. Residents who experienced responsive behaviours had appropriate assessments completed, which informed the developed of person-centred care plans. |
| The implementation of restrictive practices was informed by risk assessments, which were reviewed regularly. |
| Judgment: Compliant |
| Regulation 9: Residents' rights |
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There were facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities available to them.

Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and taking part in residents' surveys. Residents told the inspectors that they could exercise choice about how they spend their day, and that they were treated with dignity and respect.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Stella Maris Nursing Home OSV-0000396

Inspection ID: MON-0046896

Date of inspection: 28/04/2025

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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime 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:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 25: Temporary absence or discharge of residents | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: <ul style="list-style-type: none">• Staff Nurse meeting was held following the inspection to highlight the importance of completing the transfer letters with all relevant information . CNMs will be monitoring the same . | |
| Regulation 27: Infection control | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control: <ol style="list-style-type: none">1. Safety lock needles are in place following the inspection .2. All the clinical waste bin were removed following day from the bed rooms of residents with colonized infection as per the advice from the inspector .3. Weekly flushing implemented for unused water outlet ,will be carried out by the household staff every Wednesday . Same added in the IPC audits .CNMs and PIC will monitor closely .4. During the staff meeting held on 15/05/25 PIC has briefed about the "skip the dip ". IPC Link Practitioner will continue educating the staff regarding the skip the dip programme ,same will be discussed during the handovers .Also skip the dip posters are displayed on the notice board and staff handbooks are available for staff to read and understand . | |

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).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|------------------|--|-------------------------|-------------|--------------------------|
| Regulation 25(1) | When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place. | Substantially Compliant | Yellow | 15/05/2025 |
| Regulation 27(a) | The registered provider shall ensure that infection prevention and control procedures | Substantially Compliant | Yellow | 15/05/2025 |

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| | consistent with the standards published by the Authority are in place and are implemented by staff. | | | |
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