

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St Martha's Nursing Home
<b>Centre ID:</b>	OSV-0000291
<b>Centre address:</b>	Love Lane, Clybee, Charleville, Cork.
<b>Telephone number:</b>	063 30 750
<b>Email address:</b>	adminstmarthas@ehg.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Elder Nursing Homes (Charleville) Limited
<b>Provider Nominee:</b>	Pat Shanahan
<b>Lead inspector:</b>	Breeda Desmond
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	29
<b>Number of vacancies on the date of inspection:</b>	7

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
18 November 2014 10:00	18 November 2014 19:30
19 November 2014 09:30	19 November 2014 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of an announced registration renewal inspection and it was the seventh inspection undertaken by the Authority. The provider applied to renew the registration of St Martha’s Nursing Home which will expire on 9 April 2015. The inspector met with the provider nominee, operations manager, recently appointed person in charge, deputy person in charge, residents, relatives, and staff members. The inspector observed practices and reviewed governance, clinical and operational documentation to inform this re-registration application.

The provider nominee, operations manager, person in charge and deputy person in charge displayed adequate knowledge of the standards and regulatory requirements

and were found to be committed to providing quality person-centred evidence-based care for the residents. There were clear lines of authority, accountability and responsibility for the running of the centre.

There was an on-going staff education programme in place and mandatory staff training requirements were up to date including elder abuse prevention and protection to safeguard residents in their care, fire safety and evacuation and manual handling. There was adequate staff and skill mix demonstrated to ensure safe care.

Care plan records required further attention as records were in the process of being transferred from written to computer records. This will be discussed further under Outcome 11, Health and Social care.

The physical environment was suitable for its stated purpose and was comfortable, homely and bright with many of the bedrooms and thoroughfares were newly decorated. However, the treatment room and kitchen required review and these will be discussed under Outcome 12 Suitable and Safe Premises.

A number of completed questionnaires (12 residents and 4 relatives) were received and the inspector spoke with many residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Residents' views were sought informally on a daily basis and formally every three months as part of the residents' committee.

In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre. The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection.

These improvements included:

- 1) care planning records
- 2) policies
- 3) health and safety policy
- 4) kitchen and treatment room
- 5) staff files.

The action plan at the end of this report sets out the actions necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland (2009).

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The Statement of Purpose (SOP) was reviewed annually and updated in November 2014. It described a service which aimed at providing individualised care for all residents. Services and facilities were described accurately. All items listed in Schedule 1 of the Regulations were detailed including the conditions of registration.

**Judgment:**

Compliant

**Outcome 02: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge took up the post in June 2014. She reviewed the quality assurance programme and further developed it to enable better evaluation and learning. Clinical audits were completed three-monthly and included restraint, hygiene, pressure sore and wounds, accident and incidents, falls and catheter care and actions were identified to remedy shortfalls identified. Actions included increasing staff levels during twilight hours as she identified that there was a higher incidence of falls during this time.

Environmental audits included all aspects of the physical environment with each room

and each en suite and bathroom assessed individually, and water temperature checks; actions to be taken to remedy issues identified were documented; time-lines were included for completion of the actions; the reports also included the status of the action, for example, if the action was in progress, overdue or completed.

Residents were consulted on a daily basis and their input into the daily running of the centre was encouraged and this was evidenced during inspection. The activities co-ordinator offered a choice of group activities as well as one-to-one sessions. Some families and residents had completed 'A Key to Me' to inform the activities programme. The activities co-ordinator completed a daily activities record detailing the residents' involvement in the activity. Residents spoken with gave positive feedback regarding communication and involvement with their care and welfare and the ease of access to all staff to discuss matters. A residents' committee was held every three months and minutes from these meetings were evidenced. Actions were taken following these meetings, for example, menu choices were changed, activities at weekends were changed and more outings were organised. Several residents requested that they go to a shopping centre in Limerick for Christmas shopping and this was organised for early December.

**Judgment:**  
Compliant

***Outcome 03: Information for residents***

*A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Contracts of care were securely maintained in the office of the person in charge. The contracts detailed fees to be charged as well as additional fees. Samples of contracts of care for residents were examined and were signed and dated by either the resident or their next of kin in line with best practice. New contracts were issued to residents when there was a change of fees and/or change of conditions or services provided.

