

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007, as amended**



<b>Centre name:</b>	Sancta Maria Nursing Home
<b>Centre ID:</b>	0158
<b>Centre address:</b>	Parke Edenderry Road, Co Meath
<b>Telephone number:</b>	044-9375243
<b>Email address:</b>	sanctamarianh@gmail.com
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Sancta Maria Nursing Home Limited
<b>Person authorised to act on behalf of the provider:</b>	Alan Shaw
<b>Person in charge:</b>	Brigid Moran
<b>Date of inspection:</b>	23 and 24 July 2013
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 09:50 hrs <b>Completion:</b> 16:45 hrs <b>Day-2 Start:</b> 09:45 hrs <b>Completion:</b> 13:30 hrs
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	Damien Woods (Day 2)
<b>Type of inspection</b>	<input checked="" type="checkbox"/> <b>announced</b> <input type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	42 +1 resident on holiday
<b>Number of vacancies on the date of inspection:</b>	1

## 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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This inspection report sets out the findings of a monitoring inspection, in which all of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1: Statement of Purpose</b>	<input checked="" type="checkbox"/>
<b>Outcome 2: Contract for the Provision of Services</b>	<input checked="" type="checkbox"/>
<b>Outcome 3: Suitable Person in Charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 4: Records and documentation to be kept at a designated centres</b>	<input checked="" type="checkbox"/>
<b>Outcome 5: Absence of the person in charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 6: Safeguarding and Safety</b>	<input checked="" type="checkbox"/>
<b>Outcome 7: Health and Safety and Risk Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 8: Medication Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 9: Notification of Incidents</b>	<input checked="" type="checkbox"/>
<b>Outcome 10: Reviewing and improving the quality and safety of care</b>	<input checked="" type="checkbox"/>
<b>Outcome 11: Health and Social Care Needs</b>	<input checked="" type="checkbox"/>
<b>Outcome 12: Safe and Suitable Premises</b>	<input checked="" type="checkbox"/>
<b>Outcome 13: Complaints procedures</b>	<input checked="" type="checkbox"/>
<b>Outcome 14: End of Life Care</b>	<input checked="" type="checkbox"/>
<b>Outcome 15: Food and Nutrition</b>	<input checked="" type="checkbox"/>
<b>Outcome 16: Residents' Rights, Dignity and Consultation</b>	<input checked="" type="checkbox"/>
<b>Outcome 17: Residents' clothing and personal property and possessions</b>	<input checked="" type="checkbox"/>
<b>Outcome 18: Suitable Staffing</b>	<input checked="" type="checkbox"/>

This registration inspection was announced and took place over two days. As part of the inspection inspectors met with residents, relatives, and staff members.

Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Inspectors found that there were 42 residents in the centre and one on holiday on the day of the inspection. The inspectors found that the provider and person in charge had fully addressed the one action plan relating to Outcome 2 the contract for the provision of services, further to the last inspection which took place on 15 January 2013.

Overall, the governance of the centre was found to be robust and management systems were in place to facilitate the care of welfare of each resident. In general, residents and relatives were satisfied with the care provided. The provider was notified prior to the inspection that a small number of questionnaires had highlighted issues with staffing in the evenings and this was in the process of being addressed at the time of the inspection.

The inspectors found that improvements were necessary with regard to compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. In particular the provider and person in charge were required to take improvements to address the following areas identified prior to and during the inspection:

- review of individual resident evacuation plans/environmental audit
- premises and storage
- staffing review.

**Section 41(1)(c) of the Health Act 2007**  
**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

**Theme: Leadership, Governance and Management**  
*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

**Outcome 1**  
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**References:**  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector reviewed the statement of purpose submitted with the application to register dated 14 June 2013 and found that it accurately described the services and facilities provided in the centre and that the information was substantially in accordance with Schedule 1 of the Regulations. The written statement of purpose

also reflected the amended registration certificate issued further to change of entity on 1 July 2011.

### **Outcome 2**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

#### **References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

#### **Action(s) required from previous inspection:**

The action required from the previous inspection were satisfactorily implemented.

### **Inspection findings**

The provider had reviewed the contract of care since the date of the last inspection and had ceased the practice of charging back provider fees since the date of the last inspection. The inspector reviewed a sample of the contracts of care during this inspection. The administrator at the centre had responsibility for maintaining the contracts of care on behalf of the provider, and records were found to be maintained to a good standard. All of the sample contracts seen on inspection were satisfactory and clearly outlined the fees and any additional costs to be charged. The contracts of care reviewed and associated correspondence and confirmed all residents (or their representatives) had signed revised contracts of care in place.

### **Outcome 3**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

#### **References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The person in charge, Brigid Moran, was on duty and in charge on the day of the inspection. She has been the person in charge since the December 2005. She has extensive nursing experience and has worked with older people for many years. She works full-time and she has completed management qualifications and meets all legislative requirements. She is supported by a clinical nurse manager who deputises

for the person in charge in her absence. The person in charge has line management responsibilities for all staff at the designated centre. She reports to the area manager who works between this centre and another in Kildare.

The person in charge provided information and documents to the inspector in a timely manner. She was aware of the legal responsibilities of the person in charge in relation to notifications, the provision of adequate staff to meet the needs of the service and for the provision of education and training to ensure staff were competent for their roles and responsibilities. In addition, a recently appointed senior staff nurse is also participating in the management of the centre. The residents clearly identified the person in charge in conversation with inspectors as someone who deals with any issues with service provision that may occur on a day-to-day basis.

The inspector concluded that the person in charge was competent to take charge of the service and demonstrated a high standard of governance and organisational ability during the inspection.

**Outcome 4**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**References:**

- Regulations 21-25: The records to be kept in a designated centre
- Regulation 26: Insurance Cover
- Regulation 27: Operating Policies and Procedures
- Standard 1: Information
- Standard 29: Management Systems
- Standard 32: Register and Residents' Records

**Inspection findings:**

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

**Residents' Guide**

Substantial compliance  Improvements required \*

**Records in relation to residents (Schedule 3)**

Substantial compliance  Improvements required \*

### **General Records (Schedule 4)**

Substantial compliance

Improvements required \*

### **Operating Policies and Procedures (Schedule 5)**

Substantial compliance

Improvements required \*

### **Directory of Residents**

Substantial compliance

Improvements required \*

### **Staffing Records**

Substantial compliance

Improvements required \*

### **Medical Records**

Substantial compliance

Improvements required \*

### **Insurance Cover**

Substantial compliance

Improvements required \*

### **Outcome 5**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

#### **References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The person in charge has not been absent for more than 28 days which required notification to the Authority. The provider and person in charge were aware of their reporting requirements and submitted appropriate notifications. The clinical nurse manager took charge in the absence of the person in charge, and was also supported by the area manager and the senior staff nurse.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*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.*

**References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspectors found that measures were in place to protect residents from being harmed or abused. Residents told the inspectors they felt safe, well cared for, and that their privacy and dignity was respected. Management and administrative staff working at the centre were involved with the management of five residents' finances/acting as a nominated pension agent for a small number of residents. The records of residents finances were clear and the administrator was available to residents should the resident required access for funds on a day-to-day basis. The inspector recommends that written instructions from each resident are clearly documented with regard to authorisation to use residents' funds to pay for fees and charges due to the provider.

The inspector found that all of the staff spoken to on the day of inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse. There were records to indicate that staff had received training on identifying and responding to elder abuse. Evidence of An Garda Síochána vetting was in place for all staff employed by the provider. Staff recruited for the centre had received training on responding to any form of elder abuse and when this area was discussed displayed knowledge of the different forms of abuse, and the correct reporting procedures. The policy on responding to elder abuse had been kept under

review by the person in charge. The Authority had received no reports/allegations of abuse since the date of the last inspection.

Residents spoken to confirmed that they felt safe in the centre. The inspector reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. The person in charge had established links with the senior case worker for elder abuse in the Health Services Executive (HSE).

#### **Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

#### **References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The findings of the inspection were that the health and safety of residents, visitors and staff were being promoted and protected. Appropriate policies and procedures have been implemented by management and staff working at the centre. For example, the management of the recent hot weather and increased temperatures in the dining room had been well managed, with the identified risks to residents mitigated by the provider with cooling devices and raising staff awareness of increased fluid requirements and ensuring cool drinks were available. As a result, the dining room was maintained at a comfortable temperature for use by the residents. In addition, the risk assessments around smoking and the use of the smoking room were found to be fully implemented and improved mechanical ventilation system had been put in place in this room to improve air quality.

Overall, the health and safety policy and safety statement was found to be implemented. The risk policy outlined how to undertake a risk assessment and identified that a risk management committee would be in place and included its membership and roles and responsibilities. A policy was in place to guide staff in the event of any incident of violence, aggression, self harm and assault.

A centre-specific infection prevention and control policies and procedures were found to be in place. Hand washing and drying facilities and hand disinfectant gels were available at the reception and nurse's stations.

A culture of managing any identified risk was evident and resident safety was a management priority. The safety statement had been recently updated by an external provider, some minor aspects of the document were not fully centre specific and the provider undertook to review this and this was completed on day two of the inspection.

Residents confirmed to inspectors in conversations that they felt safe in their day to day life at the centre and enjoyed the gardens of the centre for walks and fresh air. However, some improvements were required with regard to formal documentation of the environmental audit of the premises/grounds and hazard awareness and identification. For example, inappropriate storage in the assisted bathroom and the cleaner's store in the outside laundry facility left accessible on the first day of the inspection.

The fire alarm and fire fighting equipment was fully maintained, and all staff had attended fire safety and evacuation training. Means of escape were clear and unobstructed. A written emergency plan was in place to outline clear procedures to follow in the event of loss of electric power, flood, gas leak or security concerns. The Inspector spoke to staff and found they were familiar with the contents of the emergency plan and reporting structures in case of an emergency.

However, documented individual evacuation plans were not in place for all residents inclusive of residents with higher dependencies as part of the emergency evacuation plan. The measures to move and evacuate residents to safety, should the need arise were not detailed enough to inform and guide staff should the need arise.

The front door/reception area and the car parking areas were secure. There was a visitor's log in place to monitor the movement of persons in and out of the building. There was a missing person policy which included clear procedures to guide staff should a resident be reported as missing. Closed circuit television (CCTV) was found to be operating in the reception area, corridors and externally for security purposes. The provider had a detailed policy and adequate signage in place to inform residents and visitors to the building that the CCTV system was in place. This was also clearly stated in the Residents' Guide and the statement of purpose and function.

**Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

**References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The inspector reviewed medication management practice and found substantial compliance. Nursing staff were knowledgeable about medication and administration practices inclusive of crushing. Pharmacy support was available to nursing staff.

The inspector reviewed the medication management policy and noted that it included the procedure for prescribing, administering, recording, safekeeping and disposal of unused or out of date medications. There were clear guidelines in place for staff administering medication to residents that supported safe practice. The pre-admission procedures allowed for information to be obtained about residents' current medication, the prescribing by the general practitioner (GP), and subsequent dispensing by the pharmacy provider. The inspector observed the medication being administered following lunch time meal service and found the practice safe.

The centre had a medication variance record report form in place for recording medication errors, near misses and omissions. A record of returns was maintained. At each shift change the MDA medications were checked and counted. One error of record keeping which had taken place was followed up appropriately by the person in charge. The inspector found record keeping was to a good standard in this area and in line with best practice.

The pharmacy delivered a pre-packaged medication system which staff nurses were familiar with. The administration of medication observed by inspectors was found to be safe and in line with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidance to nurses and midwives. One resident prescribed a regular anti-coagulant had a monthly blood test undertaken and the appropriate equipment was available for use at the centre.

### Outcome 9

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

#### References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

#### Action(s) required from previous inspection:

No actions were required from the previous inspection.

## Inspection findings

The Inspector reviewed a record of all incidents that had occurred in the designated centre since the opening of the centre and cross referenced these with the notifications received from the centre. The inspector reviewed the notifications

submitted to the Authority along with the records of incidents and accidents held at the designated centre. The risk management policy and procedure was followed. The person in charge had completed quarterly notifications and three day notifications in a timely manner, and is aware of any requirement to notify the Authority.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 10**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspection confirmed that staff at the centre invited feedback and acted on any improvements suggested by residents or relatives. The inspectors found that formal and informal feedback took place on a regular basis. For example, resident meetings were minuted and any ideas and feedback auctioned by management. The resident questionnaires confirmed that day-to-day life and activity was satisfactory. Staff were helpful and demonstrated a positive attitude to residents and relatives. Relatives valued the opportunity to feedback and involvement in the assessment and care planning process. The inspector recommends that further formal methods of review of quality and safety of care and quality of life is further developed by the provider.

**Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

**References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The care and welfare of all residents was found to be adequate with appropriate healthcare provision and access to peripatetic services. Arrangements for general practitioner services and on call cover for out-of-hours GP were found to be in place. Residents confirmed that their GP visited regularly. The resident and relative questionnaires received prior to the inspection confirmed satisfaction with health needs being met at the designated centre.

The admission, assessment and care planning process for residents was reviewed with the clinical nurse manager. Overall, the standard of documentation was adequate in the sample reviewed, and fully met all regulatory and best practice requirements. However, the documentation of each resident's social care history and individual resident requirements required improvement.

The centre had a policy in place for the admission, temporary absence and discharge of residents. Pre-admission assessments had been completed by the person in charge to ensure the needs of the potential resident can be met. The admission policy included details of information required before any decision to admit had been made by the person in charge. The inspector was satisfied that the governance of admissions and discharges was to a good standard, and in line with the range of needs outlined in the statement of purpose and function.

The inspector reviewed a sample of resident assessment and care plans. Care plans included a mobility, nutrition, health needs, continence, skin care, sensory and communication, personal hygiene and dressing and psychosocial wellbeing. Risk assessments to be completed include falls, manual handling, MUST, continence, risk tool for predicting pressure ulcer risk, pain assessment scale, restraint assessment and review, mobility assessment, bedrail assessment, mini mental state examination (MMSE).

The resident's dependency was also assessed prior to admission and following a hospital admission. The dependency of residents on this inspection was as follows and had increased since the date of the last inspection on 15 January 2012:

- Maximum Dependency - 17
  - High Dependency - 19
  - Medium Dependency - 13
  - Low Dependency - 5
- (as determined by use of Barthel Index)

This review also confirmed regular input from the GP, psychiatry of old age, dietician, and the palliative care team. Following a review of a sample of care plans the inspector was satisfied that the written care plans accurately reflected the assessed needs of the resident, and the preferences and likes and dislikes of each resident were clearly documented. Assessment and care plan review was central to the ongoing care delivery of each resident and maintaining a person-centred approach. The nursing staff also meet with each resident or their representative to discuss satisfaction with care and service delivery on a quarterly basis, or more frequently if required.

The provider and person in charge stated that residents at the centre have access to all of the allied health professionals within the HSE, and/or private provision including a speech and language therapist, dietician, occupational therapy, community mental health, dentist and chiropodist. Clear arrangements are in place for private provision if this was required, and for which charges would be levied. Audiology and optician are available on request, with a cost incurred if GMS medical card does not cover charge. The venepuncture/blood test service was available to residents in-house with no additional charge.

**Outcome 12**  
*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**References:**  
Regulation 19: Premises  
Standard 25: Physical Environment

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

## Inspection findings

The inspector found the premises was found to be well maintained and was clean and hygienic. The reception area was welcoming with a visitor's book maintained and disinfectant hand gel in place. Closed circuit television external to the building was in place to maintain resident's safety and security.

The furniture and assistive equipment met the needs of the residents in an individual and collective way. Storage space was adequate and corridors were kept clear of assistive equipment. The building and environment was found to be as described in the statement of purpose and function with regard to communal day space and resident bedrooms and facilities.

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

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

### **Outcome 13**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

#### **References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

#### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The inspector examined the centre's complaints policy/procedure. It contains the information in accordance with the Regulations, including the appeals process and documentation/template to aid staff in the recording/investigation of a complaint. The person in charge confirmed that there had been no written complaints received since the date of the last inspection. Verbal issues and concerns were documented on a day-to-day basis and followed up. There was a well organised approach to address the issues raised in a comprehensive manner.

### **Outcome 14**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**References:**

Regulation 14: End of Life Care  
Standard 16: End of Life Care

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspectors reviewed end of life care arrangements and found an adequate level of awareness and a good standard of documentation regarding resident's wishes for end of life care. A written end of life policy was available to inform and guide staff.

Established links to the Meath palliative care service were in place. Access to specialist advice and review was available from palliative medicine and clinical nurse specialists from the HSE, with regard to symptom control and support for resident, family and staff at the designated centre.

Links were in place with a number of different faiths to meet the spiritual needs of residents. An oratory room was available near the front entrance for quiet reflection. A single room may be accommodated if available to meet the needs of the resident for privacy and dignity. Open visiting was in place to support relatives and friends of residents.

**Outcome 15**

*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 discreet and sensitive manner.*

**References:**

Regulation 20: Food and Nutrition  
Standard 19: Meals and Mealtimes

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The inspector observed lunch time service in the dining room. Overall, residents told inspectors they enjoyed the food and the choices available to them. Residents confirmed the food served to them was hot and tasty. The dining room was appropriately furnished and welcoming. The Inspector observed that table settings were pleasant and included condiments and appropriate place settings, with napkins and placemats for all residents. A detailed menu was displayed in the dining room identifying the menu choices for the day. Staff assisted in serving meals and

ensuring residents obtained their preferred food choices, in two sittings. Appropriate assistance was offered with eating their meals to residents located in a smaller section of the dining room. A small kitchenette was also available in one of the communal sitting rooms with table and chairs, and was utilized by visitors and residents. All food served to residents including modified diets was well presented.

Staff spoke to residents and they were knowledgeable about their likes and dislikes and always offered choice. The inspector was satisfied the mealtime experience was enjoyed by residents who took their meals in the dining room. The inspector also met with the Head Cook who provided detailed menu plans, and proposed menus which had been reviewed recently. The menus included a choice of meals at breakfast, lunch and tea time. The same menu choice was available for residents on a modified consistency diet. Snacks and drinks were available throughout the day.

A smaller number of residents took their meals in their own rooms. Appropriate assistance was offered to residents who required assistance with mealtimes in their own rooms by staff who knew their needs.

There was a policy in place to guide and inform staff on the procedures to ensure residents' nutritional and hydration needs were met. Documentation indicated that each resident's weight was checked on a monthly basis or more regularly if required. Nutrition assessments were used to identify residents at risk and monitor progress with nutritional supplementation.

**Outcome 16**

*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.*

**References:**

- Regulation 10: Residents' Rights, Dignity and Consultation
- Regulation 11: Communication
- Regulation 12: Visits
- Standard 2: Consultation and Participation
- Standard 4: Privacy and Dignity
- Standard 5: Civil, Political, Religious Rights
- Standard 17: Autonomy and Independence
- Standard 18: Routines and Expectations
- Standard 20: Social Contacts

**Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

Residents told inspectors that social activities were important to them and confirmed that they enjoyed a variety of activity in a group or one-to-one basis. The inspector saw several examples that demonstrated that residents were facilitated and encouraged to communicate. A residents committee meeting took place regularly and was a forum for residents to make suggestions and feedback on daily life.

Resident feedback confirmed that activities took place where a range of interests was facilitated. A seven day programme was in place with one part-time staff that facilitated activities at the centre. There was an activities schedule in place which included music, quiz, bingo crafts, and exercise to music. Sunday mass took place weekly and daily mass was available via radio from the local church. Residents described staff as interested in their well being and available to assist them. The person in charge said that she saw residents most days and encouraged them to share their views or any issues of concern. The inspector observed that interactions between staff and residents were friendly, positive and respectful.

During the day, residents were able to move around the centre freely and visitors were welcomed throughout the day at times that suited residents. A multipurpose room was available which had a dual function as a private visitors' room. The inspector recommends that the availability of this room is communicated with the use of signage and in the Residents' Guide.

Notices and information to inform residents of activities were displayed in large print. Access to Skype, WI-Fi was in place for residents in the multipurpose room. A resident trolley/shop was also available for sundries. Residents confirmed they enjoyed outings and enjoyed the garden in the fine weather.

### **Outcome 17**

*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

### **References:**

Regulation 7: Residents' Personal Property and Possessions  
Regulation 13: Clothing  
Standard 4: Privacy and Dignity  
Standard 17: Autonomy and Independence

### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The inspector was informed that the policy/procedure for the management of residents' personal property was fully implemented. Each bedroom contained a wardrobe and a lockable facility to enable residents to secure and retain control over their personal possessions. The inspector examined the property record of a resident who was living at the centre and this was found to have been maintained satisfactorily and updated as required by policy.

