



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mount Sackville Nursing Home
Name of provider:	Sisters of St Joseph of Cluny
Address of centre:	College Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	24 June 2025
Centre ID:	OSV-0000176
Fieldwork ID:	MON-0047280

About the designated centre

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

Mount Sackville Nursing Home is located in Chapelizod, Dublin 20 and is close to the Phoenix Park amenities, schools and bus routes. The centre has 34 single bedrooms all laid out over three floors, and can accommodate both male and female residents. Floors can be accessed by stairs or passenger lifts. Full-time long-term general nursing care is provided for persons over the age of 65, and people living with dementia. Admission takes place following a detailed pre-admission assessment.

The following information outlines some additional data on this centre.

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
Tuesday 24 June 2025	10:20hrs to 17:15hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

Residents were positive about their experience of living in Mount Sackville Nursing Home and praised staff for their help and companionship. The inspector greeted and chatted with many of the residents and spoke in more detail with five residents and two visitors in order to gain insight into the experience of those living there. Visitors to the centre were highly complementary of the care and attention their loved ones received. One visitor remarked "You could not get better than Mount Sackville".

The centre was warm and bright throughout and there was a homely atmosphere. The centre was clean to a high standard with alcohol hand gels readily available throughout the centre to promote good hand hygiene. All rooms were single occupancy en-suite, with sufficient space for resident's personal belongings. All areas of the centre were wheelchair accessible and floors could be accessed by a lift. A number of rooms were available to residents to utilise including sitting rooms and a large dining area. The chapel was a beautiful space where residents' could access at any time. Residents' faith was a focus in the centre, and Mass and the Rosary were celebrated daily. Residents told the inspector that this was the most important part of their day.

On arrival to the centre mid-morning, the inspector noted that most residents were up and ready for the day and some residents were sitting in their bedrooms. Bedrooms were personalised and some residents had brought in their own furniture, photos, and other personal items from home. Staff were observed politely knocking and waiting for a response, before entering residents' rooms. Staff were observed assisting and attending to residents in a friendly and respectful manner. Residents looked well cared for and had their hair and clothing done in accordance with their own preferences. Residents were very satisfied with the laundry service and said their clothes were never out of place and came back to them in perfect condition.

Residents were observed relaxing on comfortable seats in a number of communal rooms which were available throughout the centre. There was a spacious and bright dining room on the ground floor. Tables were set nicely with centrepieces and linen, adding to the overall dining experiences for residents. Food was served directly from the kitchen, ensuring all meals were served hot and appetising. Residents had high praise for the chefs, and the quality of the food provided. Residents told the inspector that the food was fresh and delicious.

The large sitting room was set with tables prior to lunch time, and a small number of residents dined in this area. There was staff available to assist these residents, and this was observed to be done in a respectful and unhurried manner. Staff were observed actively encouraging residents to finish their meals, to ensure they had taken adequate nutrition. The inspector observed one incidence in this area, where a moving and handling technique was not properly executed, and was not in line

with correct procedures for handling residents. This was brought to the attention of the management team who committed to reviewing supervision of staff in this area.

The newer internal courtyard was accessible from the ground floor and this was a safe and tastefully designed space, with shaded seating and wheelchair-accessible walkways. There was other accessible garden spaces planted with seasonal flowers and vegetables. A large patch of land was home to the centre's pet goats and donkey. The centre's dog Bailey was a pet for all of the residents, and residents said they loved seeing him wander about.

There were staff employed to provide a schedule of activities in the centre. On the day of the inspection, a visiting physiotherapist was providing a group exercise class which was well-attended by residents. Other activities during the day included a mindfulness meditation session which a resident told the inspector was "relaxing and peaceful".

Residents felt safe in the centre and all residents who spoke with the inspector stated they would have no hesitation reporting or discussing a concern with any member of staff. Residents enjoyed the companionship of staff and of other residents and particularly liked living in the community of the religious order. Residents agreed that they were involved in decisions about the centre. Their views were sought about various issues at resident meetings. For example they suggested some menu changes which were taken on board.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered

Capacity and capability

There were effective management systems in place in this centre, ensuring the delivery of high quality care to the residents. The management team were proactive in response to issues as they arose and were committed to providing a service which promoted good outcomes for residents.