**Judgment:**  
Compliant

<p><b>Outcome 04: Suitable Person in Charge</b>  <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p><b>Theme:</b>  Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b>  No actions were required from the previous inspection.</p> <p><b>Findings:</b>  The post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. She demonstrated excellent knowledge and understanding of the Regulations and National Standards as well as clinical knowledge to ensure suitable and safe care. She was committed to her own professional development with many post graduate courses completed. Clear management and accountability structures were in place. The person in charge was engaged in the governance, operational management and administration associated with her role and responsibilities. The person in charge along with the operations manager, deputy person in charge and support staff demonstrated a clear commitment to delivering quality care to residents.</p>
<p><b>Judgment:</b>  Compliant</p>

<p><b>Outcome 05: Documentation to be kept at a designated centre</b>  <i>The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.</i></p>
<p><b>Theme:</b>  Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b>  No actions were required from the previous inspection.</p> <p><b>Findings:</b>  The inspector was satisfied that the records required in Regulation 19 (directory of residents), Schedule 4 (general records), Regulation 21 (provision of information to residents) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres</p>

for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, some of the policies listed in Schedule 5 were not comprehensive and these will be discussed under the relevant outcomes throughout the report. A sample of staff files was inspected and all the items required in Schedule 2 were not in place in one file reviewed. Computer files of resident records relating to Schedule 3 were not comprehensive and this will be discussed under Outcome 11, Health and Social Care Needs. Nonetheless, records were seen to be maintained securely and stored in line with best practice and legislative requirements.

**Judgment:**

Non Compliant - Minor

***Outcome 06: Absence of the Person in charge***

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider nominee, operations manager and person in charge was aware of their responsibilities relating to Regulation 20, 21, 30, and 31 regarding notification to the Authority should the occasion arise. Appropriate deputising arrangements were in place to ensure care and welfare of residents, whereby the deputy person in charge assumed responsibility. The deputy person in charge demonstrated a good awareness of her regulatory responsibilities as well as clinical and risk management knowledge with associated quality assurance. She had the experience and qualifications necessary to care for dependant adults. She had completed her Diploma in Health Services Management in 2013 as well as other clinical courses.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were policies and procedures in place for the prevention, detection and response to abuse which included timelines for actions/investigations; responsibility for actions was assigned and notification to the Authority was incorporated as part of the 'flow chart' of actions to be followed. Staff with whom the inspector spoke knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. The provider had organised a national study day for all persons in charge and deputy persons in charge to ensure there was consensus across the organisation regarding identification, reporting and response to adult abuse. Residents and staff confirmed there were no barriers to discussing any concerns they might have with the person in charge and their queries or concerns would be followed up in a timely manner.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was an up-to-date health and safety statement. The health and safety policy was evidenced and this was discussed with the person in charge who outlined that this was in the process of being reviewed to ensure that it was centre-specific and comprehensive.

Accidents and incidents were recorded and a cause analysis was carried out for each occurrence. A care plan was then put in place to prevent a recurrence.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place throughout; notices regarding appropriate hand hygiene technique were in place. Staff were observed completing suitable hand hygiene practice throughout the inspection. A contract was in place for the disposal of clinical waste.

The kitchen was inspected. Advisory signage indicating designated areas for preparation of different foods was in place to ensure safe food preparation practices and mitigate risk of cross contamination. Placement of food in fridges was compliant with food safety and food items were labelled and dated appropriately. Several notices regarding food

and dietary requirements were inappropriately displayed on the walls of the kitchen and many of the signs required replacement; before the end of the inspection these were replaced with fresh clean paper and placed in a folder to enable appropriate cleaning of the physical environment of the kitchen. However, the layout of the kitchen was not conducive to enable adequate cleaning, for example, the dishwasher partially obstructed access to the hand wash sink; the area behind the dishwasher was almost inaccessible for cleaning purposes; in the vegetable preparation room the protective surface of the shelving was detached making effective cleaning difficult; there was a sheet of plywood covering the pipes of the sink and this was not fit for purpose. Overall, the layout of the kitchen required review to ensure safe and suitable practices.

