<table>
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<tr>
<th>Centre name:</th>
<th>Sancta Maria Nursing Home</th>
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<tr>
<td>Centre ID:</td>
<td>0449</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Gallows Hill</td>
</tr>
<tr>
<td></td>
<td>Cratloe</td>
</tr>
<tr>
<td></td>
<td>County Clare</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 357143</td>
</tr>
<tr>
<td>Fax number:</td>
<td>061 357757</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:oliviaenglish@gmail.com">oliviaenglish@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>☑ Private</td>
</tr>
<tr>
<td></td>
<td>☐ Voluntary</td>
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<td>☐ Public</td>
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<td>Registered provider:</td>
<td>Olivia English</td>
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<td>Person in charge:</td>
<td>Olivia English</td>
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<tr>
<td>Date of inspection:</td>
<td>14 September 2010</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td><strong>Start:</strong> 08:30 hrs</td>
</tr>
<tr>
<td></td>
<td><strong>Completion:</strong> 14:00 hrs</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector:</td>
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</tr>
<tr>
<td>Type of inspection:</td>
<td>☑ Follow up inspection</td>
</tr>
<tr>
<td></td>
<td>☑ Announced</td>
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<tr>
<td></td>
<td>☐ Unannounced</td>
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About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Additional inspections take place under the following circumstances:

- To follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- Following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Social Services Inspectorate that a provider has appointed a new person in charge
- Arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- To randomly “spot check” the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.
About the centre

Description of services and premises

Sancta Maria opened as a residential centre for older people in 1974. It is a split-level building converted from a residential house and a number of extensions and alterations have been made in recent years. The centre has 34 places for long and short-term residential and convalescence care. There were 29 residents living there at the time of inspection, two residents were in hospital, one resident was under 65 years and some residents had dementia.

The main entrance is on the upper floor at the rear of the building. The nurses’ office is off the main entrance corridor. The upper floor has a main day-room, a dining room, and conservatory/smoking room. There are 13 single bedrooms, two twin rooms, and one three-bedded room. Four of the single rooms share two en suite shower and toilet facilities. The three-bedded room and a single room share an en suite toilet which is accessible to both rooms. There are two additional assisted shower rooms and three separate toilets for residents’ use.

The lower level consists of one single bedroom, three twin bedrooms, a three-bedded room with en suite toilet and a four-bedded room. There are two assisted shower rooms and one bathroom on this level and a small seating alcove on the corridor. There are stairs and a lift between the upper and lower levels.

The paved patio area is at the rear of the building beside the conservatory and there is a well maintained garden to the front of the building.

The entrance is wheelchair accessible and there is ample car parking available in two separate parking areas for staff and visitors.

Location

Sancta Maria Nursing Home is located in Cratloe, County Clare in a rural area. It is located approximately 10 minutes drive from Limerick city off the main Limerick/Ennis road.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
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<tbody>
<tr>
<td>Number of residents on the date of inspection</td>
<td>29 + 2 in hospital</td>
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<tr>
<td>Number of vacancies on the date of inspection</td>
<td>3</td>
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<tr>
<td>Dependency level of current residents</td>
<td>Max</td>
</tr>
<tr>
<td>---------------------------------------</td>
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<tr>
<td>Number of residents</td>
<td>7</td>
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**Management structure**

The Provider and Person in Charge is Olivia English and she is referred to as the Person in Charge throughout the report. Mary English is the Deputy Person in Charge who reports to the Person in Charge. The Person in Charge and the Deputy Person in Charge are supported by a team of staff nurses, care assistants, catering and domestic staff, all reporting to the Person in Charge. Sharon Hickey is the Administrator and reports to the Person in Charge.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
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Sancta Maria Nursing Home was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate on 20 and 21 January 2010. The provider had applied for registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

The person in charge had applied for planning permission in order to make internal changes to the building to comply with the requirements of the Regulations and which would address all issues of fire compliance. Planning permission has since been granted. Building works commenced in August 2010. As the building works are not due to be completed until early 2011, the provider has agreed to withdraw the application for registration and reapply prior to completion of the works. A further inspection will take place and a letter from a competent person must be submitted to inspectors, confirming that there is substantial compliance with the requirements of the statutory fire authority.

The person in charge had demonstrated a commitment to developing and improving the service and the quality of life for residents. Inspectors brought some issues to her attention on the first day of the registration inspection and they were dealt with immediately.

Inspectors found the premises, fittings and equipment to be clean and well maintained. The communal areas were appropriately furnished and the décor was pleasant. The day-rooms and dining rooms were bright and offered residents views of the surrounding countryside and Shannon estuary.

Inspectors had some serious concerns regarding the staffing levels at night-time and the administration of medications. Significant improvements were required in assessments and care plans and ensuring the privacy and dignity of residents was respected.

Some improvements were also required in the signing off and implementation of policies, auditing of incidents/accidents and the statement of purpose.
Summary of findings from the follow up inspection

The inspector was satisfied that the person in charge had implemented the majority of the actions required following the inspection report of the 20 and 21 January 2010, within the agreed timeframes. The inspector was satisfied that the remaining actions and those relating to the structural requirements would be completed within the timeframe.

The key measures taken by the provider since the previous inspection were as follows:

- medication management processes had been reviewed and revised in accordance with the Regulations
- documentation of residents’ files had been revised and reflected the individual resident’s needs
- issues relating to privacy and dignity of residents had been addressed
- staffing levels at night time had been reviewed and additional staff had been recruited
- secure storage had been provided for cleaning chemicals
- control measures had been put in place to address identified risks in the day-room
- building works were in progress to address structural issues, such as inadequate size of some bedrooms, staff changing facilities, linen storage, storage of equipment and secure outdoor space
- storage of clean linen and clothing had been relocated from the laundry
- segregation and colour coding of soiled laundry was taking place
- the emergency plan had been revised
- policies had been reviewed, updated and implemented
- auditing of falls was taking place
- the complaints policy had been amended to include an independent appeals process
- the statement of purpose and function had been redrafted in line with the Regulations
- an activities assessment had been completed for residents
- choices had been provided to residents regarding bathing and showering
- plates were no longer being scraped in the dining room following lunch
- medications were no longer routinely being administered during lunch
- minutes of the residents’ group meetings were being recorded.

There is no action plan attached to this report as outstanding structural works are in progress and the person in charge advised that outstanding actions from the previous inspection would continue to be progressed until completed. A further inspection will take place on completion of the structural works.
Issues covered on inspection

1. Action required from previous inspection:

Submit written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with.

This action was in progress.

The person in charge told the inspector that these works included alterations to the building in order to comply with the requirements of the Fire Authority. She stated that on completion of the building works, a letter from a competent person would be submitted confirming that all the requirements of the statutory Fire Authority had been complied with.

The inspector observed the building works in progress. The person in charge told the inspector how she and the builders had regular meetings to ensure that disruption to residents was kept to a minimum. Building works commenced at 8.30 am and ended at 5.30 pm daily. She said that the builders were working from the outside as much as possible. The inspector spoke with numerous residents during the inspection regarding disturbance during the building process. All residents spoken to said that they were not disturbed by it and that when there was noise, it was for short periods only.

2. Action required from previous inspection:

Ensure that appropriate and suitable practices and written policies relating to the storage, prescribing and administration of medicines are in place. Ensure that staff are familiar with such policies and procedures.

This action was completed.

The inspector spoke with the nurse on duty who demonstrated her competence and knowledge when outlining procedures and practices on medication management. She told the inspector that she now completed the medication administration sheet by signing when medications were administered. She said that the new medication trolley assisted with this process, as she was now able to bring the administration and prescription sheets with her on the medication administration round. The updated medication policy was reviewed by the inspector and guidance on PRN (as required) medications was now included. The inspector viewed a number of medication prescription/administration charts and noted that all medications had been prescribed and reviewed in accordance with best practice.
3. **Action required from previous inspection:**

Ensure that each individual’s needs are set out in an individual care plan developed and agreed with each resident, make the care plan available to the resident and keep the care plan under formal review as required by the resident’s changing needs or circumstances and no less than at three-monthly intervals.

This action was completed.

The inspector reviewed the files of a number of residents. The care plans were found to be comprehensive and written in a person-centered manner. The care plans had been reviewed and evaluated regularly and at a minimum of three monthly intervals. A nutritional assessment was completed for all residents and weights were recorded monthly. A daily dietary intake sheet was completed for residents assessed as nutritionally at risk, and a fluid balance chart was maintained for residents with indwelling catheters. Guidance was provided to staff on the varying types of pressure relieving mattresses and this was reflected in the care plans of residents requiring them.

4. **Action required from previous inspection:**

Ensure that residents’ dignity and privacy is respected at all times and ensure that privacy is provided to the extent that the resident is able to undertake personal activities in private.

The issues relating to this action had been fully addressed.

The person in charge told the inspector that she had reminded all staff of the importance of safeguarding residents’ privacy and dignity. The inspector noted the opaque glass which had replaced the previously clear glass on the door panels. A portable screen was provided in one bedroom where the screening curtain did not fully enclose the bed and the person in charge had disconnected the closed circuit television (CCTV) camera from the four-bedded room. She stated that the portable screen was a temporary measure as that particular bedroom was being converted for alternative use. She also confirmed that the small toilet with the sliding door was being replaced with a larger bathroom. During the inspection, the inspector observed that residents’ dignity and privacy were respected.

5. **Action required from previous inspection:**

Ensure that at all times the numbers of staff and skill-mix of staff are appropriate to the assessed needs of residents and the size and layout of the centre.
This action was in the process of being addressed.

The person in charge advised the inspector that she had recruited additional staff recently, that induction training and orientation were completed and that she had submitted Garda Síochána vetting application forms for processing. The inspector reviewed the files of recently recruited staff which confirmed that induction training was provided. Records indicated that staff had been recruited in line with the requirements of the Regulations. The person in charge showed the inspector the planned rota for the remainder of September 2010 which indicated that from the week commencing 20 September an additional staff member was rostered on-duty at night time.

6. Action required from previous inspection:

Provide suitable storage facilities.

This action was in the process of being completed.

Building works were in progress and additional space for storage of equipment was included in the plans. Secure storage was now provided for cleaning chemicals in the laundry and sluice rooms were locked.

7. Action required from previous inspection:

Ensure that all risks are identified and measures put in place to control those risks.

This action was addressed.

The inspector observed that electric cables were no longer a risk on the floor of the dayroom. Additional wall sockets had been provided and electric extension leads were no longer being used.

8. Action required from previous inspection:

Ensure that the size and layout of rooms occupied by residents are suitable for their needs.

This action was in the process of being addressed.

The person in charge told the inspector that bedrooms of inadequate size were being extended as part of the ongoing building works.
9. **Action required from previous inspection:**

Provide suitable facilities for the purpose of staff changing.

This action was in the process of being addressed.

The person in charge told the inspector that staff changing facilities were being provided as part of the ongoing building works.

10. **Action required from previous inspection:**

Ensure that there are written operational procedures relating to the health and safety of residents, staff and visitors.

This action, relating to infection control issues in the laundry, was addressed.

The staff on-duty told the inspector that clean linen and clothing were no longer stored in the laundry and were now stored in a separate room. They also stated that disposable facial wipes were now used instead of face cloths. The inspector noted that colour coded bins were provided to segregate soiled and infected laundry. When questioned, staff were knowledgeable on best practice operational procedures.

11. **Action required from previous inspection:**

Ensure that there is an emergency plan for responding to emergencies.

This action was completed.

The inspector reviewed the emergency plan and found it to be comprehensive. It was clear and outlined to staff their roles and the procedures to be followed in the event of emergencies including evacuation of the centre.

12. **Action required from previous inspection:**

Provide all written and operational policies as listed in schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Ensure all staff are aware of the policies once implemented.

This action was partially completed.
A set of policies as listed in Schedule 5 of the Regulations were developed. The inspector reviewed some of the policies and found them to be comprehensive and reflective of practices. A process was in place for staff to sign when they had read and agreed the policies. Staff spoken to were knowledgeable on their content but the inspector noted that some staff had not yet signed off as having read and understood them.

**13. Action required from previous inspection:**

Put in place arrangements for the identification, investigation and learning for serious or untoward incidents or adverse events involving residents.

This action was completed.

The inspector reviewed comprehensive details of all accidents and incidents that occurred in 2010. All accidents and incidents had been notified to the Chief Inspector. A falls audit and the outcomes had been documented at the end of each three month period. The last audit was completed at the end of July 2010, there had been four falls in the last quarter.

**14. Action required from previous inspection:**

Ensure that the complaints policy contains an independent appeals process.

This action had been addressed.

The inspector reviewed the complaints policy and procedure which included an independent appeals process.

**15. Action required from previous inspection:**

Redraft the statement of purpose and Residents’ Guide to comply with the requirements of Regulations 5 and 21 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action had been addressed.

The statement of purpose had been redrafted in accordance with the requirements of the Regulations.
16. Action required from previous inspection:

Assess each resident's needs, ability and preferences to engage in meaningful social interaction and provide opportunities to participate in activities appropriate to the resident's interests and capabilities.

This action was partially addressed.

The person in charge told the inspector that an activities assessment was completed for most residents. The inspector reviewed a number of files and noted that the assessment form had been completed for some but not all residents. Staff and residents confirmed that a varied programme of activities took place, including bingo, twice weekly physiotherapy exercises, sonas programme and mass. The inspector observed hand massages taking place during the inspection. Residents told the inspector that they liked reading the papers and many residents said they loved sitting outside and that they were facilitated to do this.

17. Action required from previous inspection:

Ensure that residents are provided with freedom to exercise choice.

This action had been acted upon.

The person in charge told the inspector that residents had a choice of bath or shower each day and residents confirmed this to be the case. The inspector reviewed the daily report which was completed for each resident and included details of all daily care delivered including shower, bath, or wash and noted if refused.

18. Action required from previous inspection:

Ensure that the person in charge holds regular meetings with all staff to ensure adequate education, training and staff development.

This action was partially addressed.

The inspector reviewed the minutes of staff meetings, including the minutes of the last meeting held with care assistants in July 2010. There were no minutes of a recent meeting with nursing staff. Staff told the inspector that all nursing staff communicated on a daily basis and because staff numbers were small, information was easily shared. The person in charge said that she intended to document the meetings in future.
19. **Action required from previous inspection:**

Provide external grounds which are suitable and safe for use by residents.

This action was in the process of being addressed.

The person in charge told the inspector that a secure enclosed garden area was being provided as part of the ongoing building works.

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**Report compiled by:**

Mary Costelloe

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

16 September 2010

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**Chronology of previous HIQA inspections**

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Any comments the provider may wish to make:

Provider’s response:

I wish to thank Ms. Costelloe for her comments and we look forward to the completion of our building works in 2011 in order to meet with Regulations.

Provider’s name: Olivia English
Date: 13 October 2010