<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sancta Maria Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005393</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Gallow's Hill, Cratloe, Clare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 357 143</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sanctamarianursinghome@gmail.com">sanctamarianursinghome@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Joseph Cosgrave</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>31</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration**: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance**: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From: 29 January 2018 08:30  
To: 29 January 2018 16:30  
30 January 2018 09:00  
30 January 2018 15:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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**Summary of findings from this inspection**

This report sets out the findings of an inspection, which took place to monitor ongoing compliance with the requirements of the regulations. This inspection was unannounced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider who was also the person in charge demonstrated commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The location, design and layout of the centre was suitable for its stated purpose and
met residents’ individual and collective needs in a comfortable and homely way. The provider had continued to invest in the premises, many areas had been redecorated and new furniture had been purchased.

There was evidence of good practice in all areas. The provider and staff demonstrated a comprehensive knowledge of residents’ needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with the provider and staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident. The centre was run and managed in consultation with residents and in a manner that maximised their independence.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Improvements were required to ensuring further safeguards for residents’ finances, nursing documentation, fire safety training and updating the emergency plan. These areas for improvement are included in the action plan at the end of this report.
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 02: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider had established a clear management structure. The person in charge worked full time in the centre. The person in charge was supported in his role by the assistant director of nursing, staffing manager, head of activities and administration manager. The management team worked full time in the centre. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

Systems were in place to review the safety and quality of care. The provider had employed a consultant nurse professional practice facilitator and health and safety consultancy team to assist in the management of the quality and safety of care. There was an audit schedule in place. Regular audits and reviews were carried out in relation to incidents, falls, medication management, restraint, complaints, health and safety, care planning, nursing assessments, privacy and dignity, pressure ulcers, infection control, menus, food and nutrition. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. The person in charge advised the inspector that a report on the quality and safety of care of residents in the nursing home was in the process of being complied for 2017.

There was evidence of consultation with residents and their representatives. Regular residents' and relative meetings were held and facilitated by the activities coordinator. Minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that issues such as food, catering and activities were discussed. Residents had access to a local advocate who was a member of the national advocacy service (SAGE). Resident quality satisfaction surveys were completed during 2017, the
results of which indicated high satisfaction with the service provided. There was
evidence that both residents and their relatives were involved in the development and
review of their care plans.

**Judgment:**
Compliant

**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced
person with authority, accountability and responsibility for the provision of
the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge was a nurse and worked full-time in the centre. He had the
required experience in the area of nursing the older adult. He was on call out-of-hours
and at weekends. The person in charge was knowledgeable regarding the regulations,
HIQA’s Standards and his statutory responsibilities. He demonstrated good clinical
knowledge. He was very knowledgeable regarding the individual needs of each resident.

The person in charge had engaged in continuous professional development. He had
previously undertaken qualifications in work and organisational behaviour, health
services management, clinical nursing studies in the older adult, advanced life support
and more recently in the management of food safety management systems.

The inspector observed that he was well known to staff, residents and relatives.
Throughout the inspection process the person in charge demonstrated a commitment to
delivering good quality care to residents and to improving the service delivered. All
documentation requested by the inspector was readily available.

**Judgment:**
Compliant

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and
Welfare of Residents in Designated Centres for Older People) Regulations
2013 are maintained in a manner so as to ensure completeness, accuracy and
ease of retrieval. The designated centre is adequately insured against
accidents or injury to residents, staff and visitors. The designated centre has
all of the written operational policies as required by Schedule 5 of the Health
Act 2007 (Care and Welfare of Residents in Designated Centres for Older
People) Regulations 2013.
Governance, Leadership and Management

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

**Findings:**
A record of each drug and medicine administered was not in line with nursing professional guidance. The inspector observed that some medicines left unattended on a resident's locker in a shared bedroom had been signed as administered by the nurse contrary to professional nursing guidance.

**Judgment:**
Non Compliant - Moderate

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**Outcome 07: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

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

**Findings:**
The provider had taken measures to safeguard residents from being harmed and from suffering abuse, however, some improvements were required to putting further safeguards in place in relation to residents' finances and to documenting clear rationale for the use of bedrails.

There were comprehensive policies on protection and safeguarding of vulnerable adults and responding to allegations of abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Residents spoken with indicated that they felt safe in the centre. Previous allegations of abuse had been fully investigated and managed in line with the centres policy.