There was a procedure for the safe evacuation of residents and staff in the event of fire and this was prominently displayed throughout the centre. Arrangements were in place for alternative accommodation should the premises need to be evacuated. Suitable fire equipment was provided. Arrangements were in place for reviewing fire precautions such as regular servicing of the alarm panel and fire equipment, testing of fire equipment and ensuring exits were unobstructed. Staff received training in fire safety and a record was maintained of such training.

Measures were in place to prevent accidents. For example, hand rails were on corridors, grab rails were in toilets, the floor covering was safe and access and egress from the centre was monitored.

Staff were trained in moving and handling of residents. Records were maintained of this and practices observed were satisfactory. Suitable equipment was available to assist with moving and handling, including hoists.

**Judgment:**

Non Compliant - Minor

***Outcome 09: Medication Management***

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines, however, this policy was not centre-specific and did not detail the practices described to the inspector relating to transcription and ordering of medications [action from this non-compliance is under Outcome 5]. Nursing staff with whom the inspector spoke demonstrated best practice regarding administration of

medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely maintained within the locked treatment room. A nurses' signature sheet was in place as described in professional guidelines.

Medication management audits were completed regularly and these were evidenced during inspection. Multidisciplinary medication reviews were completed three-monthly and this was evidenced on residents' prescriptions. Staff had completed the online medication management course as part of their continuing professional development.

**Judgment:**

Non Compliant - Minor

**Outcome 10: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Notifications received by the Authority were reviewed upon submission and prior to this inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely and comprehensive. A record was maintained of incidents occurring in the centre and these correlated with residents' care plans. The provider nominee, operations manager and person in charge were aware of their regulatory obligations relating to notifications to the Authority.

**Judgment:**

Compliant

**Outcome 11: Health and Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Written records of care plans were available and staff were in the process of transferring this information over to computer files. While the written records contained person-centred details some of this information was not contained in the computer files. One computer record reviewed did not have a care plan for a medical condition or treatment which could potentially have a significant impact on the resident. The inspector acknowledged the work undertaken to transfer all the information from one format to another, however, further attention was required to ensure that the computer records were comprehensive.

Residents had timely access to GP services and allied health services including physiotherapy, dietician, speech and language therapy, optician, dental and chiropody services. Residents' weights and other observations were completed on a monthly basis and more frequent if their clinical condition warranted and there was evidence of this. Consent was obtained from residents or in the case of those with cognitive impairment, discussion with their next of kin. Resident and relatives feedback forms indicated that care planning was discussed with them.

Residents had opportunities to participate in meaningful activities appropriate to their interests, needs and capacity. As part of residents' documentation their past and present interests and hobbies were recorded and these informed activities and recreation. Several residents stated they enjoyed baking, knitting, bingo, word search puzzles, singing and music. The inspector joined residents on both days of inspection during their activities programme. There was lively discussion and interaction between residents and staff during baking. Other activities available to residents included exercises and visits to local places of interest. Photographs were available as a record and a memory of such trips. Parties also took place to celebrate birthdays, anniversaries or other significant events in the lives of residents and their families. A remembrance mass was held each November to pray for all residents and relatives who died in the previous year. On week days mass was transmitted from the local church and residents stated they appreciated this.

There was an enclosed area to enhance outdoor activities with seating areas and raised flower beds. This could be viewed from the dining room and easily accessed from the main corridor. There was a seating area along this glass-lined corridor where residents sat; one resident stated that she 'loved looking at the birds, reading or 'watching the world go by'.

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. Appropriate risks assessments with associated documentation were evidenced relating to restraint as well as consent in line with best practice.

**Judgment:**

Non Compliant - Minor

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**Outcome 12: Safe and Suitable Premises**  
*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**  
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' independence and wellbeing. There were hand-rails in circulation areas and assisted bathrooms. There was a functioning call bell system in place and there was suitable storage for residents' belongings. There was appropriate lighting, heating and signage. Adequate space was available for privacy. Previously it was identified that the layout, décor and storage in twin bedrooms required attention. This was now remedied whereby twin rooms were completely refurbished with a new layout, new wardrobes and bedside lockers, painted, decorated, new curtains, light fittings and vanity units. Two residents occupying these rooms asked the inspector to view their 'new' rooms and stated how happy they were. Residents also commented on the pleasant décor of the dining room and the views of the outdoors.

