



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

Issued by the Chief Inspector

Name of designated centre:	Mount Sackville Nursing Home
Name of provider:	Sisters of St Joseph of Cluny
Address of centre:	College Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	08 May 2024
Centre ID:	OSV-0000176
Fieldwork ID:	MON-0043563

About the designated centre

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

Mount Sackville Nursing Home is located in Chapelizod, Dublin 20 and is close to the Phoenix Park amenities, schools and bus routes. The centre has 33 single bedrooms all laid out over three floors, and can accommodate both male and female residents. Floors can be accessed by stairs or passenger lifts. Full-time long-term general nursing care is provided for persons over the age of 65, and people living with dementia. Admission takes place following a detailed pre-admission assessment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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 8 May 2024	11:30hrs to 16:30hrs	Ella Ferriter	Lead
Thursday 9 May 2024	08:30hrs to 13:30hrs	Ella Ferriter	Lead
Wednesday 8 May 2024	08:30hrs to 15:30hrs	Frank Barrett	Lead

What residents told us and what inspectors observed

During this inspection the inspectors observed that residents living in Mount Sackville Nursing Home were supported to enjoy a good quality of life where their rights were respected by a team of staff who were attentive and caring. Feedback received from residents was overwhelmingly positive in relation to their relationship with the management and staff in the centre. The inspectors met the majority of the residents during this two day unannounced inspection, and spoke in more detail with thirteen residents to gain an insight into their lived experiences. Resident told the inspectors that they felt safe, they were comfortable and very well cared for.

This was an unannounced inspection undertaken over two days. This inspection also included a one day focused review of fire precautions in the centre. Mount Sackville Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated on an elevated site in Chapelizod, in Dublin City. The inspectors observed that the premises available to the residents at Mount Sackville Nursing home was extensive. It is a four storey facility and it sits on well maintained landscaped grounds, with views of the Phoenix Park and Liffey Valley. The centre is attached to a convent and a local secondary school. The inspectors saw that resident's accommodation is situated over three floors and there is a basement with laundry and storage facilities. The centre is registered to provide care to 33 residents and there were 32 residents living in the centre, at the time of this inspection.

An extensive building project had recently been completed in Mount Sackville Nursing Home with the addition of a new extension to the Sacred Heart Unit. The inspectors reviewed this new building, as the provider had submitted an application to register this eight bedded extension. Inspectors saw that each bedroom had sufficient room for residents personal belongings which included a double wardrobe, locker and lockable storage. Bedrooms were nicely decorated in different colours and they each had electric blinds and televisions.

Inspectors observed that there was ample communal space available to all the residents at the centre, including a parlour, an activities room, a sitting room and a dining room. There were also expansive gardens including areas where residents could manage their own gardening. It was evident that some of the external areas were being redesigned and upgraded, in line with the construction of the new part of the centre. Overall, the inspectors found that the premises was well maintained, and the external spaces were inviting, and accessible for residents. However, some further actions were required to be addressed in the basement area, which is actioned under regulation 17.

Residents were observed moving freely around the centre over the two days, interacting with each other and with staff. The inspectors saw that the corridors had grab rails along each wall, to assist residents to mobilise independently. The centre was observed to be cleaned to a very high standard and there were ample staff

employed in the centre allocated to cleaning. Overall, the general environment, residents' bedrooms, communal areas and bathrooms inspected appeared clean. Some bedrooms required painting as door frames and walls had evidence of chipped paint. Inspectors were informed that there was plans for painting of these areas in the coming months. Inspectors also observed in the main sitting room there were a limited amount of arm chairs available for residents. These findings are actioned under regulation 17.

Inspectors spoke with thirteen residents over the two days of the inspection. Residents told the inspectors that staff spent time with them in the morning, supporting them to select their clothing and ensuring that they had everything they needed. Two residents told the inspectors that the management were very open to feedback and frequently asked them if there were any areas for improvement or ways to improve their living experience in the centre. One resident told the inspectors that they loved their life in the centre and they looked forward to each day. Another resident stated that the most important thing to them was that they were treated so kindly and they felt at home in Mount Sackville Nursing Home.

The inspectors observed that some residents loved animals and they were brought outside by staff to visit and feed the centres goat, sheep and donkeys. Inspectors observed that staff interactions with residents were positive, respectful and kind. It was evident that staff knew residents well and residents were comfortable and relaxed in the presence of staff. Residents told the inspectors they were listened to by staff and that staff were always good to them and gave them time. Some of the staff inspectors met with had worked in the centre for over ten years, and spoke positively about their work and the enjoyment of meeting the residents daily and getting to know them.

It was evident throughout the day that residents exercised choice with regard to their life in the centre such as when to get up and where to have their meals. The inspectors saw there were opportunities for residents to participate in recreational activities of their choice and ability. There were two people assigned to activities daily, one who was based in the main communal areas and the other who visited residents in their bedrooms. There was an activities schedule in place seven days a week which included a variety of activities such as singing, exercise, art and reminiscence. Residents that spoke with the inspectors were aware of the schedule and stated that they were free to choose whether or not they participated. Residents also had access to mass in the centres large chapel every evening, which was well attended.

The dining experience at mealtimes was observed by the inspectors. Residents were provided with assistance in a sensitive and discreet manner and staff supported residents to eat independently. The dining room was observed to be beautifully decorated with nicely set tables and furniture. A large menu board was on display at the entrance and it was evident that residents had extensive choices with regards food. Residents were observed going up to the top of the dining room and selecting what they would like from the chef. Residents confirmed there was home baking

daily and they looked forward to the daily trips to the dining room as it was very sociable experience.

It was evident that the centre was embedded into the community of Chapelizod. Pupils from the school visited the centre and were a visible presence on the external grounds walking in the gardens. Residents families were encouraged to visit and on day two of the inspection a residents grandchild, who was a champion Irish dancer came and preformed for residents. The ethos of the centre was to cherish the uniqueness of each person and staff told inspectors that this was the way they approached their work. Staff were encouraged to celebrate all events with residents such as birthdays, anniversaries and jubilees and pictures of these celebrations were visible throughout the centre.

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 the quality and safety of the service being delivered.

Capacity and capability

The inspection found that Mount Sackville Nursing Home was a well-managed centre where residents were supported and facilitated to have a good quality of life. Residents were in receipt of a high standard of care by staff that were responsive to their needs. The provider had acted on findings of two previous inspections pertaining to fire safety and infection control practices and they had implemented a quality improvement plan. Some further areas required to be addressed to come into full compliance with the regulations and will be detailed under the relevant regulations of this report.

This unannounced inspection was carried out over two days day by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The registered provider had also applied to vary two conditions of the registration of the centre, and this inspection would inform part of the decision making process.

The registered provider of the centre is the Sisters of St Joseph of Cluney. There are two named directors of the organisation with responsibility for running the centre. One of these Sisters is the named operational manager in the centre and a named person participating in management on the centres registration. They worked in the centre full time and it was evident that they were available to residents and staff on a daily basis and had good knowledge and oversight of the operational management of the service.

The centre was found to have an effective management structure where lines of accountability and authority were clearly defined. From a clinical perspective care is directed via an appropriately qualified person in charge who reports to the operations manager. The person in charge was supported in their role by an

assistant director of nursing and a team of nursing, healthcare, catering, activities, domestic, maintenance and administration staff. The provider also employed a house manager who had responsibility for oversight of the environmental hygiene, catering services and the laundry facilities.

On the day of the inspection there were adequate resources, in terms of staffing, to ensure the effective delivery of care in accordance with the statement of purpose and to meet residents' individual needs. Staff had access to education and training appropriate to their role. Training was well monitored within the centre by the management team and mandatory training as per the centres policy was up-to-date. Staff with whom the inspectors spoke were knowledgeable of residents and their individual needs. There was an induction programme in place to support staff in the provision of safe and effective care to the residents, which was overseen by the person in charge. Staff had the required skills, competencies and experience to fulfil their roles.

Incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector, within the required time frame. Policies and procedures were available which provided staff with guidance about how to deliver safe care to residents. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review and it was evident they were stored securely. However, on review of a sample of staff personnel files it was evident that some did not comply with all the requirements of the regulations, as actioned under regulation 24.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits, weekly monitoring of quality of care indicators and trending of incidents involving residents. Information arising from incidents and resident feedback was used to inform service improvements and communicated to staff during meetings and at daily handovers, in which the person in charge attended.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had applied to vary two of the centres registration conditions. The appropriate fees were paid and the necessary documentation had been submitted. This application reflected changes to condition one, the registered footprint of the centre, due to the extension to the premises. The provider had also applied to vary condition three and increase the centres maximum occupancy by one resident, with an additional single room, to be included in the centres registered beds.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full person in charge in the centre. The person in charge had the required experience and qualifications, as specified in the regulations. The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents. The person in charge facilitated the inspection process and was able to provide all of the required information when requested by the inspectors.

Judgment: Compliant

Regulation 15: Staffing

The staff compliment and skill mix was adequate to meet the assessed needs of the residents on the days of this inspection. The provider had increased staffing levels to four at night due to the size and layout of the building. Residents spoke positively in relation to staff and reported they were kind and pleasant.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and mandatory training in areas such as safeguarding, manual handling and fire safety training was up to date for all staff. Staff were appropriately supervised in their roles.

Judgment: Compliant

Regulation 21: Records

A review of a sample of three personnel files found that references were not available for one staff member and a valid identification was not available for a second member of staff. These documents are required to be held for each member of staff as per regulatory requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. Systems in place ensured that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes. The provider had evidenced good governance in addressing fire safety concerns in the building over the past year, in response to previous inspection findings. Some further actions were outstanding as addressed under regulation 28.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. They clearly outlined the room the resident occupied and the fees for services, as per the requirements of the regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose, as per regulatory requirements and it contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents and allegations had been reported in writing to the Chief Inspector as required, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was overseen by the person in charge, who was the named complaints officer. There was a low level of complaints in the centre. The policy had been updated to comply with the changes in the regulation effective from March 2023. The complaints process was on display throughout the centre to inform residents and visitors the procedure for making a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed, up-to date and available to staff.

Judgment: Compliant

Quality and safety

Overall, this was a good service and findings of this inspection were that residents in Mount Sackville Nursing Home had a good quality of life and were receiving a good standard of care. The provider and team of staff were committed to a process of quality improvement with a focus on respect for residents human rights and promotion of their independence. There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services and good opportunities for social engagement. Some further actions were required to come into full compliance with regulations with regards to fire precautions, the premises and care planning, which will be further detailed under the relevant regulation.

Residents had access to appropriate medical and allied health services. There was evidence of regular medical reviews and referrals to specialist services as required such as a physiotherapist, speech and language therapy, dietetics, and chiropody. Residents were comprehensively assessed on admission and at regular intervals thereafter, using evidence-based assessment tools. The inspectors saw that all residents had a care plan in place as per the requirements of the regulations and information contained in these documents was person centred. However, not all care plans were updated when the needs of the resident changed, which is discussed in more detail under regulation 5 of this report.

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Information on residents' requirements regarding special diets and correct food consistencies were communicated to the catering staff.

Inspectors reviewed systems in place at the centre to protect residents from the risk of fire. Previous inspections of the centre had highlighted significant concerns in relation to means of escape, containment measures and evacuation procedures. It was evident from this inspection that the provider had taken appropriate steps to eliminate or reduce the risks, including the design and construction of a proposed new building section. This would provide replacement accommodation for residents that were living in the parts of the existing centre which had highlighted fire safety concerns. In advance of the new wing being made available, additional staffing was in place at night time in the upper floors of the centre, and some infrastructural renovation works were completed, to ensure that containment measures were improved.

Staff training and knowledge of fire safety protocols was informed by a high level of understanding of the nature of the building, the residents and the procedures to follow in the event of a fire. Staff demonstrated good knowledge of progressive horizontal evacuation, and were familiar with the various types of escape routes from the centre, including the external escape stairs. Some improvement was required in relation to the risk of fire starting, specifically the layout of the kitchen appliances. Inspectors found that while upgrade works to improve containment of fire and smoke had been completed in the resident areas, some further works were still required to ancillary areas such as the kitchen. These and other fire safety issues are discussed further under regulation 28; fire precautions

Based on the observations of the inspector there were generally good procedures in place in relation to infection prevention and control. Additional resources had been allocated to housekeeping and the management team had also improved the monitoring of environmental hygiene, in response to the findings of the previous inspection.

The inspectors found that care in Mount Sackville Nursing Home was person-centred and the privacy and dignity of each resident was respected. Residents were supported to make choices about their daily lives in the centre and their independence and autonomy was promoted. It was evident that residents' rights were upheld and residents were encouraged to express their opinions, which was a particular strength of the service.

Regulation 10: Communication difficulties

Residents with communication difficulties were facilitated to communicate freely and care plans detailed communication requirements of residents. Staff were familiar

with residents communication needs, and were observed providing appropriate care and support.

Judgment: Compliant

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends. There was ample space for residents to receive visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished. Residents clothes were laundered on site and residents told the inspectors they were satisfied with the laundry services in the centre.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure that the premises conformed with Schedule 6, which included the following:

- the clinical room on the second floor did not have a clinical hand wash sink installed to facilitate staff hand washing.
- there was a limited amount of arm chairs available for residents use in the activities sitting room. Therefore, some residents remained sitting on dining chairs or in transit wheelchairs.
- some bedroom walls and door frames required painting as paint was observed to be chipped and worn.
- the service corridor at the rear of the laundry in the basement required some maintenance attention. For example; storage practices required review including the storage of chemicals in the cleaners store. Inspectors also noted that there was an odour in the service corridor which required investigation.

This area had some open drains which may have been the cause, as they required flushing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard including special or modified consistency diets. The daily menu was displayed and choice was available at every meal. Residents had good access to speech and language and dietetics services. Comprehensive care plans were in place to support people with their nutrition needs and residents weights were monitored, in line with best practice.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of two residents documentation indicated that when they were discharged from the centre on a temporary basis all relevant information, pertaining to the resident, was provided to the receiving hospital. This is a requirement of the regulations.

Judgment: Compliant

Regulation 27: Infection control

The provider had implemented a quality improvement plan following the findings of the November 2023 inspection of the centre which focused on infection control procedures within the centre. This involved upgrades to sluicing facilities, storage facilities, the allocation of individual hoist slings and upgrades to cleaning trolleys. As found on the previous inspection, antibiotic consumption data was analysed each month and used to inform infection prevention practices. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the provider had taken appropriate steps to reduce the residents' exposure to the risk of fire, since previous inspections. An extensive amount of works had been completed to improve the overall fire safety of the centre. However, some further actions were required in some areas for example:

Action was required by the registered provider to take adequate precautions against the risk of fire for example:

- An open deep-fat-fryer was in place in the kitchen in close proximity to the naked flame of a gas cooker. There was no fire suppression system in place, to reduce the risk in this area. The placement of heated oil in the frying appliance alongside the gas cooker could increase the risk of fire in the kitchen.

Improvement was required to provide adequate means of escape for example:

- A fire exit, which was through the new build had a locked fire door. The key for this door was available to all staff in the area, however, there was no key available to visitors, or residents who may need to access this escape route in an emergency. A key was put in place in close proximity to the door on the day of inspection by staff at the centre.

Improvement was required by the registered provider, to 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:

- While fire drills were being conducted at the centre regularly, there was a lack of detail in the drill record to indicate that staff had trialled evacuation using the evacuation aids required by the residents. Some residents required the use of ski-sheet evacuation, which was not recorded in the fire drills conducted. The use of evacuation aids such as ski-sheets did form part of annual fire safety training, however, reliance on the annual training course to familiarise the staff in the use of evacuation aids, did not provide assurance that staff would be familiar with this form of evacuation in the event of a fire.

Notwithstanding works that had taken place to improve the compartmentation within the building, improvement was required by the registered provider to make adequate arrangements for detecting, containing and extinguishing fires. For example:

- The containment measures in place to protect residents in the dining room from a fire in the kitchen required review. The door from the kitchen area did not close on release of the holder. There was a serving hatch in place with a set of double leaf doors. These doors did not have any automatic closers fitted to them, and there was damage to smoke seals. This meant that containment could not be assured in the event of a fire.
- There was no system in place to automatically detect a gas leak in the kitchen. Kitchen staff explained procedure, which included the use of a "gas

slam-shut off" button, and that gas to the kitchen is turned off at night. However, a gas leak at times when the kitchen is not attended, would go undetected until it reached an ignition source or a staff member smelled the gas, and shut it off.

- A fire detector was covered in the corridor in the centre. This cover was removed immediately by staff when when this was pointed out. It was explained to inspectors due to the proximity to the new build, that this detector cover had been put in place by contractors working on the new building, however, no lock out procedure was in place to ensure that contractors who needed to shut off services, such as the fire detector in this area, were putting the services back into operation on completion.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While some care planning documentation reviewed demonstrated comprehensive knowledge of residents' individualised needs and person-centred care, some actions were required evidenced by the following findings:

- a resident who had recently returned from hospital did not have their care plan updated to reflect the changes to their care requirements such as the insertion of a urinary catheter and the requirements for oxygen therapy.
- a resident requiring an care plan for end of life did not have this in place, to direct care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways an access to allied health and social care professionals. There was a very low incidence of pressure ulcer development in the centre and there were no residents being treated for pressure ulcers on the day of this inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The centre promoted a restraint free environment and there were no residents using bed rails on the day of this inspection. Residents needs in relation to relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs.

Judgment: Compliant

Regulation 8: Protection

The provider did not act as a pension agent for any residents on the day of this inspection. The inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse, including an up-to-date policy. All staff had attended training and staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse. Prior to commencing employment in the centre, all staff were subject to An Garda Siochana (police) vetting.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights were promoted and upheld in Mount Sackville Nursing Home and care was person centred. Residents were supported to maintain their links with family and friends and their local community. Residents had access to television, newspapers and other media. There were facilities for meaningful occupation and entertainment. It was evident that residents were encouraged to maintain their independence and to make choices about how to spend their day. Resident meetings were held and records reviewed showed good attendance from the residents and they were consulted about the quality of the service, the menu, and the quality of activities.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Sackville Nursing Home OSV-0000176

Inspection ID: MON-0043563

Date of inspection: 09/05/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A review of a sample of three personnel files found that references were not available for one staff member and a valid identification was not available for a second member of staff. These documents are required to be held for each member of staff as per regulatory requirements.</p> <p>References found in scanned documents (which are kept for 7 years) of previous employee after the inspection. Reference form was not filled in after contacting the previous employers for second staff member. The same corrected and filled in after the call.</p> <p>In the future the same will be done as per regulatory requirements.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> the clinical room on the second floor did not have a clinical hand wash sink installed to facilitate staff hand washing. Clinical hand wash sink will be placed by PBS(builders) by end of June, as well as fireproofed curtain to divide the rooms. Clinical and hairdresser. there was a limited amount of arm chairs available for residents use in the activities sitting room. Therefore, some residents remained sitting on dining chairs or in transit wheelchairs. Extra chairs will be purchased by the end of June. some bedroom walls and door frames required painting as paint was observed to be chipped and worn. Maintenance member will repair and repaint the walls 	

and doors, before the end of June.

- the service corridor at the rear of the laundry in the basement required some maintenance attention. For example; storage practices required review including the storage of chemicals in the cleaners store. Inspectors also noted that there was an odour in the service corridor which required investigation.

This area had some open drains which may have been the cause, as they required flushing.- Plumbers are investigating the possible cause of an odour.

Storage practices and storage of chemicals will be reviewed by house manager. If any work needed PBS will be informed.

Regulation 28: Fire precautions

Substantially Compliant

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

- An open deep-fat-fryer was in place in the kitchen in close proximity to the naked flame of a gas cooker. There was no fire suppression system in place, to reduce the risk in this area. The placement of heated oil in the frying appliance alongside the gas cooker could increase the risk of fire in the kitchen.

Fire suppression system ordered and it will be placed on 1st of July.

- A fire exit, which was through the new build had a locked fire door. The key for this door was available to all staff in the area, however, there was no key available to visitors, or residents who may need to access this escape route in an emergency. A key was put in place in close proximity to the door on the day of inspection by staff at the centre. Door lock removed after inspection by contractors.

- While fire drills were being conducted at the centre regularly, there was a lack of detail in the drill record to indicate that staff had trialled evacuation using the evacuation aids required by the residents. Some residents required the use of ski-sheet evacuation, which was not recorded in the fire drills conducted. The use of evacuation aids such as ski-sheets did form part of annual fire safety training, however, reliance on the annual training course to familiarise the staff in the use of evacuation aids, did not provide assurance that staff would be familiar with this form of evacuation in the event of a fire. All staff members do have fire training done on site, and are familiar how to use ski-sheet, as they are used in the fire drills. Unfortunately, it was not documented as such, but it was documented in which room and which resident participated in the drill which would show that ski-sheet were used and staff members are familiar how. In the future, fire drills will be documented more detailed on the reports.

- The containment measures in place to protect residents in the dining room from a fire in the kitchen required review. The door from the kitchen area did not close on release of the holder. There was a serving hatch in place with a set of double leaf doors. These doors did not have any automatic closers fitted to them, and there was damage to smoke seals. This meant that containment could not be assured in the event of a fire. Contractor PBS will review and repair the doors; fit the automatic closers, and repair the

smoke seals by the end of June.

- There was no system in place to automatically detect a gas leak in the kitchen. Kitchen staff explained procedure, which included the use of a "gas Page 16 of 24 slam-shut off" button, and that gas to the kitchen is turned off at night. However, a gas leak at times when the kitchen is not attended, would go undetected until it reached an ignition source or a staff member smelled the gas, and shut it off.

Automatic gas detection system will be placed by the end of June.

- A fire detector was covered in the corridor in the centre. This cover was removed immediately by staff when this was pointed out. It was explained to inspectors due to the proximity to the new build, that this detector cover had been put in place by contractors working on the new building, however, no lock out procedure was in place to ensure that contractors who needed to shut off services, such as the fire detector in this area, were putting the services back into operation on completion.

Cover removed immediately afterwards, nil other alarms were covered in the new extension or anywhere else. Blue cover was placed by contractors who were carrying out the work.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

- a resident who had recently returned from hospital did not have their care plan updated to reflect the changes to their care requirements such as the insertion of a urinary catheter and the requirements for oxygen therapy. Care plan updated after inspection. Nursing staff reminded of the importance of updating care plans to reflect resident`s current condition. Actioned on the day of the inspection and audited.

- a resident requiring an care plan for end of life did not have this in place, to direct care delivery.

Care plan updated after inspection. Nursing staff reminded of the importance of updating care plans to reflect resident`s current condition. Actioned on the day of the inspection and audited.

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 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.	Substantially Compliant	Yellow	30/06/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	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,	Substantially Compliant	Yellow	30/06/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/06/2024
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.	Substantially Compliant	Yellow	10/05/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/07/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Substantially Compliant	Yellow	10/05/2024

	concerned and where appropriate that resident's family.			
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