



**Health
Information
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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:	21 February 2024
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0043225

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 71 residents over 18 years of age in recently extended single-storey premises in a rural location. There are two twin rooms and 67 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 the 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:	50
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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
Wednesday 21 February 2024	08:30hrs to 17:00hrs	Helena Budzicz	Lead
Wednesday 21 February 2024	08:30hrs to 17:00hrs	Frank Barrett	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the person in charge and staff were working to improve the quality of life of residents living in the centre. The inspectors spoke with seven residents in detail, and all were very complimentary in their feedback and expressed satisfaction with the standard of care provided.

There were dining, communal and living areas in both units of the centre. However, not all communal areas, such as the Quiet room and conservatory in the Memory Care unit, were appropriately furnished for residents to be able to enjoy these facilities. Inspectors observed that the armchairs in the Activities room were severely stained, and they were not fit for purpose. There were dining, communal and living areas in both units of the centre. However, not all communal areas, such as the Quiet room and conservatory in the Memory Care unit, were appropriately furnished for residents to be able to enjoy these facilities. Inspectors observed that the armchairs in the Activities room were severely stained, and they were not fit for purpose. Residents' bedrooms were personalised with personal items, including photos and soft furnishings. However, inspectors observed that some lamp shades were missing, which was a similar finding at the last inspection in October 2023.

Overall, improvement was required in the upkeep of the facilities and premises. The layout of the centre was over one floor, which had a large footprint. While the newer section of the building appeared to be well-maintained, this was not the case in the older section. The older part of the centre required additional maintenance attention. There were signs of damage to floors and walls in this section of the centre. A damaged exit door was letting water into the floor internally. Further signs of structural water damage were evident in the Memory care unit in the Quiet room wall, where a persistent leak had caused damage to the walls around the window. Other wear and tear issues were observed not being addressed at the centre, such as a damaged wall in a sluice room in the Memory care unit. This damage was caused by continually pushing a cleaning trolley against the wall, resulting in the wall being damaged. The floor in the conservatory area was damaged and was beginning to peel along the timber floor joints. This room was not being used regularly, although it had extensive glazing, giving views of the outdoor spaces. These outdoor spaces required maintenance attention also.

Storage concerns identified on inspection were impacting on fire safety. A large amount of combustible material such as cardboard, disused furniture and timber products were stored in a maintenance shed alongside highly flammable items such as petrol equipment, aerosols and paint. This shed was adjacent to the centre and housed the main power supply. The clearing of this area was part of the Urgent Compliance plan issued to the provider following the inspection, and the response to this did provide assurances that the area was made safe. Other concerns in respect of premises and fire safety were identified, as detailed further in this report, which required urgent action by the registered provider.

The corridors were free of clutter; however, the inspectors observed that some of the areas in the centre were not cleaned to an appropriate standard, and the clinical hand wash sink in the treatment room in the Main House was not according to the recommended specifications. This posed a risk of cross-contamination and did not support effective hand hygiene procedures. Quality assurance processes to monitor the quality of environmental hygiene in some areas were not effective and required review. This is discussed further under Regulation 27: Infection control.

The inspectors observed respectful interactions between residents and staff and saw staff knocking on resident bedroom doors and waiting for a reply prior to entering. It was evident to the inspectors that the management and staff knew the residents and their care needs well.

Residents were observed to be socially engaged with each other and staff throughout the day of the inspection. The inspectors observed staff and residents having good-humoured banter during the activities. The inspectors also observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate.

Inspectors observed the dining experience in the dining rooms in both units. The food served appeared to be wholesome and nutritious. Residents spoken with, complimented the food and the choice they were offered. Tables were nicely set, residents and staff chatted, and there was the assistance provided as and when required.

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 delivered.

Capacity and capability

Inspectors found that there were arrangements in place to monitor and review the quality of the services provided to the residents. There had been some progress across a number of regulations and a strong management focus on achieving and sustaining compliance. However, further improvements were required to achieve compliance with Regulation 16: Training and staff development, Regulation 3: Statement of purpose, Regulation 23: Governance and management, Regulation 9: Residents' rights, Regulation 28: Fire precautions, 27: Infection control and Regulation 17: Premises.

This was a one-day, an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Additionally, inspectors assessed the overall governance of the centre and reviewed if the actions outlined in

the centre's compliance plan following the inspection in October 2023 had been implemented.

