



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Sancta Maria Nursing Home
Name of provider:	Ronnach Teoranta
Address of centre:	Parke, Kinnegad, Meath
Type of inspection:	Unannounced
Date of inspection:	26 March 2021
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0032304

## About the designated centre

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

Accommodation is provided for a maximum of 78 residents, over 18 years of age, in a recently extended single-storey premises in a rural location. There are nine twin rooms and 60 single rooms (55 with en-suite facilities). Residents are admitted on a long-term residential, respite, convalescence, dementia and palliative care basis. Care is provided for residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that the centre's ethos is to provide individualised care, encouraging and fostering a caring atmosphere. The centre's statement of purpose states that the main objective of the service is to ensure continued delivery of high-quality and consistent person-centred care to all residents.

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

Number of residents on the date of inspection:	59
--	----

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
Friday 26 March 2021	12:30hrs to 18:20hrs	Catherine Rose Connolly Gargan	Lead
Tuesday 30 March 2021	09:00hrs to 17:15hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

National level 5 restrictions to prevent transmission of COVID-19 infection were still in place at the time of this inspection. Visiting restrictions were eased in the centre in line with public health guidance and were being implemented. The inspector spoke with several residents over the days of inspection and to six residents in more detail to gain insight into their lives in the centre. Residents in the centre had a good quality of life with the exception of residents with dementia who resided in the memory unit. The physical environment in the memory unit required redecoration and the staffing arrangements were not adequate to meet the needs of the residents in this unit. Overall feedback from residents was positive regarding the care and support they received but a resident and one resident's relative said they were not fully satisfied with the timeliness with which their queries regarding vaccination were being addressed by staff. The inspector discussed this feedback with the person in charge and was satisfied that appropriate action was being taken to ensure all residents who wished to receive vaccination were given access to same.

This was an unannounced inspection and on arrival, the inspector was met by the person in charge. The inspector was guided through the infection prevention and control assessments and procedures in place. A short opening meeting was held and the inspector was then accompanied by the person in charge on a tour of the centre. On arrival the inspector observed that a scheduled visit was taking place for one resident in the reception area. The main reception area is in the newer part of the premises and was spacious with a comfortable seating area that enabled this resident and their visitor to chat privately. Further visits were observed taking place throughout the days of inspection. There was an area in the newer part of the centre consisting of six bedrooms with full en suite facilities that had controlled access in place to ensure COVID-19 precautionary isolation procedures were rigidly adhered to in the newer part of the centre. There were two residents residing in this area on the days of inspection and they were approaching the end of their precautionary isolation period. However, the inspector observed that another resident with COVID-19 precautionary isolation procedures in place was not being nursed in the designated isolation unit. The door was open to this room and other residents could wander into this room. Staff looking after this resident were also looking after other residents in the unit and this posed a potential risk of cross infection. This part of the building was dilapidated. Chipped paintwork, wooden surfaces and flooring could not be effectively cleaned.

The newer part of the premises was purpose-built with 43 single full en suite bedrooms and was observed to be in a good state of repair and visibly clean throughout. The original part of the premises housed the centre's memory unit and provided accommodation for residents with dementia. Access to this unit was controlled by a key coded door. The memory unit consisted of nine twin bedrooms, none of which had en suite facilities. The inspector saw that seven of the twin bedrooms were occupied by one resident only and the second bed was removed.

There were also 17 single bedrooms in the memory unit, 12 of which had full en suite facilities. There was a variety of communal areas for resident's use. Many of which had doors to the gardens and a courtyard. However, there were key code locks on these doors which meant that most of the residents could only go outdoors with the assistance of staff to open these doors.