This was a one-day, unannounced inspection to monitor ongoing compliance with the regulations and standards. Mount Sackville Nursing Home is operated by The Sisters of St Joseph of Cluny, an unincorporated body who are the registered provider. There are two committee members who are sisters of the order, with responsibility for running the centre. One of these sisters is the operational manager in the centre and a named person participating in management on the centre's registration. They work full-time in the centre and maintain excellent knowledge and oversight of the operational management of the service.

There were currently two members of staff in the role of person in charge. This was an interim arrangement, and one was departing in the coming months. On the day of inspection, one of the persons in charge was on duty, with the additional support of the person participating in management. On a day-to-day basis, the person in charge directed teams of nurses, healthcare assistants, activity staff, housekeeping, catering, administration and maintenance staff to deliver daily care and support. The lines of accountability and authority within the staff teams were clearly identified. There were strong communication channels and a team-based approach to the coordination of care.

Staffing numbers were appropriate to meet the assessed needs of the residents. The person in charge provided clinical supervision and support to all staff. Staff whom the inspector spoke with demonstrated an understanding of their roles and responsibilities. There was a thorough induction programme in place which all new staff were required to complete, over a fixed period of time. Staff had access to education and training appropriate to their role. This included fire safety, moving and handling, safeguarding and infection prevention and control training.

The provider had structured systems in place to monitor and review the quality of the service provided for residents. A range of data was collated on a weekly basis which informed a wider audit schedule of clinical practice. Audits had been completed which reviewed areas such as infection prevention and control, medication management and incidents and accidents occurring in the centre.

Record-keeping in the centre was of a high level, and all records were well-maintained and easily retrievable for review by the inspector. Records including staff files, the directory of residents, the certificate of insurance and the records of incidents and accidents were reviewed and found to meet the criteria of the regulations.

Regulation 16: Training and staff development

The training records reviewed by the inspector indicated that the vast majority of staff were up-to-date with mandatory and other relevant training.

Staff were supervised in their roles daily by the person in charge. Staff turnover in the centre remained low. The provider had good procedures in place for the recruitment and retention of suitable staff. There was a good induction process for new staff.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre. This had previously been paper-based, and was now in an electronic format. The electronic register included the majority of the required information as set out in Schedule 3 of the regulations. It was updated on the day to include the dates of transfer to and from another facility, where appropriate. It was noted that the previous paper-based format included this information.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to the inspector and were seen to be well-maintained. A sample of four staff files were reviewed and were found to contain all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda Síochána (police) vetting disclosures were in place.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place with clearly identified lines of accountability and authority. The inspector spoke with various staff who demonstrated an awareness of their roles and responsibilities. Systems were in place to ensure that the care provided to residents was safe, effective and regularly monitored. For example, weekly data was collated in relation to a number of key indicators including restrictive practice, wounds and falls. There was a low level of

incidents and falls occurring, nonetheless the data continued to be collected and analysed to identify if there were any areas for improvement.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2024. This included targeted improvement plans for a variety of areas based on the analysis of key areas of care and support provided to residents, and upgrades to the premises during the year. The annual review was made available to residents in the centre.

The centre was well-resourced by the registered provider to allow a high level of care to be provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. Required notifications were submitted to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

Management and staff placed an emphasis on the promotion of residents' rights in the centre. Residents were recognised for having their own identities and personal preferences for how they decided to spend their time. A respectful approach by those working in the centre ensured that the day-to-day running of the home reflected the residents' wishes.

Residents were provided with regular access to general practitioner (GP) services. Residents also had access to social and health care services, either privately or through referral to community services including dietitian, speech and language therapy, dental, chiropody and occupational therapy. The in-house physiotherapist provided regular reviews of residents' mobility and function. While the overall system for clinical assessment was strong, and included a range of evidence-based assessment of risks such as malnutrition, falls, and pressure-related skin damage, the risk management policy required updating, to ensure it covered all the specified risks outlined in regulation 26.

A pre-admission assessment was completed for each resident prior to admission, to ensure the centre could meet the residents' needs. On admission to the centre, a

suite of care plans were devised which were person-centred and contained up-to-date information to guide staff to meet the needs of the residents.

There was a policy on end-of-life care. The centre had established links with the GP and palliative care teams to ensure all comfort measures are in place for residents requiring end-of-life care. There was good oversight of medicines management in the centre. Systems were in place to mitigate risks associated with medicines administration. Where errors did occur, there was evidence of open disclosure and prompt review, to minimise the risk of recurrence.

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected.

Regulation 13: End of life

End-of-life decision making incorporated residents and their families, where appropriate. The sample of records viewed showed that residents' personal wishes at end of life were recorded, when known, in individualised care plans. Records showed that residents were afforded appropriate care and comfort, and their religious needs were met when approaching end of life. Residents families and friends were welcome to be with the resident and were involved in their care, with the resident's consent.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy required review, to ensure that it met regulatory requirements. For example, it did not include the following:

- the measures and actions in place to control infectious diseases
- arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Comprehensive medicine management systems were in place. Medicine administration was observed by the inspector to be in line with best practice guidelines. Medicines that required administering in an altered format such as crushing were all individually prescribed by the GP and maximum doses were prescribed for "as required" medications.

Out of date medicines and medicines which were no longer in use were returned to pharmacy. Controlled drugs were carefully managed in accordance with professional guidance for nurses. All staff signed when medicines had been administered and medicines which had been discontinued were signed as such by the general practitioner (GP).

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed for each resident prior to admission, to ensure the centre could meet the residents' needs. A sample of care plans were reviewed which were person-centred and updated regularly. Care plans contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care.

Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with residents, and where required, their representatives, in relation to care plans. Care plans were maintained under regular review and updated with any relevant changes.

Judgment: Compliant

Regulation 6: Health care

There was a system of appropriate and timely referral to medical and health and social care professionals. In addition, there was good evidence that the prescribed recommendations were followed which had a positive impact on resident outcomes. For example, residents had been reviewed by dietetic services and the prescribed interventions and advice were seen to be appropriately implemented by staff.

Judgment: Compliant

Regulation 9: Residents' rights

There was a focus on ensuring that residents rights were upheld in the centre. Residents were provided with choice in their day-to-day lives, including choosing their preferred time to wake up, what they preferred to eat and what activities they wanted to participate in. A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences to inform individual activation plans for residents. A range of diverse and interesting activities were available for residents including one to one activities

The residents had access to individual copies of local newspapers, radios, Internet services, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Sackville Nursing Home OSV-0000176

Inspection ID: MON-0047280

Date of inspection: 24/06/2025

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 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Measures and actions to control infectious diseases not included in the Risk Management Policy</p> <ul style="list-style-type: none">• Combine key Infection Prevention & Control (IPC) procedures into the Risk Management Policy.• Add IPC risks to the Risk Register with appropriate controls.• Cross-reference stand-alone IPC policy for detailed procedures. <p>Evidence/Documentation: Implementation from updated Risk Management Policy, Risk Register entries, Management sign-off minutes.</p> <p>Arrangements for identification, recording, and investigation of serious incidents/adverse events were absent from the Risk Management Policy</p> <ul style="list-style-type: none">• Embed Incident Management Framework and open disclosure pathway into the Risk Management Policy.• Include flowchart and notification timeframes. <p>Evidence/Documentation: Policy Appendix C added, Incident SOP, Governance Committee minutes.</p> <p>Staff awareness and implementation of revised Risk Management Policy</p> <ul style="list-style-type: none">• Circulate updated policy to all staff.• Mandatory briefing sessions and training.• Update induction pack for new starters. <p>Evidence/Documentation: Training attendance sheets, signed read-and-understand records, induction checklist.</p> <p>Ongoing monitoring and evaluation of policy effectiveness</p> <ul style="list-style-type: none">• Quarterly audit of Risk Register for IPC and incident entries.• Quarterly Quality & Safety Committee review.• Annual policy review and version control. <p>Evidence/Documentation: Audit reports, Q&S minutes, updated QIP.</p>	

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 26(1)(c)(vi)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control infectious diseases.	Substantially Compliant	Yellow	05/08/2025
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	05/08/2025