A small number of areas for action were identified in the statement of purpose and in the floor plans. These were discussed with management on the day.

The registered provider of Sancta Maria Nursing Home is Ronnach Teoranta. There had been recent changes to the directorship of the company and the application to renew the registration of the designated centre had been received late. As a result, the registered provider did not have Section 48 protection for the renewal of the registration. The centre had a full-time person in charge (PIC) who was supported in their role by the Director of care services and a Health care manager. Locally the person in charge was supported by an assistant director of nursing, two clinical nurse managers, a team of nursing staff, care staff, housekeeping, catering, administrative and maintenance staff.

The management personnel demonstrated good knowledge of each resident's care and support needs. A new schedule for regular monitoring and auditing of the service was in place. There was evidence of regular quality, safety, and governance meetings with the provider, as well as staff meetings, to ensure robust communication within the centre. Nevertheless, as discussed under Regulation 23: Governance and management, significant risks identified on this inspection had not been picked up by providers' own quality and management systems, and therefore, further action was required to ensure that the service provided to residents was safe and effective.

Rosters showed that there were always two nurses on duty in the designated centre. However, appropriate resources were not in place as the overall number of staff employed in the centre was not in line with the registered statement of purpose, as discussed under Regulation 23: Governance and management. The registered provider assured the inspectors on the day of the inspection that active recruitment to fill in all vacancies was ongoing.

Staff had access to mandatory training, including fire training and manual handling. However, improvements were required in training since the inspection in October 2023 as staff did not have their mandatory training completed or up-to-date in the area of fire safety training, safeguarding training and infection control. This is discussed in detail under Regulation 16: Training and staff development and Regulation 28: Fire precautions.

The staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda Síochána (police) vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

A review of complaints records found that complaints were investigated in accordance with procedures set out in the designated centre's complaints policy.

In relation to fire safety at the centre, inspectors found that there was a poor standard of fire safety management, as evidenced by poor fire safety auditing and a

lack of action on identified issues. This was compounded by issues raised under Regulation 28: Fire precautions, which resulted in the provider committing to carrying out a fire safety risk assessment of the centre by a competent party.

Due to the fire safety risks found, the provider was issued with an urgent compliance plan in the days following the inspection to ensure that action was taken to mitigate some of the high level risk. The provider engaged with this process and the response **did** assure the Chief Inspector that appropriate action was taken, and that remedial works were instigated immediately following the inspection. Further fire safety findings are detailed under Regulation 28: Fire Precautions.

Regulation 14: Persons in charge

The person in charge is a registered nurse who works in the centre on a full-time basis. They hold a post-graduate management qualification and have the required experience in older person's care.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels on the day of the inspection were appropriate to the size and layout of the centre and the current residents and their dependency needs.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed on the day of the inspection did not provide evidence that all staff had received mandatory training. In particular;

- 13 staff members were out-of-date with Infection control and prevention training in 2023, one in 2022, and one staff member had no date for completion of any training.
- In respect of safeguarding training, seven staff were out-of-date since 2022, nine staff members since 2023 and 19 staff members did not complete the online safeguarding training as per the centre's own policy. The provider gave assurances to the inspectors that they would send reminders to the staff to complete this training prior to the face-to-face training.
- Fire training- three staff were out-of-date since 2022, 14 since 2023, and one staff member had no training date documented. Staff who spoke with the

inspectors on the day did not demonstrate a good understanding of fire precautions and provided conflicting information in respect of principles of evacuation.

The provider provided assurances that they would review the training schedule, and some of the training was already scheduled to take place in the next few weeks.

Judgment: Not compliant

Regulation 21: Records

Records required were made available to the inspectors, and all records were well-maintained and securely stored. A sample of staff files was reviewed and found to contain all of the requirements of Schedules 2 and 4 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure the centre was resourced in line with the statement of purpose (SOP). For example:

- In the statement of purpose, the registered provider had committed to have 12 WTE (whole-time equivalent) staff nurses. The centre had a deficit of approximately 3 WTE in nursing staff. Inspectors were informed that the provider was actively recruiting, and the candidates were awaiting their date for the competency test for overseas nurses. In the interim, the registered provider was using their own staff to cover vacancies.
- In addition, according to the list of employees and the staff roster reviewed on the day of the inspection, the centre had 5 WTE vacancies for health care assistants. In the statement of purpose, the registered provider had committed to have 28 WTE (whole-time equivalent) health care assistants. Inspectors were informed that four candidates were in the last stage of

recruitment, waiting to join the centre in the next few weeks. Inspectors were informed that the centre's staff was covering all vacancies.