The finances of some residents were managed in the centre and small amounts of money were kept for safe keeping on behalf of a number of residents. While the inspector saw that these accounts were managed in a clear and transparent manner, residents' monies were being paid into the nursing home current account. This practice was not in line with best practice with regard to safeguarding residents' finances as it...
was not a residents' interest bearing account.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on managing responsive behaviours outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenge. Staff spoken with were knowledgeable and could outline strategies for dealing with individual residents responsive behaviours, however, care planning documentation reviewed did not always reflect this information and did not outline clear guidance for staff.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there were bed rails in use for seven residents at the time of inspection, some at the residents own request. The inspector saw that alternatives such as low low beds and crash mats were in use for some residents. While risk assessments and care plans were documented in all cases, the rationale for the use of bed rails was not always clear. Staff carried out regular checks on residents using bedrails and these checks were recorded. Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Nursing staff spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services.

For a small number of residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. A register of the use of 'as required' psychotropic medications was maintained and reviewed regularly by the person in charge. Regular medication management audits including the use of psychotropic medications were also carried out by the person in charge and the pharmacist.

**Judgment:**
Non Compliant - Moderate

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<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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</thead>
<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
</tr>
</tbody>
</table>

**Theme:**
Safe care and support

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

**Findings:**
The inspector was satisfied that the provider had prioritised the safety of residents, however, some improvements were required to ensuring that staff with roles of managerial responsibility had formal fire safety training completed, updating of the emergency plan and to storing cleaning equipment in line with best practice in infection control.

There was a health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive. All risks specifically mentioned in the regulations were included. Systems were in place for regular review of risks. Regular health and safety audits were carried out and risks were discussed at the monthly clinical governance meetings.

The inspector reviewed the emergency plan which included guidance for staff in the event of a wide range of emergencies however, it required updating to include further guidance for staff in the event of it being necessary to evacuate the centre.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received this training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in January 2018 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in December 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken with told the inspector that they had received recent fire safety training. Training records reviewed indicated that staff except for some recently recruited staff had received up-to-date formal fire safety training, however, these staff members had received fire safety induction training. Two staff members who had overall responsibility for residents at night time did not have formal fire safety training. During the inspection, the provider arranged fire safety training for 9 February 2018 and rostered additional staff to be in charge at night time as an interim measure. Records of fire drills which took place regularly including outcomes were documented.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

There were comprehensive infection control policies in place which guided practice. However, the inspector noted that some improvements were required to ensuring that cleaning equipment was appropriately stored. During the inspection, the inspector noted that cleaning trolleys and equipment were stored in the sluice room contrary best practice in infection control. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use of
hand sanitizers. The consultant professional practice nurse had carried out on-going infection control training with all staff in house. Regular infection control audits were carried out. Audit findings and action plans were clearly documented and the inspector noted that issues identified during recent audits had been addressed.

The inspector spoke with housekeeping staff who were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building was found to be clean and odour free.

**Judgment:**
Non Compliant - Moderate

### Outcome 09: Medication Management
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
The inspector found evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice, however, the inspector observed some medicines were not stored securely. Some medicines had not been administered in line with professional nursing guidance. This action is included under Outcome 5: Documentation to be kept in a designated centre.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. Medicines were regularly reviewed by the general practitioners (GP) and were individually prescribed.

The inspector observed that medicines were left unattended on a residents locker in a shared bedroom. These medicines were not stored securely and posed a risk to residents and visitors.

Systems were in place to record medicines errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems.
Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist. The pharmacist visited the centre regularly and was available for advice and also provided education to staff.

Regular medicines management audits were carried out by nursing management and the pharmacist. Audit findings and action plans were documented. All nursing staff had recently completed medicines management training.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
The inspector found that residents’ healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, some improvements were required to the care planning documentation.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents’ notes.

The inspector reviewed a number of residents’ files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk, presenting with responsive behaviour and with wounds. See Outcome: 7 Safeguarding and Safety regarding restraint and responsive behaviour.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing
pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral health, pain and meaningful activities.

The inspector noted that while care plans were in place for all identified issues, some care plans were generic, not informative, not reflective of the care described by staff and some did not reflect the current needs of residents. Some care plans were not person centered and individualised.

There was evidence of relative and resident involvement in the review of care plans. There was evidence to show that care plans were reviewed regularly however, some care plans had not been updated to reflect residents changed needs. Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date needs however, this was not always reflected in care plans.

The inspector was satisfied that residents' weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The social care needs of each resident were assessed. ‘My Way, My Day’ were completed for each resident but some were not detailed or informative. However staff did know residents well and were observed to use relevant personal information when conversing with them. A monthly resident’s newsletter was published, laminated and displayed.

There was an activities coordinator employed in the centre each day. The activities coordinator carried out group and individual activities with residents. The weekly activities schedule was displayed. The inspector observed residents enjoying a variety of activities during the inspection including pet therapy, a live music session and bingo. Other activities that regularly took place included music therapy, fit for life exercise programme and reiki therapy. Residents spoken with stated that they enjoyed the variety of activities taking place. Mass was celebrated weekly, the rosary was recited daily and Eucharistic ministers administered Holy Communion twice weekly. Five residents attended local day care centres. The inspector observed staff encouraging residents to move around, having conversations, and engaging with different activities.

Judgment:
Non Compliant - Moderate
Theme:
Effective care and support

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

Findings:
The centre was a split-level building with residents accommodated on both levels. The design of the building was suitable for its purpose. The centre was well maintained and nicely decorated. It was warm, clean and comfortable.

The circulation areas had hand rails, corridors allowed plenty of space for residents walking with frames and using wheelchairs. A lift was provided between floors.

There was a variety of communal day spaces including day room, conservatory, dining room, smoking room, visitors' room and other seating alcoves. Residents were observed using all of the areas. Communal areas had a variety of comfortable furnishings, were domestic in nature. The provider had continued to invest in the premises. Many areas had been painted and redecorated, new dining room and day room furniture was provided, new lighting and a reception area had been provided.

Bedroom accommodation met residents’ needs for privacy, leisure and comfort. The inspector found that bedrooms were clean, bright and had ample personal storage space. There were call-bell facilities, specialised beds, screening curtains in shared rooms, armchairs and televisions in all bedrooms. Some of the bedrooms were personalised with photographs and other personal belongings. Some residents told the inspector that they had requested to move bedrooms and this had been facilitated. Residents spoken with stated that they liked their bedrooms.

Adequate assistive equipment was provided to meet residents’ needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

The inspector found that the building was secure and safe. All external doors were locked and fitted with electronic keypads. Some residents were observed entering and exiting independently. Close circuit television cameras were fitted to corridors, external doors and outside areas ensuring additional security and safety for residents.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served,
and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

**Theme:**
Person-centred care and support

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

**Findings:**
Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told the inspector that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks and snacks were available throughout the day. Staff were observed offering and encouraging drinks throughout the days of inspection. The inspector saw a variety of home-cooked food being served throughout the days of inspection.

There was a three week rolling menu in place which was regularly reviewed by the dietician to ensure that a well balanced, nutritious diet was offered. The menus were displayed and offered a choice at every meal. There was a colourful pictorial menu board which displayed what food choices and dishes were available.

Mealtimes were unhurried social occasions in a domestic style setting. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

**Judgment:**
Compliant

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**Outcome 16: Residents' Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

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

**Findings:**
The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, and reassured and reoriented when they were confused.

The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected. Staff paid particular attention to residents’ appearance and personal hygiene and were observed to be caring towards the residents.

Residents’ religious and political rights were facilitated. Mass was celebrated weekly in centre and Holy communion was distributed by a Eucharistic Minister three times a week. Many of the residents liked to recite the rosary which was facilitated by the activities coordinator on a daily basis.

Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. There was an open visiting policy in place. A separate visitors’ space was provided. Residents had access to the centre’s cordless phones and many residents had their own mobile handset devices. The centre was part of the local community and residents had access to radio, television and the internet. Daily and regional newspapers were provided. Many residents told the inspector how they enjoyed reading the daily newspapers.

Some residents spoken with told the inspector how they liked doing jobs such as serving drinks and snacks, washing up, gardening and generally helping out in the centre. The inspector observed some residents helping out and many mobilising about independently both inside and outside the centre.

Staff outlined to the inspector how links were maintained with the local community. Some residents went home for visits, while others attended special family occasions. Local school children and musicians visited regularly. Celebrations took place at times like Christmas, St. Patrick’s Day, Easter and for residents’ birthdays. Some residents attended local day centres and others visited the local shops and pubs. Some residents had been recently supported to attend the local Novena and others attended the turning on of the Christmas lights. Some residents had attended Christmas parties which took place in the local community. A summer BBQ had been held in the centre to which families had been invited. There were many photographs displayed of residents enjoying the day with family and staff.

**Judgment:**
Compliant
**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

At the time of the inspection, the inspector noted adequate staffing levels and skill mix on duty to meet the assessed needs of residents. There was normally one staff nurse and four care assistants on duty during the morning, one nurse and three care staff on duty during the afternoon and evening, one nurse and two care assistants on duty at night time to meet the needs of 32 residents. In addition, the person in charge worked during the day time Monday to Friday. Residents and staff spoken with were satisfied that there were adequate staffing levels and skill mix. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included the staffing manager, activity coordinator, catering, and housekeeping and administration staff.

There were robust recruitment procedures in place. A sample of staff files reviewed were found to contain all the required documentation as required by the Regulations including evidence of Garda Síochána vetting. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files. There were no volunteers attending the centre. The person in charge confirmed that Garda Síochána vetting was in place for all staff and persons who provided services to residents in the centre.

The management team were committed to providing on-going training to staff. All staff had completed up to date mandatory training. Staff had also recently completed training in infection control, cardiac pulmonary resuscitation, leadership and conflict resolution, medication management, dysphasia, palliative care, conflict management and complaints. Two senior care staff had recently attended LEO training (Leaders empowering organisations) and two more staff were planned to attend.

**Judgment:**

Compliant
Closed 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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<tr>
<th>Centre name:</th>
<th>Sancta Maria Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005393</td>
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<tr>
<td>Date of inspection:</td>
<td>29/01/2018</td>
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<tr>
<td>Date of response:</td>
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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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A record of each drug and medicine administered was not in line with nursing professional guidance. The inspector observed that some medicines left unattended on a resident's locker in a shared bedroom had been signed as administered by the nurse contrary to professional nursing guidance.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
All scheduled records as set out under Regulation 21(1), including Schedules 2, 3, 4 were available to the Inspector when she visited the Nursing Home in January 2018 to complete our Compliance Monitoring Report.

Actions Taken:
• Critical Incident documented and investigated as per our Medication Management Policy
• Nursing Team Meeting called as of Wednesday 21st February 2018 and Critical Incidents discussed as Unprofessional Practice within Clinical Practice Team
• Nursing Team made fully aware of their Role & Responsibilities in Medication Administration and as outlined by our outline in 2015 by our Nursing Regulatory Body – An Bord Altranais
• Clinical Supervision to be implemented with our Practice & Professional Development Nurse for those staff found to be making errors in the Administration of Medicines
• Quarterly Medication Management Audits continue in the Nursing Home

Proposed Timescale: 21/02/2018

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The rationale for the use of bed rails was not always clear.

2. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
• The Registered Provider has reviewed all the rationales (x 7 Residents) that are documented to use Side Rails to ensure all “rationales” are more objective, in line with best clinical practice guidance and with National Policy – “Towards a Restraint Free Environment”, DoH 2011
• The number of Side Rails in use as of 28th February 2018 has now been considerably reduced. As of 28th February 2018, 2 Residents have side rails in situ and another 2 Residents continue to use Bed Levers to aid their mobility into and out of their beds.
• The Registered Provider has met with Residents & Families to explain the National Policy on minimising restraints, the rationale for the continued use of Bed Rails/Levers within the NH and the rational to implement new therapeutic interventions/equipment
aids to support the withdrawal of Bed Rails that were used previously.
- The Registered Provider will continue to work “Towards a Restraint Free Environment”, to ensure the use of Restraints is kept to the minimum or until totally excluded.

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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Residents’ monies were being paid into the nursing home current account. This practice was not in line with best practice with regard to safeguarding residents finances as it was not a residents interest bearing account.

3. **Action Required:**
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**
The Registered Provider has already met with the Bank of Ireland in Shannon on Friday 2nd February 2018 and received a “Business Current and Demand Deposit Account Application Pack”, that has been provided to our Administration and Accounts Manager to complete for/with Residents that I am an Agent for within the Nursing Home.

The Registered Provider does not foresee any reason why a Residents Account cannot be set-up for Residents to ensure best practice and transparency with all financial arrangements taking place between individual residents and the Nursing Home/Registered Provider.

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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Theme:</td>
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**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The emergency plan required updating to include further guidance for staff in the event of it being necessary to evacuate the centre.

4. **Action Required:**
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.
Please state the actions you have taken or are planning to take:
• The Emergency Plan has been reviewed and updated to include all actions staff would be expected to take in the event of a major incident.
• This new Emergency Plan has been communicated to all Staff Members (via email) and added to our Induction Training Material to ensure all pertinent knowledge and information is communicated to all staff.
• The Fire Safety Management Policy No. 17 has also been update to reflect the new changes/updates

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The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Cleaning trolleys and cleaning equipment were stored in the sluice room contrary best practice in infection control.

