



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:	31 August 2021
Centre ID:	OSV-0000159
Fieldwork ID:	MON-0034070

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 40 residents, both male and female. The centre is located on the Navan Road, Dublin 7 and the registered provider in Santa Sabina House Limited. There are 36 single and 2 twin bedrooms, with en suite or shared bathroom facilities. 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
Tuesday 31 August 2021	08:25hrs to 17:10hrs	Niamh Moore	Lead

What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, Santa Sabina House was a good centre where a relaxed and friendly atmosphere was seen. A number of residents were highly complimentary of the care and service provided, and told the inspector that staff were lovely and kind to them. The inspector observed many activities taking place on the day of inspection and could see both residents' and staff enjoying each others company.

An opening meeting was held with the person in charge. After this meeting, the inspector was guided on a tour of the premises. The designated centre was located in Cabra, Dublin 7 and provided accommodation to 40 residents in single and twin occupancy rooms located over two floors. All bedrooms within the centre had en-suite facilities. The inspector was told that the twin bedrooms were currently single occupancy. The centre was welcoming, homely and provided adequate physical space for residents to have their individual assessed needs and preferences met. The corridors were spacious with residents seen to spend time walking freely throughout these areas.

There were several communal rooms around the centre for residents' use, such as an oratory, parlour, activity room, community room, dining room and a piano room. The inspector was told that some of these rooms were used for visiting and also for activity provisions. Communal areas seen had seating spaced adequately to allow for social distancing.

There were numerous enclosed gardens which residents had access to and these areas were well presented with bright flowers and suitable seating arrangements. The inspector was told that during good weather, residents had walking groups and gardening clubs within these areas, where residents participated in planting flowers.

Some residents were observed relaxing in their bedrooms while others spent time in communal day rooms. Bedrooms seen were spacious, clean and had sufficient storage space available for residents' personal belongings. The name of the resident was displayed on their bedroom door. A number of residents told the inspector that they were happy with their environment.

Residents were found to be enjoying activities in the day room which was sufficiently staffed at the time of inspection. One resident said that they enjoyed the opportunities to take part in various activities, such as bingo and a group word search. For residents who preferred smaller group or one-to-one activities, residents were seen to knit and read newspapers. There was also mass available within the oratory.

During the inspection, the inspector spent time observing resident and staff interactions. The inspector met the majority of residents throughout the day and spoke in detail with five residents. The overall feedback from all five residents was

that the management and staff of the designated centre were approachable, helpful and caring. They were positive about the care that they received, with one resident saying "staff are conscientious, they get you anything that you want".

The inspector observed a mealtime within the centre and saw that the majority of residents chose to eat their lunchtime meal within the dining room. Menus were displayed outside the dining room and on each table inside. Choices were available for the main meal, dessert and at supper time. Food was freshly cooked on site and looked appetising. The mealtime was seen to be a social occasion with residents sitting at tables of three to four occupancy. Residents were seen to be chatting together. Residents who requested assistance received help from staff in a kind and caring manner, with staff chatting to residents as they enjoyed their meal. A small number of residents preferred to eat their meal within their bedroom accommodation and they were supported with this preference. Several residents confirmed to the inspector that they were happy with the meals provided. They spoke very highly about the food and described that they had a choice of daily meals on offer. One resident said "the cook that we have is great".

Staff who spoke with the inspector were knowledgeable about residents and their needs, responding to safeguarding issues and complaints. It was evident that staff knew residents well and observations were that they were responsive to residents' needs. Staff told the inspector that the management team were supportive.

Overall, the inspector observed a relaxed and happy environment. The overall feedback from residents spoken with was that they felt safe and content within the centre. The next two sections of the report present the findings of the inspection and give examples of how the provider has been supporting residents to live a good life in the centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

This was a well-governed centre with effective management systems in place, ensuring the delivery of high-quality care to the residents. The management team were proactive in response to issues as they arose and used regular audits of practice to improve services. The provider ensured that the centre was adequately resourced.

Santa Sabina House Limited is the registered provider for Santa Sabina House. The management structure was clear with the management team consisting of a general manager and person in charge. The general manager reported into the board of directors. The management team had a positive attitude and were committed to ensuring that residents living in the centre enjoyed a good quality of life and received safe care.

The person in charge was supported in their role by two clinical nurse managers

(CNMs), the pastoral care team, nurses, healthcare assistants, an activity staff coordinator, housekeeping, catering, maintenance and administrative staff.

On the day of inspection, the staffing numbers and skill-mix were appropriate to meet the support requirements of residents. A review of staffing had been completed in June 2021 which confirmed that the centre had appropriate staffing levels. However, the person in charge told the inspector they were in the process of recruiting an additional staff member to supplement supervision of residents in the evening and night time. In data relating to falls records it was evident that numerous falls were occurring in the night time.

Staff were supported to access mandatory training. Mandatory training was scheduled and planned for fire, safeguarding and manual handling in the weeks following the inspection. There was additional training available to staff in areas such as medication management, care planning, slips, trips and falls, nutrition and diabetes and end-of-life care. Staff spoken with said they had received sufficient supervision and training to do their jobs.

The management team had oversight of the care being delivered to residents. There was an audit schedule and system in place for auditing practices such as falls, wound care, medication management and the environment. There was clear evidence of learning and improvements being made in response to audit reports.

The centre had one outbreak of COVID-19 throughout the pandemic. This occurred from 2 January 2021 to 24 February 2021 where two residents and five staff were confirmed with COVID-19. A high percentage of residents and staff had received both vaccinations to offer them protection against COVID-19. The centre was seen to adhere to the most up-to-date guidelines in relation to infection control and visiting procedures.

There were low levels of complaints recorded and the provider worked hard to ensure that complaints or concerns were resolved at an early stage. Residents confirmed that they were aware that they could register a complaint if they were unhappy with any aspect of the service provided.

Regulation 15: Staffing

On the day of inspection, the inspector found that the skill-mix of staff was appropriate with regard to the assessed needs of the 34 residents in the centre. Rosters showed there was a minimum of one registered nurse on duty at all times, in line with regulatory requirements.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to training and were appropriately supervised. For example, there was an induction system in place for newly-appointed staff. A sample of records of probation and appraisal forms were seen which included action plans where improvements were required.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence that the centre had sufficient resources to ensure that care and services were provided in line with the statement of purpose.

There was good governance and management systems identified within Santa Sabina. There were clearly-defined roles and responsibilities set out and staff were aware of the line management reporting protocols within the centre. A range of quality assurance checks were being used in the centre to provide information to the provider about the quality of the service. This included key performance indicators gathered through clinical surveillance weekly reports, analysis from audits and relevant committee meetings. There were regular staff and management meetings where the key data on the centre was discussed to drive good quality care.

An annual review of the quality and safety of care delivered to residents had taken place for 2020. The inspector saw evidence that the review was completed in consultation with residents and their families.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints procedure available in the centre which was prominently displayed for residents and visitors. The complaints procedure set out the steps to be taken to register a complaint and indicated the appeals process. On the day of inspection, records seen confirmed that complaints were well managed in the centre with one formal complaint received for 2020 and one for 2021.

Judgment: Compliant

Quality and safety

Residents received good, quality safe care. Residents quality of life was enhanced by person-centred care provided by the staff team. Records seen on inspection confirmed that residents rights were being upheld and that residents were well supported. There was evidence of consultation and inclusion of the residents in the running of the centre.

The inspector reviewed a sample of resident records including assessments and care plans. A range of nursing assessment tools were in place and assisted staff to monitor residents' needs, such as manual handling, falls risk screening and activities of daily living tools. Assessments were used to guide the development of care plans. Records were person centred and advised staff on how to most effectively support residents with their health, social and personal care requirements.

Residents had good access to medical care services. The inspector was assured that where specialist health care services were required, relevant referrals were made within a timely manner for residents. Residents also had access to local community services such as opticians, dentistry and podiatry.

Residents' rights were respected and upheld in the centre. Staff were observed to communicate with residents in a kind and respectful manner. Facilities promoted privacy and service provision was directed by the needs of the resident. Televisions, newspapers, telephones and computer facilities were available for residents' use. Residents had access to a pastoral care team seven days a week and an additional advocate who attended twice a week to assist and support residents with advocacy.

There was a variety of social activities available to residents to occupy their day. The inspector spent time within communal areas observing these activities and found that staff brought out the best in residents encouraging them to participate. A number of residents told the inspector that there were activities available most days. Two residents were seen to take part in knitting on the inspection day and told the inspector that they were knitting blankets for a maternity hospital. Conversations with staff and residents throughout the activities involved plenty of friendly chat. It was evident that there was a lovely sense of community in the centre and that these positive interactions contributed to the calm atmosphere in the centre.

Overall the premises was found to be clean and efforts to create a homely environment were evident. The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team. This including a COVID-19 policy, environmental audits, access to hand hygiene sinks and hand gel within the centre. However, the inspector was informed that storage was an issue and, as a result, some rooms were temporarily changed to allow for the increased need to store items such as personal protective equipment (PPE). The person in charge was seen to respond to this during the inspection.

The provider had arrangements in place to support residents to receive their visitors. Inspectors observed visitors to the centre being guided through the necessary steps to ensure they complied with guidance issued on COVID-19. Visitors were received privately in residents' bedrooms or in a dedicated room located on the ground floor of the centre.

There was a risk management policy which had been reviewed in November 2020. This policy met the requirement of the regulations; for example, it included the measures and actions in place to control the risk of abuse and the unexplained absence of any resident.

Regulation 11: Visits

The inspector was told that the centre was facilitating visits in line with the current Health Protection Surveillance Centre (HPSC) guidance. There was a schedule of visits seen to take place on the day of inspection. The centre also had a risk assessment and necessary control measures completed for visiting.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. The centre maintained a risk register setting out hazards identified in the centre and control measures in place to minimise the associated risk. This risk register was updated to include the risks of transmission of COVID-19.

Judgment: Compliant

Regulation 27: Infection control

Overall, the provider met the regulatory requirements on infection control. For example, the centre had procedures in place for the prevention and control of healthcare associated infections. There were additional measures in place to ensure the risks associated with COVID-19 were monitored on an ongoing basis. All staff were following public health guidelines in the use of PPE including face masks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of assessments and care plans for residents relating to new admissions, falls, weight loss and wound care. Care plans were seen to be based on a range of validated assessment tools. Care plans had been prepared within 48 hours after the resident's admission to the centre and were formally reviewed within four months. Where changes occurred outside formal reviews, care plans were seen to be updated to evidence this. Care plans reviewed offered a true reflection of the care given.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. A general practitioner (GP) attended the centre on a weekly basis. There was evidence of appropriate referrals, such as to specialised consultants and health and social care professionals including physiotherapy and dietitians.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that there was plenty of opportunities for residents to participate in activities in accordance with their interests and capacities. A newsletter was completed to detail the activities and occasions that had occurred and were celebrated within the centre.

There was evidence of consultation with residents either individually through surveys or in groups via resident committee meetings. A review of these records showed that consultation was provided on areas such as food and activities. Information was also provided to residents on topics such as COVID-19, arrangements for visiting, staffing and fire safety.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant