



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

Issued by the Chief Inspector

Name of designated centre:	Santa Sabina House
Name of provider:	Santa Sabina House Limited
Address of centre:	Navan Road, Cabra, Dublin 7
Type of inspection:	Announced
Date of inspection:	25 April 2024
Centre ID:	OSV-0000159
Fieldwork ID:	MON-0041933

About the designated centre

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

Santa Sabina House is a purpose built nursing home, with accommodation for maximum 38 residents. Accommodation is set out over two floors in single bedrooms with en-suite bathroom facilities. The designated centre provides care and services to female residents over 18 years old. The centre provides extended care, convalescence care, respite care (up to 6 weeks), dementia care and palliative care as well as caring for residents with physical disabilities. Residents with low, medium, high and maximum care needs can be accommodated in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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
Thursday 25 April 2024	08:45hrs to 16:25hrs	Niamh Moore	Lead
Thursday 25 April 2024	08:45hrs to 16:25hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

This inspection took place in Santa Sabina House on the Navan Road in Dublin 7. During this inspection, inspectors spent time observing and speaking to residents, visitors and staff. In addition, five questionnaires for residents were returned as part of the on-site inspection. The overall feedback inspectors received from residents was that they were very happy living in the centre. Residents commented "the staff are very kind and good to us and this is from the top down" and "I would recommend here to anyone". Observations from inspectors echoed the unanimous positive feedback residents reported on their lives within Santa Sabina House. Staff were seen to treat residents with respect and kindness throughout the inspection.

The centre provides accommodation for a maximum of 38 residents and is laid out across two floors with access by stairs, lift and a chair lift. Residents had access to a number of communal day spaces on both the ground and first floor such as a chapel, parlour, activity room, community room, a piano room, an activity and training room with the main dining room available on the ground floor. Corridors were wide and clutter-free with assisted handrails throughout. There was ample quiet spaces throughout the building where residents could spend time alone or with visitors. Residents and visitors spoken with were very happy with the standard of environmental hygiene. In addition, there was plenty of accessible space for residents outside the centre with internal and external gardens surrounding the designated centre. Five residents reported that they enjoyed the gardens with one stating "I love the beautiful gardens, the wild birds are constant visitors".

The building was bright, nicely decorated and spacious with surfaces, finishes and furnishings that were easy to clean. There was no sluice on the first floor to promote good infection prevention and control (IPC) practices. However, on the day of inspection the residents were of low to medium dependency needs and sluice facilities were not required.

Residents' accommodation were located on both floors. All bedrooms were single with en-suite facilities. Bedrooms were seen to be personalised with personal items such as pictures and books, and overall were well-maintained and clean. Residents' wardrobes were found to be neat and tidy with ample space for their personal clothing. Residents reported to be happy with their accommodation and the space available to them, and said they were enjoying the view from their rooms, and the sound of chatter from the local students coming and going to school. Residents had the choice to have their personal clothes laundered in the centre. The feedback from residents on this service was very positive, "clothes are returned like new" and on hangers and "they come back smelling so fresh".

Inspectors observed the dining experience and found it was an enjoyable and social experience for residents. Residents could dine in the dining room or their bedrooms as per their preferences. Menus were displayed on tables and residents told inspectors that they were always provided with a choice of meal. On the day of the

inspection, residents were provided with a choice of menu which consisted of roast loin of pork or lamb hotpot, while dessert options included poached pear and custard or jelly and ice-cream. There was choice seen at all meal times throughout the day including hot options at breakfast and tea-time. Assistance was provided by staff in a timely manner for residents who required additional support. All interactions observed were kind and respectful, staff requested permission before offering to assist with clothing protectors and residents' were asked their drink preference which including a variety of options such as juice and non-alcoholic wine. Residents said that the quality of the food was always good, with one resident saying "they always give you what you want" and another resident reporting "the service is terrific". Residents were provided with the opportunity to feedback on the dining experience during residents' meetings, with the chef attending these forums.