Other newly decorated areas included the main entrance, corridors, day room, and conservatory. The external walls of the nursing home and the avenue wall leading into the centre were newly painted.

In general, the centre appeared clean and well maintained. However, there were two rooms which required attention:

- 1) the room alongside the treatment room with a hand-wash sink and storage area for oxygen required refurbishment
- 2) the room leading from the treatment side room was a storage room and this required refurbishment.

**Judgment:**  
Non Compliant - Minor

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**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Written operational policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place and residents were aware of it. Residents expressed confidence in the complaints process and stated they had no difficulty in speaking with staff and felt their concerns or queries would be dealt with. The complaints log was examined and the nature and detail contained in the record complied with the requirements of regulations. There was evidence that all complaints were valued and followed up upon. The person in charge was the person nominated to deal with complaints and she maintained details of the complaint, the results of any investigations and the actions taken. An independent person was available if the complainant wished to appeal the outcome of the complaint.

**Judgment:**

Compliant

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Care practices ensured residents received end of life care in a way that met their individual needs and respected their individual religious and cultural practices. Family and friends were enabled to be with residents during the active stage of end of life. The provider outlined that the premises was under review to facilitate relatives to stay overnight with their family at end-of-life stage. Residents had the option of a single room and access to specialist palliative care services. Staff had received training in end of life care and appropriate symbols were in place to remind staff in a sensitive way that a resident was receiving such care. Divergent spiritual needs were facilitated and Mass

was held in the centre weekly.

Care plans demonstrated that end-of-life care wishes were not always documented to ensure care would be delivered in accordance with residents' desires and requests. The person in charge discussed this with the inspector and outlined that staff had completed further training on End-of-Life care and had introduced documentation to support recording of residents' wishes.

There was a policy in place for end-of-life care, however this policy was not comprehensive [action from this non-compliance is under Outcome 5]. The inspector outlined that the policy did not include many of the items described by staff which demonstrated person-centred holistic care. This was discussed with the person in charge who outlined that this policy along with other policies were under review to ensure they reflected the person-centred approach to care that was given.

**Judgment:**

Non Compliant - Minor

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a policy in place for risk assessment, monitoring and documentation of nutritional status. A spread sheet with each resident's dietary requirements was available for kitchen staff; this included consistency, specialist diet, portion size and resident's choice of time for meals. The chef discussed dietary requirements with the inspector and demonstrated adequate knowledge regarding specialist diets and consistency for residents. The inspector observed that all meals including special consistency meals; were well presented and visually appealing. Staff had completed training in modified consistency food preparation. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted. Residents had access to fresh water and other fluids throughout the day and feedback from residents spoken with concurred that meals and meal time was a positive experience. Choice of fluids, meals, snacks was provided. Residents had their breakfast in their bedrooms. The inspector joined residents at lunch and tea time in the dining room and this appeared to be a pleasant and relaxed experience. Residents made barn bracks on the first day of inspection as part of their activities and this was served with morning coffee on the second day of inspection. Residents were assisted in an appropriate manner, respectful of residents' dignity. Menu with choice was displayed in large print in the dining room.

Mid-morning and mid-afternoon refreshment composed a variety of fluids and snacks.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The person in charge met with residents on a daily basis and sought feedback. Residents were enabled to make choices about how they lived their lives in a way that reflected their individual preferences and needs.

Residents were enabled to make informed decisions about the management of their care through consultation about their care plans and there was documentary evidence of this.

The open visiting policy was observed throughout the inspection and residents commented on how welcoming staff were to their relatives and friends. The inspector observed the residents' privacy and dignity being respected and promoted by staff in the provision of personal care.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions***

*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

A policy on residents' personal property and possessions was in place as outlined in the Regulations. A record was maintained of residents' possessions and updated regularly.

Residents could retain control over their own possessions through the provision of adequate space for personal possessions. Residents' bedrooms were comfortable and many were personalised with residents' own cushions, ornaments, furniture, pictures and photos.

Residents expressed satisfaction with laundry management. There was a system in place to safeguard residents' finances and valuables which was in accordance with best practice. Valuables were securely maintained in a safe within a locked room.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a safe and robust recruitment process. Most of the staff files contained all the requirements listed in Schedule 2, however, one staff file did not have the appropriate professional references or vetting in place [actions from this non-compliance are under Outcome 5]. Staff appraisals were conducted on a regular basis by the person in charge. A staff rota was maintained and showed that a nurse was on duty at all times. The numbers and skill-mix of staff was adequate to meet the assessed needs of residents.

Current registration with regulatory professional bodies was in place for all nurses. The staff training matrix examined demonstrated that mandatory training was up-to-date. Other staff training completed in the previous 12 months comprised end of life care, manual handling, dysphagia (swallowing difficulties), medication management, first aid, infection prevention and control and hand hygiene, adult protection, dementia, venepuncture (taking blood tests), wound care and fire safety.

**Judgment:**

Non Compliant - Minor

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Breeda Desmond  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Martha's Nursing Home
<b>Centre ID:</b>	OSV-0000291
<b>Date of inspection:</b>	18/11/2014
<b>Date of response:</b>	22/12/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines, however, this policy was not centre-specific and did not detail the practices described to the inspector relating to transcription and ordering of medications.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**

The Medication management policy has been personalised to the nursing home, and updated to reflect current practice in relation to transcribing and ordering of medications.

**Proposed Timescale:** 22/12/2014

**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was a policy in place for end-of-life care, however this policy was not comprehensive.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**

The End of Life Policy has been updated to include practical aspects of End of Life practice, which were lacking in the policy.

**Proposed Timescale:** 22/12/2014

**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Most of the staff files contained all the requirements listed in Schedule 2, however, one staff file did not have the appropriate professional references or vetting in place.

**Action Required:**

Under Regulation 21(1) you are required to: 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.

**Please state the actions you have taken or are planning to take:**

The file in question is in the process of being made complete. The staff member remains on maternity leave at present. The file will be complete prior to her return to work.

**Proposed Timescale:** 10/02/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not comprehensively identify the hazards and risk assessments needed throughout the centre.

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

The Risk Management policy has been updated to include reference to the nursing home Risk Register. The Risk Register has been completed, and will continue to be updated and reviewed.

**Proposed Timescale:** 22/12/2014

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Care plans demonstrated that end-of-life care wishes were not always documented to ensure care would be delivered in accordance with residents' desires and requests.

**Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**

All care plans have been reviewed, and now reflect each resident's desires and requests in relation to End of Life care.

**Proposed Timescale:** 22/12/2014

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

While the written records contained person-centred details some of this information was not contained in the new computer files. One computer record reviewed did not have a care plan for a medical condition or treatment which could potentially have a significant impact on the resident.

**Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**

Resident files continue to be transferred to the new computer files. Paper files are being reviewed to ensure factual accuracy and completeness of computer files. Care plans are being reviewed as part of this process to ensure triangulation of all information.

**Proposed Timescale:** 28/02/2015

### Outcome 12: Safe and Suitable Premises

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There were two rooms which required attention:

- 1) the room alongside the treatment room with a hand-wash sink and storage area for oxygen required refurbishment
- 2) the room leading from the treatment side room was a storage room and this required refurbishment.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**

The refurbishment and layout of the treatment room and adjoining rooms is included in the nursing homes' development plan for 2015

**Proposed Timescale:** 30/11/2015

**Theme:**

Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The layout of the kitchen was not conducive to enable adequate cleaning, for example, the dishwasher partially obstructed access to the hand wash sink; the area behind the dishwasher was almost inaccessible for cleaning purposes; in the vegetable preparation room the protective surface of the shelving was detached making effective cleaning difficult; there was a sheet of plywood covering the pipes of the sink and this was not fit for purpose. Overall, the layout of the kitchen required review to ensure safe and suitable practices.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**

The refurbishment and layout of the kitchen is included in the nursing homes' development plan for 2015.

**Proposed Timescale:** 30/11/2015