The inspector observed many examples of staff providing kind and respectful care to residents throughout the days of inspection. However, in the memory unit, on both days, staff were observed to be busy and rushed resulting in delays when residents required care and assistance. The inspector observed that 10 residents were in bed awaiting assistance to get up at 11:45hrs. The inspector was asked by three residents to seek assistance from staff on their behalf regarding their care needs. The inspector observed that three residents' meals were left on trays in their bedrooms while they awaited assistance from staff. One resident's meal had gone cold and the inspector requested that the staff member reheated it. Towards the end of lunch one resident experienced an episode of responsive behaviour, but staff were busy assisting other residents, they were not available for some time to support this resident. The inspector visited the memory unit at various times throughout the days of inspection and observed that no social activities took place before lunch in this unit. The inspector observed that two residents were seated in assistive chairs alone in the sitting room with nothing to engage them and on another occasion, six residents were in the sitting room alone, some in assistive chairs. Two residents were watching a movie on the television, three residents were asleep and one resident was calling out for assistance. The inspector spoke with activity staff and they confirmed that they carried out care duties until 11:00hrs each day and then commenced their role facilitating residents' activities until 16:30hrs each day from Monday to Friday. Although no additional care staff were rostered, the inspector was told that the care staff had responsibility for facilitating residents' activities in the evenings and at weekends.

The inspector observed that residents had a varied choice of hot meal for their lunch and tea on both days of the inspection. Residents told the inspector that their food was 'excellent', 'really well prepared' and that they 'looked forward to mealtimes'. Some residents in both dining rooms were observed chatting to each other.

Some residents spoke about how they missed their family and friends and although staff helped them to keep in contact through telephone calls and ongoing window visits, many said they longed for 'normal times' again. One resident had their mobile phone close by them and described it as 'their lifeline'. Most residents had completed their vaccinations and were hopeful of better days ahead. Residents spoke about their experiences of the COVID-19 pandemic. They were knowledgeable about the ongoing necessary restrictions and safety procedures in place to protect them. Residents said they felt safer having received full vaccination. The inspector observed residents being assisted and prompted by staff regarding their hand hygiene and maintaining social distancing.

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

the service being delivered.

## Capacity and capability

Some progress was made with improving the centre's governance and management since the last inspection in October 2020 but was not sufficient to bring the centre into compliance with the regulations. There was evidence that further oversight by the management team was needed to ensure the service provided to residents is adequately resourced and that residents living environment is maintained to a good standard. Weaknesses in oversight of the quality of care provision and reliance on a staffing model to inform the staffing levels in the centre did not ensure that there was sufficient staffing resources available to provide timely care for residents with higher support needs. The systems in place to monitor the quality and safety of the service required further improvement to ensure they were informing continuous quality improvement and that care and services were appropriate. The management team were proactive in responding to areas of risk.

The registered provider Ronnach Teoranta has a service level agreement in place with Complete Healthcare Limited to oversee the governance and the day-to-day operation of the centre on their behalf. The registered provider commenced operation of the centre in June 2018. Inspections by the Health Information and Quality Authority (HIQA) has found an ongoing history of poor compliance with the regulations. As a result, the Chief Inspector implemented an enhanced monitoring programme of the designated centre.

The management team were reactive and had progressed plans to address most of the non-compliances found on inspections. The provider developed action plans following the previous inspection in October 2020 to address 17 regulations and sub regulations that were substantially compliant or not compliant. Seven of the action plans were completed. While, the provider had progressed the necessary actions identified under other regulations, the improvements were not sustained to achieve compliance on this inspection. Non compliances with governance and management and staffing were repeated on this inspection.

The staffing resource was not adequate to provide sufficient care to residents in the centre's memory unit and in accordance with the centre's statement of purpose. Over both days of inspection, there was evidence that the staff numbers and skill mix available in the memory unit did not have capacity to ensure residents with dementia were provided with timely support and care to meet their needs. The inspector's findings are discussed in the previous section and under regulation 15. Staff training arrangements did ensure that staff attended mandatory training and were informed regarding best practice in caring for residents and were made aware of the most up-to-date HPSC guidance. Activity staff required further training to meet the social needs of residents with dementia who were unable to benefit from group activities.

The provider had contingency arrangements in place to manage a potential COVID-19 outbreak in the centre. The centre experienced a COVID-19 outbreak in April 2020. Thirteen residents and seven staff contracted the COVID-19 virus and one resident sadly passed away. There had been no further COVID-19 infection outbreaks involving residents since.

