



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

Issued by the Chief Inspector

Name of designated centre:	Stella Maris Nursing Home
Name of provider:	Stella Maris Residential Care Limited
Address of centre:	Cummer, Tuam, Galway
Type of inspection:	Announced
Date of inspection:	15 May 2024
Centre ID:	OSV-0000396
Fieldwork ID:	MON-0042371

About the designated centre

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

Stella Maris Nursing Home is purpose built centre located in a rural setting near Cumber in County Galway. The centre is registered to accommodate 43 residents over the age of 18 requiring 24 hour nursing care with a range of medical and social care needs. All resident areas are located on the ground floor and office and storage areas are located on the first floor. Communal space comprised a large central day room and several smaller sitting rooms. Bedroom accommodation comprises 21 two bedded rooms and one single room. All bedrooms have en suite toilet and shower facilities. There is a driveway and walkway around the building and a number of small garden areas one of which is a safe enclosed area. Ample parking was available to the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
--	----

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
Wednesday 15 May 2024	10:00hrs to 18:00hrs	Leanne Crowe	Lead
Wednesday 15 May 2024	10:00hrs to 18:00hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

The inspectors met with many of the residents living in the nursing home who reported that the service met their individual needs to a good standard. They felt that they enjoyed a good quality of life and felt safe and comfortable living in the centre. Visitors who spoke with the inspectors were also complimentary about the care provided to their loved ones.

This was an announced inspection. When the inspectors arrived at the centre, they were greeted by the person in charge. Following an introductory meeting with the person in charge and the person representing the registered provider, the inspectors completed a walkabout of the centre. Some residents were seated in communal areas after having their breakfast, while others were being supported by staff to get ready for the day.

As part of this announced inspection process, questionnaires were provided to the residents to complete prior to the inspection. Nineteen questionnaires were completed and were reviewed by the inspectors. Residents' feedback in the questionnaires was positive regarding the overall service. The responses stated that residents were satisfied with the quality of the food, the general environment, the staff and the care provided to them. For example, some residents described the food as being "excellent", the staff as "caring and respectful" and highlighted the physiotherapy classes and coffee mornings as activities that they look forward to.

Stella Maris Nursing Home is a two-storey building which can accommodate up to 43 residents in 21 twin bedrooms and one single bedroom. All bedrooms are located on the ground floor and have ensuite facilities. On the day of the inspection 41 residents were living in the centre. A range of communal rooms were located throughout the centre, including a dining room, a large day room, a visitors' room and an external courtyard. The centre was clean and tidy on the day of the inspection. The bedroom accommodation and communal areas were nicely decorated and well-maintained. The management team confirmed that an ongoing programme of maintenance ensured that areas requiring attention were addressed in a timely manner. Residents complimented the general environment, describing it as "a home away from home", "bright and cheery" and "always spick and span".

The inspectors observed staff and residents chatting and laughing together throughout the day of the inspection. It was evident that residents and staff knew each other well and enjoyed being in each others' company. Residents described staff as being "attentive", "caring" and "respectful". One resident said that they were "happy with the support staff give me", while another said "life is good and the staff are fabulous altogether. I've never looked back since I came in here".

Residents were very complimentary of the food and the dining experience in the centre. Residents stated that the quality of food was excellent. The inspectors observed a mealtime during the inspection, with the majority of residents eating

their meal in the centre's dining room. This was seen to be a social occasion, with some residents chatting with one another as they enjoyed their meals. Inspectors found that food was well-presented and served promptly to residents. Some residents chose to eat in their bedrooms, which was facilitated by staff. Residents who required assistance during their meals were supported in a respectful manner.

Visiting arrangements in place were not restrictive and it was clear that visitors were welcome to attend the centre throughout the day and evening. Visitors who spoke with the inspectors said that staff welcome them to the centre and were very communicative in relation to their loved one's needs. One visitor explained that they were so satisfied with the care provided to their relative that "they never worry about them".

A programme of activities was facilitated by healthcare assistants as well as a number of external service providers. At the time of the inspection, an activity co-ordinator role was vacant and was being advertised. According to the person in charge, a healthcare assistant was assigned to facilitate activities for an average of two hours per day. External service providers, such as musicians, attended the centre regularly.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspectors found that this service was well-managed by the registered provider. The provider had addressed the non-compliances from the previous inspection.

This was an announced inspection. The purpose of the inspection was to monitor the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). The inspectors also followed up on the actions the provider had committed to take in their compliance plan following the previous inspection in February 2023 and on the statutory notifications and other information received since the last inspection. The provider had submitted an application to the Chief Inspector for renewal of the registration of Stella Maris Nursing Home and this application was reviewed as part of this inspection.

The registered provider of Stella Maris Nursing Home is Stella Maris Residential Care Limited. The person representing the provider worked full-time in centre. The person in charge was supported by this person, as well as two clinical nurse managers (CNMs) and a team of nurses, healthcare assistants, catering, housekeeping, laundry, activities, administrative and maintenance staff. The centre's

CNMs were each assigned 18 supervisory hours per week, with the remainder of their weekly hours spent delivering direct nursing care to residents.