Management systems in place were not effective to ensure the service provided was safe and appropriately monitored. This was evidenced by a failure to:

- Implement the centre's risk management systems to manage known risks. This included the storage of flammable items alongside combustible items contrary to policy at the centre.
- Poor oversight and auditing of fire safety systems at the centre. The fire safety policy available at the centre referenced auditing of various systems, which was not being carried out. No regular audits were being carried out on fire doors as per policy, nor were there environmental audits completed.
- Ensure there was adequate oversight of maintenance. For example, a rotting timber ramp was in place at an exit door. This was a known safety concern, but it was not addressed. Ongoing maintenance issues were not being addressed.
- The oversight and management of the training schedule with a thorough training analysis was required to ensure that all staff members were trained and skilled according to their roles and responsibilities. This was a finding from the previous inspection in October 2023, and details are discussed under Regulation 16: Training and Staff Development and Regulation 28: Fire precautions.
- The governance systems to oversee infection control, residents' rights, staffing and premises required strengthening to fully comply with the regulations and to ensure a safe and consistent service for residents. These are discussed under the relevant regulations.

An urgent action plan was issued following the inspection in respect of Regulation 28: Fire precautions, and the response **did** assure the Chief Inspector that appropriate action was taken.

Judgment: Not compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. However, it did not accurately describe all facilities and services available to residents and necessary for the running of the centre, and there were discrepancies in the Whole-time equivalent (WTE) of the staff working in the centre as discussed under Regulation 23: Governance and management.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Residents who spoke with inspectors were aware of how to make a complaint. The inspectors reviewed a sample of complaints and found that they were investigated in a timely manner and that complainants were advised of the outcome. There was one open complaint on the day of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

A review of the Schedule 5 policies and procedures in the centre found that the provider had up-to-date policies in place, in line with the requirements of Regulation 4.

Judgment: Compliant

Quality and safety

Residents living in the centre were generally satisfied with the quality of the care they received, and they expressed that they felt safe in the centre. This inspection found significant improvements in respect of the pre-admission assessments, clinical assessment and care planning procedures. Notwithstanding this, further actions were required in areas, including the premises, infection control, fire precautions and residents' rights to ensure a safe high quality service was provided at all times.

The inspectors saw that the pre-admission assessment was completed prior to each admission. A variety of validated assessment tools were used to assess the residents' individual needs. These assessments informed the residents' care plans and were easy to understand. These were completed within 48 hours of admission, and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required.

Residents had access to medical and nursing care and on-site access to health and social care providers, and there was evidence from records reviewed that residents were referred and reviewed by them in a timely manner.

Although inspectors observed good infection control practices, especially in the Main House unit of the centre, some of the cleaning routines and decontamination

practices used in the designated centre were not appropriate and required review, as discussed under Regulation 27: Infection control.

The provider had taken action since the previous inspection to ensure residents had access to meaningful activities, which positively impacted residents' quality of life, especially in the Memory care unit. There was an activity coordinator allocated to work in this unit. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. However, there were two activity schedules displayed in the dining room in the Memory Care unit, which were also there during the previous inspection in October 2023. Further issues that impact residents' rights in the centre are detailed under Regulation 9: Residents' rights.

Premises required review internally and externally. Inspectors observed that the garden area outside the conservatory was overgrown. A section of roofing visible from this room was in a poor state of repair along the eaves. There were sections of timber panelling along the edge of the roof that were falling off and disintegrating. A hole through this part of the roof was visible, which could allow vermin or birds to enter the roof space. This roof was over a section of resident bedrooms in the Memory Care unit. External buildings were used as storage spaces. Some of the buildings were in poor overall condition, with windows broken in one building. An extremely poorly maintained timber ramp had been fitted to the outside of an emergency exit in the Memory Care unit, which would compromise an external evacuation should it be required. This timber ramp was a health and safety risk, as well as being a fire safety issue. The replacement of this ramp was included in an Urgent Action Plan submitted to the provider after the inspection. The provider's response to this **did** provide assurances that the ramp would be replaced urgently. These and further premises issues are discussed further under Regulation 17: Premises.