The person in charge worked on a full time basis in the centre and was in post since August 2019. She was supported in her role by an assistant director of nursing and a staff team of nurses, carers, catering, cleaning, laundry, activity, administration and maintenance staff. The assistant director of nursing deputised when the person in charge was absent.

Each resident had a contract of care in place and although contracts had improved since the last inspection, some contracts reviewed did not contain all information required by the regulations.

Residents were facilitated to provide feedback on the running of the centre and their feedback was generally used to improve the service. The annual review of the quality and safety of the service delivered to residents in 2020 was being prepared in consultation with residents. Staff were aware of the complaints policy and procedure in the centre and records confirmed that complaints were investigated and the outcomes communicated without delay. Although the inspector observed that minor issues of dissatisfaction expressed by residents were listened to and were usually resolved, records of these were not maintained. This negated early identification of recurrent issues and potential for proactive improvements that could be implemented. An appeals procedure was available to ensure complainants could have the outcome of their complaint investigation reviewed but as documentation was incomplete, the inspector could not be assured that some complainants were appropriately referred.

A record of all accidents and incidents that occurred in the centre was maintained and appropriate action was taken to mitigate recurrence. Incidents were notified to HIQA as required by the regulations. New staff who joined the service were appropriately inducted and Garda Vetting was sought for all staff before they commenced employment in the centre.

## Regulation 15: Staffing

The inspector identified that the staffing skill mix in the dementia unit which accommodated 24 residents at the time of inspection required review to ensure there were sufficient staff available to meet the higher assistance and support needs of residents in this unit. There was one nurse and three care staff rostered up to 21:30 hours each day and one nurse and two care staff rostered at night in the centre's dementia care (memory unit) unit. A staff member with responsibility for facilitating social activities for residents from 11:00-16:30hrs worked from Monday to Friday each week and worked in a carer role from 08:00 to 11:00hrs each day.



This did not provide adequate staffing

- to provide timely assistance to residents at mealtimes in the dining room and to assist residents who remained in their bedrooms at mealtimes.
- to consistently supervise residents in the sitting room
- to assist residents to get into and up from bed. Nine residents required support of two staff to meet their moving and handling needs and staff were not available when residents required assistance.
- to provide companionship and support residents experiencing responsive behaviours
- to provide a high standard of infection prevention and control regarding care of a resident in precautionary COVID-19 isolation in the dementia unit.
- to meet residents' activity needs after 16:30hrs and at weekends.

Judgment: Not compliant

### Regulation 16: Training and staff development

Activity staff had not been facilitated to attend appropriate training to ensure the activity needs of residents with dementia were met. The inspector was told that two places were available on upcoming training on facilitating an accredited sensory programme that would be allocated to activity staff in the centre.

Judgment: Substantially compliant

### Regulation 21: Records

Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely stored.

While residents' care records were completed as required by Schedule 3 of the regulations, they required improvement to ensure they accurately detailed each resident's health and wellbeing. For example; the records completed by a nurse and activity staff did not accurately describe one resident's mental health and wellbeing as observed by the inspector on the first day of inspection.

A record of the centre's annual fire alarm system certification and a record of the annual emergency lighting certificate for 2020 was not readily available on the days of inspection.

A copy of a simulated night-time emergency evacuation drill was not readily available in the centre on the days of inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The centre had systems of management in place to ensure the service provided was safe, consistent and effectively monitored. However, a review of the audit process was required to ensure that areas in need of quality improvement were identified. For example, call bell response times and care plan audits were regularly completed but the same areas were repeatedly identified as needing improvement. Therefore it was not evident that audits were informing service improvements. The effectiveness of improvement actions implemented could also not be comprehensively evaluated. The findings of cleaning audits and Infection prevention and control audits were reviewed at the infection prevention and control committee meetings. However, there was evidence of inconsistent attendance by the person in charge or assistant director of nursing at these meetings and recurring areas identified as needing improvement in audits done on residents' bedrooms such as painting and repairs, were not being addressed.

The staffing tool used by the provider to assist them with informing the staffing resources required review as it measured residents' needs at a point in time and was not effective with informing additional resources needed when residents' needs increased as discussed under regulation 15. This tool also did not identify the need for designated activity staff at weekends and after 16:30hrs in the dementia unit.

The person in charge and the assistant director of nursing worked together Monday to Friday each week and were available on-call out of hours and at weekends. A clinical nurse manager position, vacant at the time of the last inspection in October 2020 had not been filled. This arrangement did not ensure senior clinical oversight or access to on-site senior members of staff to respond to residents or relatives queries in the evenings or at weekends.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

From examination of a sample of four residents' contracts, the inspector identified that the following information was not available;

- One contract did not include the resident's bedroom number and none of the contracts specified the number of residents occupying their bedroom.

Judgment: Substantially compliant

<b>Regulation 3: Statement of purpose</b>
The centre's statement of purpose document was recently updated to accurately describe the service provided and it contained the information as required by the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
Notifications and quarterly reports were submitted as required by the regulations
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
Two of five complaints received, investigated and closed did not have any information included regarding the complainants satisfaction and whether they were referred to the appeals process available if dissatisfied.  Although addressed without delay by staff, a record of day-to-day verbal expressions of dissatisfaction expressed by residents, relatives and others was not maintained. Therefore, this information was not available for analysis to identify recurring issues and to inform improvement initiatives.
Judgment: Substantially compliant
<b>Regulation 4: Written policies and procedures</b>
Written policies and procedures as set out in Schedule 5 of the regulations were in place and had been reviewed within the last three years.
Judgment: Compliant
<b>Quality and safety</b>

Overall consistency and standards of environmental cleaning procedures were improved since the last inspection. However, effective cleaning procedures were hindered by the damaged surfaces in the older premises consisting of the centre's memory unit. The newer part of the premises provided a well maintained and purpose-built environment for residents which was designed to meet their needs.

The centre's memory unit was separated from the rest of the centre and provided accommodation for residents with dementia. The memory unit premises was in need of maintenance work and residents in one wing of this unit did not have sufficient shower facilities. Seven of the twin bedrooms were reconfigured as single bedrooms and there was adequate storage for residents' clothes and possessions. This was a positive finding as on previous inspections, these rooms were found to be too confined to accommodate two residents. Although several examples of good standards of care and support provided to residents was evident, care and support provided for residents with dementia in the memory unit required significant improvement to ensure they received timely and appropriate person-centred care and support to meet their individual needs. The provider ensured residents had good access to healthcare services but as discussed under the Capacity and Capability section of this report, failure to provide adequate staffing was negatively impacting on the standard of residents' care, support and opportunities for social engagement.

The provider had strengthened the governance and management arrangements for infection prevention and control in the centre. The assistant director of nursing was the assigned lead on infection prevention and control in the centre. The provider also appointed a full-time housekeeping supervisor who, within their role works one day a week on a supernumerary basis. This member of staff worked as a housekeeper within the team and had two hours per day supernumerary to supervise and support the staff within the housekeeping team. While these measures were implemented and supported infection prevention and control following the last inspection, further improvements were still required to ensure consistency with national standards. Health Protection and Surveillance Centre (HPSC) Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Residential Care Facilities guidance was being implemented. The provider had assigned a part of the centre as a designated isolation area that facilitated good standards of infection prevention and control. The provider also reconfigured seven twin bedrooms to single occupancy. However, these measures was not optimised as there was evidence of inconsistency with placing residents needing precautionary isolation in the designated isolation area and the standard of the interior premises in the memory unit needed improvement to ensure residents were protected from COVID-19 infection.

There was satisfactory oversight of risk in the centre. The systems in place ensured measures were in place to protect residents from risk of fire and supported identification of other risks, for example, environmental risk assessments informed the centre's risk register and appropriate controls were mostly in place for all risks identified. The registered provider provided assurances that a formalized legionella

risk assessment was completed in March 2021 in line with legislation and a final report was awaited and would be followed up with implementation of corrective actions if necessary.

