



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

## Issued by the Chief Inspector

Name of designated centre:	Santa Sabina House
Name of provider:	Santa Sabina House Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Unannounced
Date of inspection:	20 July 2023
Centre ID:	OSV-0000159
Fieldwork ID:	MON-0040905

## About the designated centre

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

Santa Sabina House is a purpose built nursing home, with accommodation for maximum 40 residents. Accommodation is set out over two floors in 36 single and two twin bedrooms with en-suite or shared bathroom facilities. The designated centre provides care and services to female residents over 18 years old. The centre provides extended care, convalescence care, respite care (up to 6 weeks), dementia care and palliative care as well as caring for residents with physical disabilities. Residents with low, medium, high and maximum care needs can be accommodated in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	34
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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
Thursday 20 July 2023	08:55hrs to 16:55hrs	Lisa Walsh	Lead

## What residents told us and what inspectors observed

The inspector spoke with a number of residents in the designated centre to gain insight into their experience of living in Santa Sabina House. Residents were highly complimentary of the staff, management and the care they received, with one resident saying staff "couldn't be nicer from the top down". Another resident who was speaking about living in the centre said they were "blessed beyond belief". Throughout the day, the inspector observed staff to be gentle, kind and patient with residents. Interactions observed on the day between the residents and the registered provider representative demonstrated how comfortable and familiar they were with each other. Residents said they felt safe living there and had no complaints. If they did have a concern they would feel comfortable and confident to raise this.

On arrival to the centre, many residents were up and neatly-dressed, eating breakfast and attending Mass in the chapel that was located within the centre.

Following an introductory meeting, the person in charge, accompanied the inspector on a tour of the centre. The centre is set out over two levels, with access between levels via a lift or stairs. Residents were accommodated in 36 single and two twin occupancy bedrooms. Residents' bedrooms were personalised, spacious, homely and clean. All bedrooms within the centre had en-suite facilities. There were communal rooms throughout the centre for residents to sit and relax in. The centre also had a number of internal gardens that residents could access. On the day of inspection, most residents were up early and dressed in the community room to celebrate 'The Gathering'.

Overall, the centre was nicely decorated, clean and had a very pleasant atmosphere. The corridors were spacious with residents seen to spend time walking freely throughout these areas. The communal rooms throughout the centre were well-decorated and very homely. The communal rooms for residents included a chapel, community room, activity room, family room, sitting room, the halfway house (which was a quiet reading space for residents, which they affectionately called 'the halfway house') and a large bright dining room.

The inspector observed inappropriate storage at the centre, specifically in rooms containing electrical equipment such as sub-distribution boards and Comms facilities. This ranged from boxes, clothes and wheelchairs. The items were also blocking access to the comms unit and no hazard sign was on display on the door of the room.

Residents could access a number of internal gardens through several of the communal rooms. Residents told the inspector that they like to do some gardening in the good weather and they maintained the flower pots. The gardens had adequate seating arrangements, however, the gardens needed some maintenance as weeds and moss were observed growing on the paths and inappropriate items

left throughout the garden took away from residents' experience and some posed a health and safety risk.

The inspector greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in the centre and spoke in more detail with 12 residents. Residents spoken with talked about a music video that they been part of making for nursing homes' week. Residents said they thoroughly enjoyed this with one resident saying the "atmosphere was electric". The inspector observed staff interactions to be friendly and familiar which created a relaxed and homely environment. Staff and management were very familiar with the residents' needs. Residents spoken with also said staff were "good humoured", "very nice", "lovely staff" and that they always had "choice to do what you want to do".

Residents spoken with said the food was very good and that there were lots of options for them to choose from. During lunch time, the inspector observed that there were enough staff to assist residents with their meal and they did so in a patient and respectful manner. The dining room had large windows which overlooked an internal garden. The majority of residents chose to eat in the dining room together. The inspector observed the lunchtime meal experience to be a very social occasion with residents sitting with their friends and chatting about the day's activities. Some residents had family or friends join them for parts of the lunchtime meal or for tea after the meal. The tables were neatly laid with a table cloth and set with a menu, cutlery, condiments and a variety of drinks available. Choices were available for the main meal, dessert and at supper time. Food was freshly cooked on site and looked appetising.

Residents were observed to be receiving visitors with no restrictions throughout the day and those spoken with said they thoroughly enjoyed having people coming in to see them.

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 the quality and safety of the service being delivered.

## Capacity and capability

While there were established management structures to support staff in this designated centre, the inspector found that some improvements were required in the management systems for the effective oversight of the directory of residents and completion of the compliance plan from the previous inspection.

This unannounced inspection was carried out one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and associated standards and to inform a decision on an application to renew

registration. An application to renew registration and to reduce the registered beds from 40 to 38 and have all single occupancy rooms was under review.

Santa Sabina House is operated by Santa Sabina House Limited who is the registered provider. The person in charge facilitated this inspection and was observed to be well-known to the residents. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The person in charge was supported in their role by the registered provider representative, two clinical nurse managers (CNM's), the pastoral care team, nurses, healthcare assistants, activity staff coordinators, housekeeping, catering, maintenance and administrative staff.

The senior management team was kept informed about the performance of the service with a comprehensive auditing programme which was reviewed at regular intervals. Weekly reports for key performance indicators were prepared by nurses to review and monitor clinical care. These were then reviewed by the senior management team. Audit results were discussed at the operations management meetings held every two months. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations including board meetings, nurses meetings, healthcare assistants meetings and kitchen staff meetings.

Staff had access to equipment, which was appropriately serviced, this enabled staff to meet the needs of the residents living in the centre.

An annual review of the quality and safety of care delivered to residents had taken place for 2022. Residents had been consulted in the preparation of the annual review through a residents' satisfaction survey, residents' committee meetings and through daily feedback given by residents throughout the year. A relatives satisfaction survey was also conducted to give family and friends the opportunity to input into the annual review.

All the required documents requested by the inspector were available for review however, some improvements in the information recorded in the directory of residents was required to ensure it met the regulatory requirements.

While the statement of purpose included the organisational structure, the provider had changed the designated purpose for a number of rooms and the inspector found that premises were not used in line with the registered statement of purpose.

#### Registration Regulation 4: Application for registration or renewal of registration

An application for the renewal of registration of the designated centre had been received by the Chief Inspector and was under review.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents did not include all of the information that is required under Schedule 3 of the regulations. For example:

- the name, address and contact number of the resident's next of kin were not included in a number records reviewed.
- in one record, the general practitioner's (GPs) contact address was not included.

Judgment: Substantially compliant

## Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection. The inspector reviewed a sample of three staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems were found to be insufficient to ensure that the service provided was consistent and effectively monitored. For example:

- the registered provider's oversight systems had failed to ensure that aspects of premises were used at all times in line with their designated purpose as per the registered statement of purpose.
- the registered provider had failed to progress some of the compliance plan for Regulation 17: Premises, which they set out following the previous inspection. Specifically the inspection found repeated occurrence of inappropriate storage practices and rooms not being used in accordance with the statement of purpose. In addition there were outstanding actions in respect of fire evacuation plans that had not yet been completed.
- management systems to ensure that the service was consistent and safe had failed to identify the risks associated with inappropriate storage of items in a store room containing electrical equipment such as sub distribution board and



comms facilities, and which had warning signs clearly displayed on the electrical unit.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

An updated statement of purpose for Santa Sabina House Limited was made available for the inspector and it contained the required information regarding the service and designated centre. However, further action is required to be fully compliant. For example:

- The description of a number of areas was not clear. Not all rooms were labelled and identifiable in the statement of purpose, such as plant room, store room, documentation room to name a few.
- Several rooms inspected did not match the description of the rooms in the statement of purpose and were observed to be used for other purposes than they had been registered for. For example the pantry was used by the maintenance staff, a residents' dining room was used as training facility.

Judgment: Substantially compliant

### Quality and safety

Overall, this was a good service that delivered good quality care to residents, albeit, this inspection identified some further improvements required specifically in respect of premises, infection control, information for residents and care planning arrangement.

Residents told the inspector that they felt safe living in the centre and were happy. The inspector observed staff to speak with residents in a kind and respectful manner, and to know their needs very well. Records seen on inspection showed that there was consultation and inclusion of the residents in the running of the centre. The recreational opportunities available to residents were adapted to meet their needs and were person-centred.

The inspector reviewed a sample of care plans and assessments for residents and found that these were descriptive and provided clear guidance to the staff. Care plans were prepared within 48 hours of admission. However, some care plans did not consistently reflect the assessments that were completed. This is further discussed under Regulation 5: Individualised assessment and care plan.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Training records indicated that all the staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse. They all expressed that the safety of the resident was their priority and they would report all incidents to nurse in charge.

Overall, the premises was found to be clean, spacious and bright, however, not all areas of the centre or the gardens were well maintained. The inspector observed inappropriate storage practices. For example, the pantry was being used to store equipment and not in use as a pantry on the day of inspection. This was discussed with the registered provider and person in charge on the day of inspection and is further discussed under Regulation 17: Premises.

Infection prevention and control practices were overall good, however, some areas of improvement in relation to bedpan equipment and shared toiletries were required. This is outlined under Regulation 27: Infection control.

### Regulation 17: Premises

Action was required to ensure that the centre was run in accordance with the Statement of Purpose and conformed to matters as set out in Schedule 6. For example:

- Inappropriate storage was found in an equipment store room and pantry. These rooms were not being used in accordance with the Statement of Purpose. This is a repeat finding from the previous inspection. There was inappropriate storage of equipment and supplies in some store rooms, such as cardboard boxes on the floors preventing effective cleaning.
- Emergency call facilities were not accessible in the family room, which may impact residents' ability to seek assistance.
- Some areas required maintenance or replacement to ensure the centre was appropriately resourced to meet the needs of the residents. For example inspector found that not all equipment was in working order, including a bedpan washer. Externally, weeds and moss were observed growing on paving in the internal gardens as well as equipment being left scattered throughout the gardens, such as more than 10 empty catering-size mayonnaise containers.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The registered provider produced a residents' handbook, which provided information about the services and facilities available, terms and conditions of residing in the designated centre and visiting. However, the residents' handbook did not contain all information required, for example:

- information regarding independent advocacy services.

Judgment: Substantially 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 further action is required to be fully compliant. For example:

- toiletries were not clearly labelled with the name of individual residents and were found in shared bathrooms. This posed a risk of communal use and potential cross-infection.
- a raised toilet seat that had been cleaned and was on a drying rack, was observed to be visibly dirty with brown markings. One of the bedpan washers was broken and needed to be replaced.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident were assessed and an appropriate care plan was prepared to meet these needs. For example:

- One comprehensive assessment reviewed by the inspector was not completed immediately before or on the resident's admission to the centre.
- A resident's pressure sore care plan did not reflect the resident's care needs following an assessment.
- A resident's restrictive practice care plan in place did not reflect the assessed care needs.

Judgment: Substantially compliant

## Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should there be an allegation of abuse made.

Prior to commencing employment in the centre, all staff were subject to An Garda Síochána (police) vetting.

Residents spoken with stated that they felt safe in the centre. All staff had attended training to safeguard residents from abuse.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Santa Sabina House OSV-0000159

Inspection ID: MON-0040905

Date of inspection: 20/07/2023

## 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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Registered Provider assures the Chief Inspector that it continues to, and will continue to, update its Resident's Directory through its online EpicCare IT system. To assuage concerns of the Inspector all GP and "Next of Kin" contact names and address will continue to be stored using this system. The Directory of Residents will have a monthly audit with immediate effect.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A revised draft Statement of Purpose and updated footprint of the Centre was submitted to the Regulator on 8 September 2023 containing additional information, as requested, to include maintenance yard, containers, toilet sizes, etc.</p> <p>All storage room and spaces have been reviewed to ensure that they are used only for the purposes for which they have been registered.</p>	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  A revised draft Statement of Purpose and updated footprint of the Centre was submitted to the Regulator on 8 September 2023 containing additional information, as requested, to include maintenance yard, containers, toilet sizes, etc.</p> <p>The Registered Provider has taken all necessary steps to ensure the implementation of its compliance plan as agreed in January 2023.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A call bell had been ordered, early 2023, for the Parlor (Family Room), with the external supplier prior to the inspection, and will be installed on receipt of equipment.</p> <p>All necessary steps have been taken to replace the 'broken door handle'.</p> <p>The challenge relating to the "vent cover" matter is addressed to the Registered Provider's satisfaction.</p> <p>The weeds and moss have been addressed continually all year round, with an external company having completed a full premises spray on 15th August, 2023, and partial spray on 6th September, and with our own maintenance crew addressing issues as they arise given the current recent damp and wet weather Ireland has experienced over the last 2 months (moss is best treated effectively on dry ground). The moss had actually been treated again on the morning of the Inspection, (commenced at 7 am) by our own Maintenance Team, prior to the Inspectors arrival.</p> <p>The Registered Provider has taken all steps to ensure that no equipment is left in a manner that may pose a health and safety risk.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:  Residents guide will be updated by 28/9/23 to include details on independent advocacy.</p>	



Additionally, the information regarding independent advocacy services was displayed in the front reception, the notice board at the dining room, the notice board at the activities room, the welcome folder at reception, the community room, and both long residential corridor notice boards.

The complaints process is also displayed in the front reception, with all updated changes in this process outlined, with the complaints process also discussed at Residents' meetings, and minutes reflect same.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The toiletry (a can of deodorant) was removed from the bathroom 20/7/23. All other products are/were labelled.

A quotation had previously been requested to replace the bed pan washer. There were no bedpans in the sluice room on the day of inspection. We think the report is referring to a raised toilet seat which was not visibly soiled, albeit slightly discoloured with age, which has been addressed.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Gaps identified by the Inspector on wound care plans and restrictive practice risk assessments were addressed on the day.

## 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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/12/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
Regulation 19(3)	The directory shall include the information specified in	Substantially Compliant	Yellow	07/09/2023

	paragraph (3) of Schedule 3.			
Regulation 20(2)(e)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	28/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/09/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	20/07/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/09/2023
Regulation 5(2)	The person in charge shall arrange a	Substantially Compliant	Yellow	18/09/2023

	comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	20/07/2023