The laundry facilities were adequate and appropriate to the size of the centre. One member of staff was allocated on the roster on a daily basis to look after residents clothing which was labelled discretely and well maintained. The laundry was found to be organised and staff adhered to infection prevention and control best practice guidelines.

### **Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

### **Outcome 18**

*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.*

### **References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

### **Action(s) required from previous inspection:**

No actions were required from the previous inspection.

## Inspection findings

The inspector found that the levels and skill mix of staff at the time of this inspection were sufficient to meet the needs of residents during the inspection dates. The inspector checked the staff rota and found that it was well maintained with staff rostered and identified. A small number of the resident and relative questionnaires

highlighted staffing arrangements in the evenings. On receipt of this information the inspector requested an immediate review the staffing provision each evening. The provider had put in place an immediate review and additional care staff hours had been put in place, the staffing rota confirmed this increase had commenced on 22 July 2013. The provider and person in charge were requested by the inspectors to undertake a further staffing review to ascertain that the assessed needs of each resident can be met on a daily basis. The person in charge agreed to complete this and evaluate the staffing complement in place to meet residents changing needs. As outlined in Outcome 11 dependencies had increased since the date of the last inspection and a review of staffing was identified as necessary and outlined to the provider and person in charge.

Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement of fifty three staff. Occasionally, staff from Parke House, Kilcock were utilised to assist with unanticipated absences or extended leave of staff at Sancta Maria.

Residents and relatives were satisfied with staffing, reporting that staff were available to provide the help and assistance they needed. The inspector found the staff friendly and offered choice where appropriate. However, the personhood and language used was not commensurate with adulthood on all occasions. The management team undertook to address this aspect of communication when feedback took place.

From discussions with staff, the inspector found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. They confirmed that they were supported to carry out their work by the person in charge and her deputy the clinical nurse manager.

All new staff have participated in mandatory training. For example, records of training fire safety prevention, responding to reports of elder abuse, moving and handling were available. However, the individual medication management competencies were not evidenced for all nursing staff working at the centre in the staff records. The inspector recommends that updates and training in diabetes management and managing mental health difficulties is made available to all registered nurses.

Policies and procedures were available for the recruitment, selection and vetting of staff. A sample of staff files were reviewed by the inspectors and all of the documents regarding persons working at the centre had been obtained in accordance with the regulatory requirement. The inspector checked that registered nurses' professional registration was up to date.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and the manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Leone Ewings  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

16 July 2013

## Provider's response to inspection report \*

<b>Centre Name:</b>	Sancta Maria Nursing Home
<b>Centre ID:</b>	0158
<b>Date of inspection:</b>	10 and 11 July 2013
<b>Date of response:</b>	23 September 2013

### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

### Theme: Safe care and support

#### ***Outcome 7: Health and safety and risk management***

**The provider is failing to comply with a regulatory requirement in the following respect:**

There was no formal evidence of environmental safety audit implemented, in line with the safety statement for the designated centre.

Residents did not have an up-to-date individual evacuation plan in place to inform and guide staff.

#### **Action required:**

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

\* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<b>Action required:</b>	
Make adequate arrangements for the evacuation of all people in the designated centre and safe placement of residents at suitable intervals.	
<b>Reference:</b>	
Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	
Sancta Maria Nursing Home has commenced an environmental safety audit in conjunction with our centre specific safety statement.	25 October 2013
Sancta Maria Nursing Home has devised individualised resident emergency evacuation plans.	Completed

**Theme: Effective care and support**

***Outcome 12: Safe and suitable premises***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>
The storage of equipment and cleaning materials in the assisted bathroom was inappropriate.
A review of multiple occupancy rooms was identified as an area for improvement with regard to the use of seven twin and one triple bedroom at the centre in line with the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> .
<b>Action required:</b>
Ensure suitable provision for storage of equipment in the designated centre
<b>Action required:</b>
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs. Submit plan to the Authority with regard to the ongoing use of twin and triple bedrooms and the proposals to meet the requirements of the <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> .



<b>Reference:</b> Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Sancta Maria Nursing Home has increased night time rostered hours to further support resident preferences.	Complete