The provider had systems in place to promote fire safety and effectively manage risks in the centre. Up-to-date service records were in place for the maintenance of the fire equipment, detection, fire alarm system and emergency lighting. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were regularly serviced and fully maintained. The provider had recently upgraded the fire alarm system in the original part of the centre. The inspector noted that the means of escape and exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. Residents evacuation needs were assessed and documented and these were updated regularly.

Although, assessments to identify residents' care needs were undertaken using a variety of validated tools which informed their care plans. Improvements were required to ensure each residents' needs had a corresponding person-centred care plan in place to inform their care and support needs.

The provider had arrangements in place for consultation with relatives and families. Ongoing communication was taking place with families during the COVID-19 pandemic.

On this inspection, good practice was observed regarding medication management in line with current NMBI Guidance for Registered Nurses and Midwives on Medication Administration (2020). There were systems in place to safeguard residents from abuse and training for staff was ongoing. All staff had a valid Garda vetting disclosure in place prior to their commencement of work in the centre. The provider acted as a pension-agent for one resident living in the centre. The inspector received confirmation from the provider that management of this resident's account was in line with regulatory requirements.

## Regulation 11: Visits

Visiting of residents indoors in the centre had resumed in line with the most up to date public health guidance for residential settings. Infection prevention and control procedures in place to keep residents, visitors and staff safe were adhered to. Residents mostly met their visitors in the centre's spacious reception area. Some residents unable to come to the reception area were visited by one family member in their rooms. Window visits and visits on compassionate grounds were continued through the current COVID-19 level five restrictions.

Judgment: Compliant

## Regulation 17: Premises

There were some issues identified regarding the premises that required review and improvement.

- There was 12 bedrooms within one wing of the memory care unit that had full en-suite facilities. However, the location of two showers and a bath in another wing that provided accommodation for 23 residents required review as some of these residents had to pass the activity room to access these facilities. The domestic type bath did not meet the needs of residents with mobility problems as it did not facilitate assisted transfer of residents unable to step into it. Staff confirmed with the inspector that no residents used the bath facilities.
- Although the newer parts of the centre was in a good state of repair, improvements necessary in the memory unit included repair of cracks in the walls and ceilings in some bedrooms and to the walls in two shower rooms. Painting of bedrooms was also required as paint was missing on some wall areas and on door frames.
- The centre's smoking area was sheltered and immediately outside one of the exits. While appropriate controls were in place to prevent injury to residents who smoked, an emergency call bell was not available in this designated smoking area to ensure assistance would be provided without delay in an emergency.

The inspector's findings in the memory unit did not promote residents' safety and posed a risk of fall injury to vulnerable residents due to the following;

- Grab rails were not fitted in two communal showers and in most of the en suite showers.
- Grab rails were also only fitted on one side of en suite toilets
- The floor covering on the corridor into the memory unit from the newer part of the building and in one wing was worn and damaged and needed replacing.
- Uneven floor surfaces were observed in the corridor immediately leading into the memory unit and also in one corridor in the memory unit. This posed a risk of falls to vulnerable residents.

The layout of the centre's laundry required review to ensure that used linen/clothing could be safely segregated from clean linen/clothing. This is discussed under regulation 27: Infection control.

Judgment: Not compliant

## Regulation 26: Risk management

The risk management systems in place supported identification and assessment of risks in the centre. The centre's risk register had a record of all risks identified and appropriate controls were in place. All identified risks were assessed and regularly reviewed.

Judgment: Compliant

### Regulation 27: Infection control

The centre had an up to date policy to support infection prevention and control in the centre. However, effective cleaning in the centre was compromised by

- damage to and lifting of the edges of floor covering along one corridor in the memory unit.
- gaps where debris can collect between the floor boards in the dining and sitting room in the memory unit.
- cracks and damage to walls in some residents' bedrooms in the memory unit
- damaged and missing seals along the edges of wall panels in two communal showers in the memory unit.
- wear and tear identified on the last inspection continued to be visible in some areas and the quality of surfaces and finishes on some furnishings, fittings and fixtures did not support effective cleaning such as residents' bed tables and the nurses' station in the memory unit.

COVID-19 precautionary isolation infection prevention and control procedures were not adequate in one unit in the centre to ensure that residents and staff were protected from risk of viral transmission but was improved immediately on the first day of the inspection. For example, the door to the bedroom was open and the same staff team provided care to the resident in COVID-19 precautionary isolation and the other residents in the centre's memory unit. Staff were observed to practice good hand hygiene techniques however, alcohol gel hand rub was not located in close proximity to a bedroom where precautionary isolation procedures were in place.

As identified on the last inspection, a sink for cleaning equipment in a newly refurbished sluice room was not in line with best practice. The inspector was told that an appropriate replacement sink was on order and would be installed without delay upon receipt.

A review of work processes in the laundry was undertaken as recommended on the last inspection to ensure unidirectional flow and no crossover of functions. However, the storage room off the area of the laundry containing the washing machines continued to require review as it contained cleaning equipment.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

At the time of inspection, the registered provider had not ensured that residents could be safely evacuated at night from the largest compartment in the centre that provided accommodation for 16 residents. Simulated emergency evacuation drills had not been completed in the centre but the inspector was not assured that residents could be safely evacuated in the event of a fire during the night when the numbers of staff was reduced. A simulated night time evacuation drill was organised and the report submitted following the inspection and provided assurances regarding residents' safety and staff competency.

A fire exit door that opened out to the enclosed garden and the laundry area required repair as it did not seal on closure and there was a risk of malfunction

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines practices and procedures. Two nurses administered residents medicines to ensure they received their medicines at times prescribed.

Medicines controlled by misuse of drugs legalisation were held securely and were checked by two nurses at the end of each work shift to ensures balances were correct.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Some areas were identified as needing improvement in the sample of residents' assessments and care plans reviewed.

- While care plans had some person-centred information documented, they did not contain enough information to direct staff with providing individual care. For example, there was no information regarding the time each resident liked to get up in the morning or go to bed.
- A care plan to guide staff with supporting a resident experiencing responsive behaviours was not in place and records were not maintained of episodes of



responsive behaviours some residents experienced. Therefore, there no relevant information available to assist with identifying triggers or most effective strategies to prevent or support the resident should they experience responsive behaviours. This record is also of value to medical specialists in developing effective treatment plans.

- Some residents with a diagnosis of dementia did not have assessments to identify 'Key to Me' information that was important to them and some residents' activity care plans did not inform staff about their interests and the activities that they would like to participate in.
- Residents' care plans did not clearly describe their preferences and wishes regarding their care. For example, 10 residents were in bed at 11:45hrs on one of the mornings of inspection and there was no information detailed in these residents' care plans to inform their preferences regarding this daily activity.

Judgment: Substantially compliant

### Regulation 6: Health care

Satisfactory standards of evidence based clinical care was provided including in respect of appropriate clinical interventions in wound management, timely administration of medicines (within one hour either side of the prescribed time) and active surveillance for signs and systems of COVID-19 in line with public health guidance.

Residents had access to ongoing timely referral and review for medical and allied health professional care as appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were facilitated to attend training regarding the care and support needs of residents experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, as discussed under regulations 5 and 15, residents' care plans did not inform this process and staffing resources did not ensure one resident's support needs were met.

Doors to the enclosed garden and sheltered courtyard areas were key code locked and therefore residents could not access these safe outdoor areas independently.

Judgment: Substantially compliant

### Regulation 8: Protection

There was an up-to-date policy in place to inform staff of the management of safeguarding and protection of residents. Staff who spoke with inspectors articulated their responsibility to report any concerns, suspicions or disclosures received and that they had received training in safeguarding vulnerable adults. Inspectors observed that all interactions between staff and residents were respectful and kind.

Judgment: Compliant

### Regulation 9: Residents' rights

Improvements were necessary to ensure residents' privacy and dignity needs were respected with adequate shower facilities. In the absence of adequate shower facilities within close proximity to some bedrooms, 14 of the 23 residents in one wing of the centre's memory unit had to pass by the activities room to have a shower. An area at the end of this activities room was being used to facilitate safe visiting by members of the public.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0032304

Date of inspection: 30/03/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• The Person in Charge (PIC) and Assistant Director of Nursing (ADON) review the number and skill mix of staff as required and ensure that staff are allocated duties appropriately, and they provide oversight to ensure that staff workload is manageable.</li> <li>• The skill mix of staff within the Memory Care Unit has been reviewed to ensure that staff with experience and education/training in the management of behavioural and psychological symptoms of dementia (BPSD) are deployed to this centre.</li> <li>• The profile of residents in the Memory Care Centre has been reviewed to ensure that the assessed care needs of each individual resident can be best met in the dementia-specific centre within the home. While the Memory Care Centre is appropriate for residents who may display BPSD, some residents may no longer benefit from the Memory Care Centre as their journey through dementia progresses.</li> <li>• We have allocated staff to provide consistent supervision in the day room and dining room.</li> <li>• The staff who work in the Memory Care Unit will provide social care as well as general nursing care to the residents. All staff engage in one-to-one and small group activities with the residents in accordance with their expressed preferences. These activities will enhance the schedule of varied activities provided by the Activities Coordinator.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC will enroll the two Activities Coordinators on the next available Sonas training course and will provide training on Imagination Gym to ensure that they are skilled in the</p>	

provision of appropriate activities and engagement for people with a cognitive impairment and/or diagnosis of dementia.

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

- The PIC and ADON will provide guidance and coaching on clinical documentation to the named nurses to strengthen and enhance their skills in writing person-centred care plans and comprehensive record-keeping.

The PIC will ensure that:

- Residents with Responsive Behaviours have a person-centred care plan and ABC chart in place to accurately direct care, identifying triggers and individual de-escalation techniques and interventions.
- A record of the centre's annual fire alarm system certification and a record of the annual emergency lighting certificate for 2020 was submitted to Inspector following inspection.
- Fire Drills are conducted fortnightly in the nursing home simulating night-time conditions; these are reviewed as part of Healthcare Manager visits and monthly management team meetings.
- The PIC will ensure that copies of all drills are readily available in Fire folder.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The PIC ensures that there is a senior staff nurse rostered at weekends to provide senior clinical oversight.
- The PIC visits the nursing home regularly at weekends to spot check the management and operation of the nursing home. The PIC is readily available out of hours and attends the home to resolve issues if required.
- A review of the audit process has been undertaken and an analysis of emerging themes arising from the audit findings has been initiated. Using the computerized auditing tools the PIC will collect and analyse data to support available benchmarking to drive the ongoing programme of continuous improvement measures for the care and services provided within the home.
- The result of call bell audits will be discussed at Safety Pauses and targets will be set for improving response times when required.

- The Infection Prevention & Control Committee will meet every month, and this will be chaired by the ADON, who is the designated IPC lead for the nursing home.
- The need for activity staff after 16.30hrs and at weekends has been reviewed and there is now a plan in place to ensure that activities are covered by an assigned HCA during these hours.

Regulation 24: Contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- All contracts are currently being reviewed to ensure that the bedroom number and the number of residents occupying the room will be specified on all contracts of care.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The PIC and management team in the home always seek to resolve every complaint as early as possible and ideally, at the first point of contact.
- All complaints will be reviewed and only closed once the complainant's satisfaction has been established.
- We will maintain a clear record of any complaints that require further investigation or Executive Review (appeals process).
- A record of day-to-day verbal expressions of dissatisfactions will be captured and logged as complaints and investigated in line with our Complaints Procedure.
- All complaints are sensitively reviewed and learning outcomes discussed at the monthly Quality & Safety management meeting, taking care not to breach confidentiality.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- In the Memory Care Centre, there are sufficient shower facilities to meet the residents' hygiene needs. There are 2 wings in the Memory Care Centre, 1 wing has 12 en-suite

bedrooms, and the other wing has 14 bedrooms.

- To support these 14 bedrooms, there is 1 bathroom and 2 shower rooms.
- There is a planned programme of work to upgrade the bathroom.
- We will ensure that residents' privacy and dignity is always maintained as they transfer to and from the shower and bathrooms.
- All cracks to walls and ceilings will be repaired.
- Cracks identified in two shower rooms have been repaired.
- A painting/decorating plan is in place for resident bedrooms.
- Grab rails are fitted in all communal showers and to both sides of en-suite toilets.
- A complete review of flooring will be undertaken to ensure that flooring is repaired/replaced, as necessary.
- The PIC will ensure that there is a call bell for use in the external smoking shelter.
- We will provide clear demarcation in the laundry room so that clean and dirty linen/clothing is appropriately segregated.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

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

- The PIC and the Facilities Manager have reviewed the decorative conditions noted in Memory Care Centre and a planned programme of redecoration/refurbishment has been agreed, which will address the areas identified as requiring improvement during the inspection.
- There is one clearly defined area within the home that will be used for isolation purposes and for any new admission who is required to restrict their movements for up to 14 days. This designated isolation also serves the Memory Care Centre.
- A replacement sink for the new sluice room in the Memory Care Centre has been ordered and once delivered will be installed without delay.
- The storage of cleaning equipment has been addressed and the equipment has now been relocated to an appropriate storage area.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire Drills are conducted fortnightly in the nursing home simulating night -time conditions; these are reviewed as part of Healthcare Manager regular visits to the home and at monthly management team meetings.
- Fire drills are evaluated to identify what went well and whether areas could be improved.



- The fire exit door leading out to the enclosed garden and the laundry area has been repaired and a new closure seal applied.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

- All residents have individual care plans that consider all aspects of their physical and mental health, personal and social care needs and any supports required to meet those needs, as identified by initial and ongoing assessment.
- The PIC and ADON provide clinical oversight of these plans and regular audits and reviews are completed to ensure suitable care provision.
- Care plans are devised, discussed and implemented in consultation with residents and/or relatives and will be sufficiently comprehensive to direct care, particularly for those residents with a cognitive impairment who choose to sleep at varying times of day.
- ABC charts will be completed for those residents who exhibit responsive behaviours; these identified triggers and individual de-escalation techniques will be documented in resident care plans and discussed at daily handover and Safety Pause to ensure a consistent approach to responsive behaviours by all staff.
- Key to Me assessments are completed on admission for residents with a diagnosis of dementia or those residents with a cognitive impairment. This assessment is used to inform staff of residents' interests, their background and can be used to develop an individualised activity plan for the resident.
- For those residents who like to stay in bed until late morning, this will be reflected in care plan so that activities of daily living, mealtimes etc., can be planned around the individual resident's sleep pattern.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The PIC will ensure that:

- All residents have a person-centred care plan in place that is developed in consultation with the resident or their relative. This care plan will provide a comprehensive overview of the resident's preferences with regard to all activities of daily living.
- The doors to the enclosed garden and sheltered courtyard are unlocked so that residents can access these areas independently.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• In accordance with the recent HIQA publication on 'A Human Rights-Based Approach in Health and Social Care Services', we always endeavour to ensure that our residents are protected, including their privacy and dignity.</li> <li>• The doors to the Activity room that residents must pass to access the shower room in the Memory Care Centre will be fitted with privacy screens.</li> <li>• A review of the assisted bathroom will take place to determine its suitability to be upgraded to a bathroom/shower room.</li> </ul>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/06/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2021
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or statutory agencies in relation to designated centres for older people are available to	Substantially Compliant		31/05/2021

	staff.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2021
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/05/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/07/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	31/07/2021

	effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/06/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(1)(e)	The registered provider shall	Substantially Compliant	Yellow	30/06/2021

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/06/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/06/2021

Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2021
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/07/2021
Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	31/07/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities	Substantially Compliant	Yellow	30/06/2021

	in private.			
--	-------------	--	--	--