Inspectors reviewed arrangements in place at the centre to protect residents from the risk of fire. The centre was fitted with a category L1 fire alarm system and was laid out over the ground floor area only. The contrast between the old section of the centre and the newer section reflected fire safety concerns, with the older section requiring more attention from a fire safety perspective. Doors fitted to rooms in the older section presented concerns relating to their fire rating. Issues with ironmongery on doors, as well as excessive gapping around doors, gave rise to containment concerns relating to these doors. Compartmentation issues would impact on the effectiveness of the progressive horizontal evacuation strategy in place at the centre in the event of a fire. Staff were not clear on which cross-corridor doors were fire compartment doors and which were not. This resulted in evacuation drills being conducted, which did not identify all the residents within a fire compartment. This was of particular concern due to the size of some of the compartments in the centre, as there were up to 15 residents within a compartment. This was not reflected in fire drills. These and other fire safety concerns are detailed under Regulation 28: Fire Precautions.

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

Premises were not clean and well-maintained internally and externally and especially the environment in the Memory Care unit required a review. For example:

- An exit door was damaged and was letting water into the floor inside. This presented a fall risk, as well as being indicative of a requirement for maintenance attention.
- A wall in the sluice room, some of the doors and door frames were badly damaged.
- The flooring in the Conservatory required review and repair. The flooring in Assisted bathroom 2 was severely stained. There was a hole beside the shower tap in Assisted bathroom 1, and the shower drain was not fitting properly.
- The Quiet room wall was excessively damaged due to a water leak around the window area.
- The Quiet room and Conservatory were not equipped with any furniture for use by residents or visitors.
- The garden outside the Conservatory was overgrown, and the garden beside the Main House and Memory Care unit was not safe, as there was a limited safe walking path for residents.
- There were no lamp coverings/ lamp shades in some of the bedrooms. This was a recurrent finding from the last inspection in October 2023.
- A section of the roof in the old part of the building was in need of repair. Sections of timber were disintegrating, resulting in a large hole in the side of the roof.
- A timber ramp at an exit door presented a health and safety concern due to its condition. It was not safe to use in the condition in which it was found on the day of inspection.
- A window was broken on one of the external storage sheds.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure the environment was clean and safe for residents and staff. For example;

- The hand washing sink available in the treatment room in the Main House did not meet the recommended clinical hand hygiene specifications. This finding did not support effective hand hygiene by staff involved in providing clinical treatments to residents.
- Some of the doors and door frames in the Memory Care unit and Main House in the section used for the respite residents were visibly stained and unclean.
- The floor surfaces in the activities room and Conservatory in the Memory care unit were not sealed between the floor covers, and there was visible dirt and debris. The arm chairs were heavily stained, and the ceiling in the communal bathroom was visibly unclean.
- The outdoor facilities outside the residents' windows and some of the windows were not well-maintained and kept clean in all areas; for example, inspectors observed empty milk bottles and used face masks on the ground.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire and did not provide suitable fire fighting equipment. For example:

- Petrol equipment was stored alongside aerosols, paint, tools and furniture in a room which housed the main electrical power supply to the centre.
- Four Oxygen cylinders were stored inappropriately within two separate store rooms. While there was a sign on the door of the room to indicate the presence of Oxygen cylinders, three of the cylinders within each of the rooms were not protected from collision. The risk of Oxygen enrichment as a result

of damage from a collision can increase the likelihood of combustion. This was contrary to policy at the centre, which identified the secure storage of medical gases as part of the policy.

- Within the main kitchen of the centre, deep-fat frying was in use. There was no appropriate wet chemical fire extinguisher available in the kitchen to suppress a fire of this nature.

The registered provider did not provide adequate means of escape, including emergency lighting, for example:

- A ramp outside the emergency exit on the Memory Care unit was not fit for purpose due to the condition of the timber within the ramp. This would affect the evacuation of residents in this area in the event of a fire.
- A smoking area was identified outside an emergency fire exit in a courtyard. There was furniture placed, including tables, chairs, and ashtrays, outside this door. This furniture would impede evacuation in the event of a fire. This furniture was removed immediately on the day of inspection; however, a review of the overall smoking area was required to ensure the exit was kept clear.
- An emergency exit door from the Conservatory did not have emergency lighting fitted outside to illuminate the way in the event of an evacuation at night.

The registered provider did not make adequate arrangements for the staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes. For example:

- Staff training in fire procedures was not fully up-to-date as detailed under Regulation 16: Training. One member of staff was not on the record on the day of inspection as having received any fire safety training. Furthermore, this member of staff had been placed on the roster for night duty at the centre. This presented a risk as the reduced numbers of staffing at night time required all available staff to be in a position to actively participate in evacuation in the event of a fire.
- Staff understanding of compartment lines was not appropriate to the actual compartment lines in the centre. Staff, including management staff, identified cross-corridor doors as compartment doors. Some of these doors were not compartment doors and, therefore, would not provide the level of relative safety to evacuees that staff would have expected. This also resulted in staff evacuation of compartments not being completed, as rooms within compartments were not being evacuated during compartment evacuation drills. This was of particular concern in the areas where large numbers of residents were residing within one compartment, for example, one compartment that had 15 residents.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is

reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- Fire drills were being conducted at the centre, however, the record of the drills did not reflect all of the detail from the drill, for example, some drills did not record the time taken to evacuate, or the number of residents trialled in the scenario. This was contrary to policy at the centre which indicated that all these details are recorded in fire drill scenarios. There was a risk associated with staff not having a practised understanding of the procedure.
- There were no fire drills reflecting evacuation of the largest compartment (15 residents) under times of low staff numbers. This meant that inspectors could not be assured that staff would be able to evacuate those residents safely and in a reasonable time in the case of a fire.

The registered provider did not make adequate arrangements for containing fires. For example:

- Fire doors in the old section of the centre were in need of review to provide assurances that they would contain fires. The ironmongery on the doors did not appear to be fire-rated. Many of the doors had damaged or missing smoke seals, and there were no smoke seals evident on bedroom doors in the old section. Inspectors could not be assured of the fire rating of the doors, as they did not appear to be fire doors in all cases; for example, a nurse's store and a separate store on the corridor of the Memory Care unit did not have doors which had the characteristics of fire doors including the required number of hinges.
- Inspectors could not be assured of the fire rating, and containment measures in place at attic hatches throughout the centre. In the absence of this assurance, inspectors could not be assured that fire would be contained above the ceiling level over the compartments. This could result in fire spread through compartments in the attic space.
- Services penetrating through compartment walls were identified with unsealed space around the services where they passed through the wall. A nurses store room had service penetrations which were not sealed, and therefore compromised the protected corridor in the event of a fire.

The registered provider did not make adequate arrangements for evacuating where necessary in the event of a fire, of all persons in the designated centre. For example:

- Assembly points outside the centre required review, as they were both cited within a short distance of each other in one area to the rear of the centre. This would cause delays to evacuation if residents had to evacuate through front or side doors and travel to the assembly points at the rear. Evacuation procedures at the centre required staff to bring all residents to these assembly points, and one member of staff was required to remain at each to supervise the residents.
- No record of drills being conducted at the external assembly point was available. This meant that staff may not be familiar with the routes to take

during an evacuation and the use of evacuation aids over the ground externally to the fire assembly point.

An urgent action plan was issued following the inspection in respect of Regulation 28: Fire precautions, and the response **did** assure the Chief Inspector that appropriate action was taken.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48 hours of their admission and regularly after that. Residents' care plans were person-centred and were kept updated, and regular reviews were completed in consultation with residents and their families on their behalf as appropriate.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place to ensure that residents' health care was being delivered appropriately and residents had access to a general practitioner (GP) service. There was evidence of appropriate referrals to health and social care professionals.

Judgment: Compliant

Regulation 8: Protection

The provider had clear processes in place to protect residents' finances. The provider acted as a pension agent for 14 residents, and arrangements were in place to afford adequate protection and access to these finances.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not fully addressed the findings from the last inspection in October 2023 on residents' rights and quality of life. This was evidenced by the following findings;

- While the overall activity experience improved in the Memory Care unit, there were two different schedules for daily planned activities displayed. This could potentially cause confusion to residents.
- The residents residing in the Memory Care unit did not have free access to the garden area as there was a key-coded lock on the door leading to the enclosed garden. Additionally, the doors leading to the enclosed garden in the Activity room in the Main House were also locked. This meant that the residents who stayed in this room and would like to go to the garden would have to walk through the corridor to access garden from the corridor. This arrangement did not support a restraint-free environment and residents' unrestricted access to outdoor space.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0043225

Date of inspection: 21/02/2024

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All staff have received Infection Prevention & Control (IPC) training and refresher updates as required, including the staff whose training was out of date on the day of inspection. All staff in the centre now have a and it is reflected in the training matrix of the Centre. Another IPC training session is scheduled for 16/05/2024. • All staff have received Safeguarding training and refresher updates as required, including the staff whose training had not been completed or was out of date at the time of inspection. All staff in the centre now have a valid safeguarding training certificate which is reflected on the training matrix. • All staff have received Fire training and refresher updates as required, including staff whose training was out of date at the time of inspection. All staff in the centre now have a valid Fire training certificate which is reflected on the training matrix of the Centre. Fortnightly fire safety and evacuation drills are conducted in the centre, including night-time simulation, to ensure that all staff have a good understanding of fire safety precautions and the principles of evacuation. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • There are twelve whole time equivalent nurses in post in accordance with the Statement of Purpose. • Since the inspection, four Healthcare Assistants have been recruited and are expected 	

to commence in post in May. Local recruitment continues and the centre is expected to be fully staffed by May 2024. There are always sufficient staff in the centre to meet all the assessed care needs of the residents based on the current occupancy in the centre.

- The Statement of Purpose has been reviewed and the updated version has been sent to the Authority.
- All flammable items and combustible items are now stored safely and appropriately.
- The rotting timber ramp has been replaced with a new ramp.
- The PIC, with the support of the Facilities team, will provide effective oversight of the work undertaken by the Maintenance Person to ensure that the maintenance practice is safe and consistent with the centre’s policy on safe storage of items and fire safety.
- The Maintenance Person will conduct weekly audits of fire doors to ensure that they are functioning appropriately.
- We will improve our safety culture and the overall awareness of management and staff of the centre’s risk management systems by conducting a Fire Safety & Risk Management workshop for management and staff in the centre, to be chaired by the Healthcare Manager, Quality & Safety.
- The PIC will be responsible for conducting the Health & Safety audits which incorporate fire and environmental safety.
- The PIC will conduct a thorough training analysis to ensure that all staff are appropriate receive the required mandatory training within the appropriate timelines and refresher updates as required. All staff whose training was out of date on the day of the inspection have since been provided with onsite training.
- An independent fire safety inspection has been completed in the Centre and an emergency action plan was issued to HIQA in March 2024. Additionally, a Health and Safety (including fire safety) audit has been completed by the internal management of the Centre in February 2024.
- We will ensure that there is overall improved oversight by management on IPC, residents’ rights, staffing and premises. Since the inspection, the Healthcare Manager, Quality & Safety has conducted a workshop on Residents’ Rights and Safeguarding & Safety and has scheduled a further workshop to focus on fire safety and risk management in the coming weeks. Management staff will be required to attend the workshops. The Facilities Manager will develop a plan for a scheduled programme of works to address premises issues.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The Statement Of purpose (Version 34) has been revised and updated to include an accurate description of all facilities and services available to residents and the correct number of staff whole-time equivalents in the centre. This has been submitted to the Authority on 02/04/2024.

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Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The damaged exit door that was identified at the time of inspection has been repaired and a replacement door has been ordered.
- The Maintenance Person has repaired the damaged wall in the sluice room.
- The flooring in the conservatory and in Assisted Bathroom 2 will be repaired or replaced as required.
- The shower in Assisted Bathroom 2 will be repaired to ensure there are no holes adjacent to the shower tap and to ensure that the shower drain fits properly.
- The Quiet Room wall will be repaired and repainted and the leak will be repaired to protect the wall and window area from further water damage.
- The conservatory in the Memory Care unit is now equipped with furniture for residents and families.
- We have outsourced the landscaping to a landscaping contractor. The garden outside the conservatory has been tended to and the overgrowth has been cleared away and the pathway in the garden of the Memory Care Unit has been cleared and made safe for residents to walk around.
- The Maintenance Person has replaced the lamp shades.
- The roof in the old part of the building will be addressed as part of a wider programme of works to be scheduled.
- The rotting timber ramp has been replaced and the broken window in the storage shed will be replaced.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- The handwashing sink available in the treatment room will be replaced with a sink that meets the recommended clinical hand hygiene specifications. This will facilitate effective hand hygiene by staff involved in providing clinical treatments to residents.
- All doors and door frames in the centre have been thoroughly cleaned by the housekeeping department. All stained furniture in the centre has been deep cleaned by the housekeeping department or disposed of.
- The ceiling in the communal bathroom has been cleaned by the Maintenance Person.
- We will provide Clean Pass training to the Household staff in the centre.
- The PIC and the Housekeeping Supervisor will revise the cleaning schedule to ensure that effective cleaning can be undertaken and to allow for the supervisor to inspect the quality of cleaning and provide direction and support where required.
- The floor surfaces in the Activities room and Conservatory in the Memory care unit will

be repaired and sealed where required and the floors will be maintained in a clean condition at all times.

- All armchairs have been thoroughly cleaned and damaged chairs have been disposed of.
- The outsourcing of the landscaping contract will improve the upkeep and cleaning of outdoor facilities outside the residents' windows and the exterior areas of the centre. Since the inspection, the external areas have been cleaned and tidied, gutters have been cleared and the windows have been cleaned. The PIC will monitor the work of the Maintenance Person to ensure that high standards are consistently maintained.

Regulation 28: Fire precautions

Not Compliant

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

- Since the landscaping contract is now outsourced, all grass cutting equipment and the associated flammable items have been removed off site entirely. In addition any combustible items are now stored safely and appropriately. There is now an external oxygen storage facility for safe storage of spare oxygen cylinders. Two cylinders stored inside the centre are securely protected in a cylinder stand now.
- There is now an appropriate wet chemical fire extinguisher available in the kitchen.
- The rotting timber ramp outside the emergency exit on the Memory Care unit has been replaced.
- The furniture in the smoking area has been reorganized so that a safe evacuation is possible in case of an emergency.
- There is emergency lighting fitted outside the conservatory to illuminate the way in the event of an evacuation at night.
- All staff whose training was out of date at the time of inspection have since received on site Fire training by the company's approved fire safety trainer. Fortnightly fire drills will be conducted to ensure all staff have a good understanding of the fire precautions in the centre and the drills are now more focused on the largest compartment in the centre and simulating night-time conditions. Fire evacuation drills will include evacuation to the external assembly points to ensure that staff are aware of the routes to follow in the event of an evacuation.
- A Fire Consultant has undertaken a Fire Risk Assessment of the centre and all issues arising will be addressed in a quality improvement plan. In relation to the fire doors, we have engaged a contractor to attend to repair all issues identified and replace doors where required.
- Attic access hatches throughout the centre have been surveyed and will be replaced where Fire Rating is not appropriate.
- Services penetrating through compartment walls where identified with unsealed space around the services where they passed through will be sealed with the appropriate Fire rating material.
- Assembly points outside the centre will be relocated as per Fire Consultant recommendations.

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"> • The activity schedule in the centre has been reviewed by management. The centre currently has a weekly activity schedule that is varied and meaningful and is made available to all residents in both units in the centre. • The PIC will ensure that residents in the Memory Care unit will be facilitated to use the outdoor space by providing them with the code for the exit door to the courtyard. The staff in the Memory Care Unit will ensure that the exit door to the courtyard is unlocked without delay when a resident wishes to access the outdoor space. Moreover, the door code will be shown close to the keypad at the exit door. This will be in conjunction with the resident's abilities and wishes. • Doors leading to the enclosed garden in the Activity room in the Main House are currently left open for residents during daytime which allow residents in the activity room to walk freely out to the courtyard. This door will be connected to a timer system which ensures the security of the centre at night. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/04/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/07/2024
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	30/04/2024
Regulation 23(c)	The registered provider shall ensure that	Not Compliant	Orange	31/05/2024

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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.	Not Compliant	Orange	30/06/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	01/03/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	01/03/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	31/07/2024

	reviewing fire precautions.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	31/07/2024
Regulation 28(1)(e)	The registered provider shall 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.	Not Compliant	Orange	30/04/2024
Regulation 28(2)(i)	The registered provider shall	Not Compliant	Orange	31/07/2024

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/05/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/04/2024