**5. Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
• The Registered Provider has taken one of the Cleaning Trolleys out of service in the interim, leaving two trolleys in situ and which will be stored in the enclosed (Security Locked) corridor outside of the Laundry and Sluice Room's.
• The Registered Provider is working with a Civil Engineer on plans to develop the Nursing Home Capacity and included in these new plans (sent to the County Council Planning Authority on 2nd March 2018) is plans to implement x 3 new Cleaning Trolley Storage Room on each floor of the Nursing Home and which will accommodate the 3 Cleaning Trolleys as per Infection Control Prevention Standards.

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<td><strong>Theme:</strong> Safe care and support</td>
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The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Two staff members who had overall responsibility for residents at night time did not have formal fire safety training.

**6. Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the
designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
• These Staff have now completed the required training with external Fire Training Company as of 9th February 2018 and been signed off as competent to manage Fire Emergencies and untoward incidents that could occur during their working shift. (Record of Attendance included as evidence, certificates will follow as soon as received from Fire Training Company).

**Proposed Timescale:** 09/02/2018

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**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector observed that medicines were left unattended on a residents locker in a shared bedroom, these medicines were not stored securely which posed a risk to residents and visitors.

**7. Action Required:**
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

**Please state the actions you have taken or are planning to take:**
Nursing Staff were informed at our recent Team Meeting on 21st February 2018 of their accountabilities and responsibilities as Registered Nurses within this NH and that the practice observed by the HIQA Inspector was not in accordance with our Medication Management Policy or in accordance with our regulatory body – An Bord Altranais
• All Nursing Staff were informed that prescribed Medicines are not to be left unattended under any circumstances and these Medicines should be stored securely and safely in our designated Clinical Room prior to administering safely
• The Nursing Team have been informed that the Resident is required to be in attendance and willing to take their medication as prescribed, therefore, minimising any future incidents as identified
• Nursing Staff were asked to re-familiarise themselves with our Medication Management Policy and with the most up to date An Bord Altranais Policy in relation to Medicine Management
• Finally, Nursing Staff were informed formally that any additional untoward incidents of unprofessional practice in relation to Medication Management Policy within the NH could lead to Disciplinary Action been taken against the individual nurse who decides to work outside of our internal and external policies that are in place to guide safe and professional clinical practice within the NH.
Proposed Timescale: 21/02/2018

Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
While care plans were in place for all identified issues, some care plans were generic, not informative, not reflective of the care described by staff and some did not reflect the current needs of residents. Some care plans were not person centered or individualised.

**8. Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
(1) The Person in Charge/Deputy Person in Charge will be fully responsible for implementing the requisite Care Plans for any new admission to the Nursing Home within 48 hours of this new admission and the Care Plans shall be communicated to all Nursing and Care Staff at Nursing Handover (between shifts) to ensure seamless and consistency of care processes for all Residents.
(2) The Person in Charge will continue quarterly Care Planning Audit Reviews to ensure Care Plans are implemented as per Regulation 05(3), following our Nursing Model of Care – The 12 Activities of Daily Living (Roper, Logan and Tierney 1985).
(3) Education Programmes will be implemented with our Practice and Professional Development Nurse to ensure the consistency of our Care Planning Processes.

Proposed Timescale: 27/04/2018

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some care plans had not been updated to reflect residents changed needs. Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date needs however, this was not always reflected in care plans.

**9. Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's
Please state the actions you have taken or are planning to take:
Action plan implemented to assist in meeting Regulation 05(3) include:
(1) The Person in Charge has commenced a systematic review on all Residents Care Plan currently in use to ensure they are effective and efficient in the Care each Resident requires.
(2) The Person in Charge has met with the Nursing Team at our Team Meeting on 21st February 2018 and the Nursing Team have agreed to streamline the current Care Planning Process to ensure all care plans are Person Centred and implemented using the SMART objective (Specific, Measurable, Attainable, Realistic and Time constraint) following the Nursing Process and the 12 Activities of Daily Living as our Nursing Model of Care within the Nursing Home.
(3) The Person in Charge will liaise our Practice and Professional Development Consultant to implement a new teaching programme on the Care Planning Process, which will include staff Clinical Supervision, thus ensuring consistency of service for all Residents.
(4) Each Nurse working within the Nursing Home has been allocated Six Residents that they are “Named Nurse” for, therefore, the Person in Charge and our Practice and Professional Development Nurse will work closely with the Named Nurses to ensure Care Plans are concurrent, reliable and valid for each individual Resident – following our planned formal teaching in early April 2018.

**Proposed Timescale:** 27/04/2018