There was one activity coordinator working within the designated centre and there was an activity schedule available. On the day of the inspection, there was news and a chat provided, a game of skittles, morning prayer and Mass, board games and a walk in the gardens. Residents spoken with stated they really enjoyed the activities on offer with one resident saying they enjoyed attending the birthday parties. Inspectors saw a poster was on display where a resident celebrated a big birthday within the last year. Many of the residents' paintings were framed and on display in the reception area. Minutes from a recent residents' meeting stated that residents were looking forward to the summer and participating in activities in the garden and attending BBQs and more outings.

Residents reported "staff work hard to make life pleasant for all of us". Residents reported to feel safe within the centre and to appreciate that their visitors were also always made feel welcome, including the offer of enjoying a meal with them. Arrangements for how residents could access advocacy was advertised on notice boards in the centre. Residents said that they would feel comfortable to make a complaint with four residents stating that any previous concerns raised to staff or management had been addressed satisfactorily.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

There was a clearly defined management structure in place and overall this inspection identified it was a well-run centre with a culture which promoted person-centred care. Overall the registered provider was striving to provide a service compliant with the regulations. Some further opportunities for improvements were identified in area of quality and safety which is further discussed within this report.

This was an announced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations

2013). The registered provider of Santa Sabina House was Santa Sabina House Limited. There was an established management team with clear roles and responsibilities identified with oversight provided by a general manager who the person in charge reported into.

The person in charge facilitated this inspection and was seen to be well-known to the residents and staff team of the designated centre. The person in charge was supported in their role by finance and administrative staff, two Clinical Nurse Managers (CNM) grade two and a team of religious chaplains. Other staff included nurses, healthcare assistants, housekeeping, catering, maintenance, reception and advocacy staff.

Inspectors followed up on the compliance plan of the last inspection and found that the necessary revisions had been made to the directory of residents.

The designated centre had adequate resources to ensure the effective delivery of high-quality care and support to residents. There was evidence of good management systems in place such as management meetings, committees on clinical governance, health and safety and falls, tracking clinical data and audits. Meetings were seen to discuss key areas of service delivery to include occupancy, staffing, restrictive practices, safeguarding, health and safety, accidents and incidents, catering and infection control. From a recent audit on care planning, there was evidence that these required improvements were actioned with full compliance found under regulation 5: Individualised Assessment and Care Plan on the day of the inspection.

The person in charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship and had completed the national IPC link programme. The provider had also nominated another IPC link person to support the person in charge in this role. A notice board in the centre with IPC updates for residents and staff outlined the IPC committee and their members. Healthcare assistants were nominated as hand hygiene champions per shift to focus on residents hand hygiene throughout the day.

There were adequate housekeeping staff to meet the needs of the centre. The provider had a number of processes in place to ensure a high standard of environmental hygiene. These included cleaning instructions, checklists and colour coded cloths to reduce the chance of cross-infection. Housekeeping trolleys were clean and well-maintained with a lockable store for chemicals. Cleaning records viewed confirmed that all areas were cleaned each day and taps were flushed weekly to prevent *Legionella* infection risks.

The provider had implemented a number of antimicrobial stewardship measures. The volume of antibiotic use was monitored each month for each resident and posters were available to guide staff on which antibiotics should be used and when. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, nursing staff were not engaging with the "skip the dip" campaign which

aimed to prevent the inappropriate use of dipstick urine testing, that can lead to unnecessary antibiotic prescribing, which does not benefit the resident and may cause harm including antibiotic resistance.

Regulation 14: Persons in charge

The person in charge of Santa Sabina House has been employed within the centre since 2020. They are a registered nurse with not less than 3 years experience in a management capacity in the health and social care area, and holds a post registration management qualification.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had maintained a directory of residents, which was up-to-date and contained the information required in Schedule 3 of the regulations. For example, evidence was seen that this directory had been updated when a resident was transferred to hospital and upon their return to the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good and safe systems in place to oversee the service.

The registered provider had completed an annual review of the quality and safety of care delivered to residents of the year 2023 in accordance with the National Standards. This review provided an overview of the life within Santa Sabina over the year to include information on advocacy and complaints. There was evidence of consultation with residents and this review was made available to residents. There was an action plan in place to strive to improve for 2024 with the introduction of a senior care role, to install more clinical sinks and continue to replace chairs for wipe able options in line with infection control.

Judgment: Compliant

Regulation 3: Statement of purpose

The register provider had prepared in writing a statement of purpose relating to the designated centre and this document had been revised at intervals of not less than one year. This contained all of the information set out in Schedule 1.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider maintained a suite of policies and procedures to comply with the requirements of Schedule 5 of the regulations. These policies were updated within the prescribed time frame.

Judgment: Compliant

Quality and safety

Inspectors found that residents of Santa Sabina House were receiving a high standard of care in an environment which supported and encouraged them to actively enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences by a kind and dedicated staff team. However, further improvements were required in relation to restrictive practices, infection control and transfer documentation which will be further discussed under their respective regulations.

From a sample of resident documentation reviewed, inspectors saw that residents' needs were assessed prior to their admission to the centre with a comprehensive assessment of their needs completed on admission. The assessment process used validated tools to assess each resident's dependency level and their clinical risk areas, for example the risk of malnutrition and falls. These assessments informed the care plans developed to guide staff on how to meet each resident's assessed needs. Inspectors found that care plans were person-centred, reflected the residents' preferences and the support they required to maximise their quality of life.

Staff had access to training and there was policies and procedures in place to guide staff on the introduction of restrictive practices. In addition, restraint was an agenda item on clinical governance meetings. There was evidence that the centre was committed to achieving a restraint-free environment to maximise residents' rights and choices. A review of records confirmed that restraints were kept to a minimum with no bed rails in place on the day of the inspection. A restraints register was in place however this register did not outline some areas of restricted access such as the main door and some external doors to the gardens which were locked with a

keypad. From a sample of records reviewed there were risk assessments, care plans and consent in place on the use of restraint. However, the information within these records required improvement to ensure there was clear evidence that the potential benefit of the restraint to the individual person, and the risk involved if restraint is not used, outweigh the possible negative effects on the person subject to the restraint.

There was a policy available to guide staff on Resident Communication effective from November 2022. Communication requirements were seen to be recorded in comprehensive assessments and care plans, to ensure staff were informed of any specialist needs to enable residents to communicate freely.

Inspectors found that the premises was designed and laid out to meet the needs of residents. The premises had been kept in a good state of repair and the registered provider had two maintenance staff working within the centre from Monday to Friday. There was a refurbishment plan in place to respond to areas of wear and tear such as paint work.

Information on the procedure for complaints and the arrangements for visiting was provided to residents of Santa Sabina House through a residents' guide. This guide was updated regularly and seen to reflect current and accurate information.

Improvement was required to ensure a record was kept of all the relevant information provided about the resident who is temporarily absent from Santa Sabina House to the receiving designated centre, hospital or place.

Inspectors identified some areas of good practice in the prevention and control of infection. Wall mounted sanitisers were located along corridors and at point of care within residents rooms. Staff were observed to practise good hand hygiene techniques and all staff were bare below the elbow and hand hygiene ready. Clinical hand wash basins were available at each nurses station on the ground floor that had open access for staff use, however there was none available on the first floor. There was clear identification of residents that were colonised with a multi- drug resistant organisms (MDRO) and care plans had sufficient detail to enable person-centred care and safe practices. Infection prevention and control training and audits were up to-date. However, further improvements were required in relation to sharps management this is discussed under Regulation 27: Infection prevention and control.

Regulation 10: Communication difficulties

Records reviewed showed where a resident had a specialist communication requirement that these requirements were recorded in their care plan. The registered provider had ensured that residents who have communication difficulties were supported to communicate freely, including appropriate referrals and timely access to relevant medical and health care professionals.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well-maintained. The ancillary facilities generally supported effective infection prevention and control.

Judgment: Compliant

Regulation 20: Information for residents

The resident information guide included a summary of services and facilities and the contact details of independent advocacy services available to residents for Santa Sabina House.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A full record was not kept of transfer information sent with a resident who was temporarily transferred to hospital. Evidence was seen that the national transfer document sent was saved on to the electronic system. However, the residents' kardex (record of medicines) and information relating to resuscitation status at the time of the discharge were not saved. This was not in line with the provider's policy on transfer to hospital which states a copy should be retained and placed in the residents' nursing records.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy outlined the risk management systems for the designated centre including a system in place for responding to emergencies. The

policy was reviewed in November 2023 and included all the required information in line with the regulations.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection Control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- The needles used for injections and drawing up medication lacked safety devices. This omission increases the risk of needle stick injuries which may leave staff exposed to blood borne viruses.
- The outside clinical waste container was not locked; this poses a risk to staff and external suppliers of exposure to hazardous waste.
- On the second floor there was no access to a designated clinical hand hygiene sink; this meant that staff had no easy access to a sink if hands were visibly soiled thus increasing the risk of infection spread.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' assessments and care plans and found that they were person-centred, detailed and updated as a resident's condition changed and at intervals not exceeding four months.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While it was noted that there was a low level of restraint within the designated centre, information reviewed did not provide evidence that the least restrictive measure was trialled in accordance with National Policy and the provider's own restraint policy. For example:

- A sample of assessments and care plans on the use of restraints such as sensor alarms showed that these restraints were put in place due to the risk of falls. In three care plans reviewed, there was no clear rationale for the use

of the intervention which includes the alternatives that have been tried, including the length of time and outcome.

- On three occasions where psychotropic medicine was given to a resident, the PRN Psychotropic administration checklist was not complete to evidence that care plan strategies of non-pharmacological interventions had been trialled prior.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Santa Sabina House OSV-0000159

Inspection ID: MON-0041933

Date of inspection: 25/04/2024

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 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>We always ensure to send the national transfer document, a copy of the Kardex, and the Think Ahead Resuscitation Status section when transferring a resident to the hospital. Previous copies of transfer documents can be viewed in EpicCare. Moving forward, we will also scan and upload copies of the Kardex and other documents sent on the day of transfer into EpicCare.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Firstly, in response to the issue of needles lacking safety devices, we have procured safety needles for all injections and medication drawing procedures. Our nurses always carry portable sharps bins in their trays, ensuring immediate and safe disposal of needles, syringes, lancets etc after use.</p> <p>Regarding the unlocked outside clinical waste container, we want to clarify that the bin is not accessible to the public or residents. However, we acknowledge that the bin found open during the inspection is a concern. Normally, the bin is locked automatically when closed, but we have identified a defect and have promptly informed the company responsible, and they have replaced the bin with one that has a proper locking mechanism to prevent unauthorized access.</p> <p>Finally, addressing the lack of access to a designated clinical hand hygiene sink on the</p>	

second floor, we are committed to rectifying this issue. As per the quality improvement plan, we plan to install a clinical hand wash basin upstairs within the next four months, ensuring that staff have easy access to hand hygiene facilities to mitigate the risk of infection spread

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:

We strive to create the safest possible environment for our residents. The sensor alarm is used as a control measure in reducing falls. It's integrated into our call bell system, ensuring swift response when needed. We implement sensor alarm as a preventive measure pre or post admission when there is evidence of high risk of falls or history of recurrent falls.

Most cases, before using to sensor alarms, we try measures such as 30-minute checks, assessment of footwear, thorough reviews of medications that could affect balance, comprehensive environmental assessments to eliminate hazards, personalized physiotherapy sessions to improve mobility, and even considerations of room locations to minimize fall risks. All falls reduction measures are mentioned in falls reduction and mobility care plans and have now been updated in all restrictive practice care plans as well.

We use a psychotropic checklist before administering psychotropic drugs to ensure proper protocol is followed. Unfortunately, three checklists from March were missing. The care plan details all non-pharmacological interventions and strategies that should be trialed before administering psychotropics. All behavioral concerns are documented in the behavior notes/ABC chart and nurses' daily notes.

We are committed to ensuring that the checklist is completed without fail. All nurses have been reminded of the importance of completing the PRN Psychotropic administration checklist and emphasizing that non-pharmacological interventions should be attempted and documented before resorting to medication.

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 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	26/04/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	02/09/2024

	infections published by the Authority are implemented by staff.			
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	26/04/2024