The centre's governance and management structure had been strengthened in the previous 12 months. Additional resources had been allocated to the management team, which had positively impacted the systems of oversight and management of the service. For example, there was evidence of regular audits being completed, as well as any resulting quality improvement plans. Monthly clinical governance meetings were attended by the person in charge, the person representing the provider, an administrator and two CNMs. These meetings had a standing agenda that discussed key clinical areas of the service and assigned action plans as needed. The person in charge held meetings with the various staff groups, as well as other focused meetings such as health and safety and infection prevention and control. Therefore, the management systems in place were found to effectively monitor the quality of care provided to residents.

On the day of the inspection, there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual and collective needs.

The inspectors reviewed a sample of staff files and observed that Garda vetting was obtained for staff before they began employment in the centre. The files contained all of the information as required by Schedule 2 of the regulations.

The centre's complaints management policy and procedure had been updated to reflect the amendments to the regulations. A record of complaints was maintained, which demonstrated that complaints were managed effectively.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the centre contained all of the information required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been appointed in November 2023 and worked full-time in the centre. Their experience and qualifications met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing
<p>On the day of the inspection, there was a sufficient number of staff on duty with the appropriate skills to meet residents' assessed needs.</p>
<p>Judgment: Compliant</p>
Regulation 16: Training and staff development
<p>All staff were up-to-date with training in moving and handling procedures, fire safety and safeguarding of residents from abuse. Arrangements were in place to ensure that staff were given opportunities to update their skills and knowledge, as required.</p> <p>Staff were appropriately supervised, according to their individual roles.</p>
<p>Judgment: Compliant</p>
Regulation 19: Directory of residents
<p>A directory of residents in the centre was maintained and included all of the information required by Schedule 3 of the regulations. The actions from the previous inspection had been addressed.</p>
<p>Judgment: Compliant</p>
Regulation 21: Records
<p>The registered provider ensured that the records set out in Schedules 2, 3 and 4 were made available to the inspectors on the day of inspection. The inspectors assessed the provider's progress with addressing the non-compliances identified at the previous inspection. It was found that the provider had completed all of the actions detailed in their compliance plan response.</p>
<p>Judgment: Compliant</p>

Regulation 22: Insurance

The registered provider had a current insurance policy in place which covered the risks of injury to residents and the loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care in accordance with the centre's statement of purpose. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored. The centre's annual review of quality and safety had been completed for 2023.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by the resident. All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared an up-to-date, written Statement of Purpose for the designated centre. Upon review, it was found to contain all of the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider was aware of their requirements in relation to notifying the Chief Inspector of absences of the person in charge that are greater than 28 days.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy and procedure was available in the centre, which had been updated in line with recent legislative changes. The policy identified the complaints officer, the review officer and outlined the process for managing complaints.

The registered provider maintained records of complaints made in relation to the service. These records contained all of the information required by the regulations, including the investigations carried out and any improvement plans developed. The satisfaction of the complainants with the outcome of complaint investigations were also recorded. Advocacy services were made available to complainants to support them in making a complaint, if required.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations were available and were reviewed every three years at a minimum. There was evidence that these policies and procedures were accessible to staff.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider was aware of their requirements in relation to notifying the Chief Inspector of arrangements in place during the absence of the person in charge.

Judgment: Compliant

Quality and safety

Inspectors found that residents received a good standard of health care in an environment that was safe and supported their needs.

The inspectors assessed the provider's progress with addressing the non-compliances identified at the previous inspections in relation to Regulation 17, Premises and Regulation 27, Infection control. It was found that the provider had completed all of the actions detailed in their compliance plan responses.

Residents had an assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual health and social care needs. A sample of nine residents' records were reviewed and inspectors found that care plans reflected person-centred guidance on the current care needs of residents. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Nursing and care staff were knowledgeable regarding the care needs of the residents.

Residents had access to a general practitioner and were provided with appropriate medical reviews in the centre. Residents were also provided with access to a range of other healthcare professionals, in line with their identified healthcare needs. This included access to physiotherapy, occupational therapy, speech and language therapy and a dietitian.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were a small number of residents who requested the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out.

Visitors were observed coming and going throughout the day. Inspectors spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

The provider had effective arrangements in place for any resident who required a transfer to hospital. Transfer documentation contained clear, concise and appropriate information including information about a resident's infection status.

There was effective oversight of medicines management to ensure that residents were protected from harm and provided with appropriate and beneficial treatment.

Management systems in place at the centre to protect residents from the risk of fire were reviewed. The fire alarm system, emergency lighting and fire fighting equipment were being serviced at the appropriate intervals and there were records of regular checks of means of escape and of the fire fighting equipment.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

There were arrangements in place to ensure that residents had sufficient space to store and maintain control over their personal possessions. Each resident had lockable storage space in their bedrooms.

Judgment: Compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care and comfort as they approached the end of their life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to resident's needs and wishes to support the provision of person-centred, compassionate, end-of-life care.

Judgment: Compliant

Regulation 20: Information for residents

An information guide for residents had been developed and was accessible to residents. It contained the information required by the regulations, including a summary of the services and facilities available to residents.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment. The inspectors assessed the provider's progress with addressing the non-compliances identified at the previous inspection. It was found that the provider had completed all of the actions detailed in their compliance plan response.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and health and social care professional services in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from abuse, including the training of staff and the investigation of any suspicions or allegations of abuse. The person representing the provider confirmed that all staff had vetting disclosures from An Garda Síochána prior to commencing employment in the centre. They also confirmed that the provider did not act as pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that their privacy and dignity was maintained at all times.

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services if they so wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant