Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Centre name:	St. Theresa's Nursing Home
Centre ID:	0434
Centre address:	Dublin Road Thurles Co. Tipperary
Telephone number:	0504 22246
Fax number:	0504 20980
Email address:	st.theresasnursinghome@gmail.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered providers:	Ann Fitzpatrick
Person in charge:	Ann Fitzpatrick
Date of inspection:	5 July 2011
Time inspection took place:	**Start:** 09:40 hrs **Completion:** 13:30 hrs
Lead inspector:	Sheila Doyle
Support inspector:	N/A
Type of inspection:	☐ Announced ☒ Unannounced
Purpose of this inspection visit:	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Follow-up inspection

About the 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 matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, 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 wellbeing 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

St. Theresa's Nursing Home is a two-storey building and has capacity for 35 residents. There were 28 residents living there at the time of inspection and another resident was in hospital. It provides long-term, convalescence, palliative and dementia care to persons over 65 years of age and has been in operation since 1980.

There are thirteen single and four twin bedrooms on the ground floor, none of which have en suite facilities. There are four single and five twin bedrooms on the first floor, two have en suite facilities. The first floor is accessed by a stairs and stair lift. There is one assisted toilet upstairs and three assisted toilets at ground floor level. There are four assisted shower rooms in total.

There is a bright, well organised dining room and two domestic size sitting rooms that are appropriately furnished. The hallway is decorated with pictures and lamps and there is a visitors' room off of this. There is a fire alarm system and a nurse call-bell system in place. All areas throughout are wheelchair accessible. There is an enclosed garden with paving and patio area to the rear of the centre and parking at the front.

Location

St. Theresa's Nursing Home is situated on the Dublin road in Thurles in County Tipperary and is within walking distance of the town.

Date centre was first established:	1980
Number of residents on the date of inspection:	28 + 1 in hospital
Number of vacancies on the date of inspection:	6

Dependency level of current residents	Max	High	Medium	Low
Number of residents	5	14	5	4

Management structure

Ann Fitzpatrick is the Provider and is also the Person in Charge and is referred to as such throughout this report. The nurses report to her and are responsible for the supervision of a team of 21 care attendants. Household, kitchen and catering and laundry staff report to the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	0 (out ill)	2	6	2	2	0	1*

* Activity coordinator on duty at 12.30 pm

Background

St. Theresa's Nursing Home was first inspected on 23 and 24 September 2009 and a follow-up inspection and Registration inspection were carried out in December 2009.

At that time the centre was found to be well managed and organised. Inspectors were satisfied that the nursing, healthcare and social needs of residents were met to a high standard. The person in charge offered a high standard of person-centred care in a warm and comfortable environment. All of the required policies and procedures were in place and up-to-date.

A variety of daily leisure pursuits were available, including a structured programme of events and religious services. The involvement of relatives was actively encouraged and facilitated by an open visiting policy.

These reports are available to residents, relatives, providers of services and members of the public, and are published on our website www.hiqa.ie.

Summary of findings from this inspection

This was an unannounced follow up inspection and the centre's third inspection.

The inspector found that both of the actions identified at previous inspections had been completed.

Care planning documentation had improved as had the presentation of modified consistency meals.

Other issues were identified during this inspection and this included medication management. The inspector also noted that some of the bedrooms were too small for the needs of the residents and the screening in the shared rooms was insufficient to maintain the privacy of residents.

These are addressed in the Action Plan at the end of this report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Each resident's assessed needs should be set out in the resident's care plan, ensuring that the plan meets clinical guidelines produced by professional bodies concerned with the care of older people.

This action was complete.

Improvements included the addition of new documentation. The inspector read a sample of care plans and noted that they were person-centred. Residents' wishes and preferences were recorded. The inspector read the care plan of a resident with a wound and noted that appropriate assessments and interventions were in place. A pressure relieving mattress was in use and staff spoken with were knowledgeable about the correct settings. The person in charge was currently undertaking an audit of the care plans to identify any further improvements required.

2. Action required from previous inspection:

Present modified meals are in a manner which is attractive and appealing in terms of texture flavour and appearance, in order to maintain appetite and nutrition.

This action was complete.

The inspector spoke with catering staff who outlined that each food type was separately prepared for the modified consistency meals. The inspector saw that this was so for the meals presented at lunch time.

Other issues identified at inspection:

Medication Management
The inspector was concerned that some aspects of medication management could impact of the safety and well being of residents:

- routine daily medications were recorded as administered at 6.00 am yet staff said that residents take them anytime from then until 10.00 am
- the space for recording administration was too small and the record spanned across two time slots
- medication was not individually prescribed as requiring crushing.

These issues were discussed with the nurse in charge and also on the telephone with the person in charge.

Premises
There were some aspects of the premises that could pose a safety risk to the residents and did not meet the requirements of the Regulations and Standards.

The size and layout of some of the bedrooms was inadequate to meet the needs of each resident and did not meet the requirements of the Regulations or Standards. For example, in one twin room, one resident required a specialised chair whilst sitting out. She tended to remain in her room for long periods during the day. However, the small size of the room meant that neither staff nor resident could access the wardrobe without moving furniture.

A stair lift had been provided in the centre. However, this went as far as a bend in the stairs and then there were two steps without a lift. The inspector saw a resident requiring considerable assistance to manoeuvre down these two steps. In addition, once on the first floor, bedroom access to the left was up another two steps. This was discussed on the telephone with the person in charge who said that it is policy that only independent residents are offered bedroom accommodation on this floor.

Privacy and Dignity
The inspector was concerned that screening in the twin occupancy rooms was insufficient to ensure the privacy of residents. The inspector checked the screening and noted that it was insufficient to enable the resident in the first bed to undertake personal activities in private.

Report compiled by:

Sheila Doyle

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

7 July 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	**Type of inspection:**
23 and 24 September 2009	☐ Registration ☒ Scheduled ☐ Follow-up inspection ☐ Announced ☒ Unannounced
9 December 2009	☐ Registration ☐ Scheduled ☒ Follow-up inspection ☒ Announced ☐ Unannounced
9 and 10 December 2009	☒ Registration ☐ Scheduled ☐ Follow-up inspection ☒ Announced ☐ Unannounced

Health Information and Quality Authority
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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre:	St. Theresa's Nursing Home
Centre ID:	0434
Date of inspection:	5 July 2011
Date of response:	21 July 2011

Requirements

These requirements set out what the registered provider must do to meet 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The inspector was concerned that some aspects of medication management could impact on the safety and well being of residents. For example:

- routine daily medications were recorded as administered at 6.00 am yet staff said that residents take them anytime from then until 10.00 am
- the space for recording administration was too small and the record spanned across two time slots
- medication was not individually prescribed as requiring crushing.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: To date, the nurses here had performed two medication rounds in the morning. One was for those residents who were awake before 8.00 am, and wished to take their morning medications. The other was for those who awoke after 8.00 am or later. The nurses knew who took their medications before and after 8.00 am by looking at the medication sheet. The medication sheets will now be revised and the new one will address both issues. Medication which required crushing had been ordered by the GP in his/her medical notes, for clarity this will now be transferred to the medication sheet. Issues addressed and the new medication sheets should be available in two/three weeks.	Two/three weeks

2. The provider has failed to comply with a regulatory requirement in the following respect:

There were several aspects of the premises that could pose a safety risk to the residents and did not meet the requirements of the Regulations and Standards.

The size and layout of some of the bedrooms was inadequate to meet the needs of each resident and did not meet the requirements of the Regulations or Standards. For example, in one twin room, one resident required a specialised chair whilst sitting out. She tended to remain in her room for long periods during the day. However, the small size of the room meant that neither staff nor resident could access the wardrobe without moving furniture.

A stair lift had been provided in the centre. However, this went as far as a bend in the stairs and then there were two steps without a lift. The inspector saw a resident requiring considerable assistance to manoeuvre down these two steps. In addition, once on the first floor, bedroom access to the left was up another two steps.

Action required:

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

Action required: Provide a lift where residents are maintained on two or more floors	
Reference: Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: There is a resident who has a need for a specialist chair. It is her expressed wish to remain in her room at all times. She uses this chair for approximately three hours in the morning. There are many days in the week that she doesn't use the chair, as is her wish. When she does use it, it is placed in her room beside the wardrobes. It does impede the fact that the wardrobe can't be opened freely without pushing the chair out of the way. However, both her and the other resident who use this room do not have the physical ability to either walk to the wardrobe or open it. The staff would be able to push the chair out of the way should they need to access the wardrobe. Both residents have already expressed that they are happy in this room. Once another room is available I will ask either resident would she wish to change rooms. In the interim I have highlighted the inspectors finding to the staff and they are conscious to be organised to a point of not having to use the wardrobes when the chair is beside it.	Ongoing
I have consulted with a company who will look at the placement of a stair lift for the two steps on the return of the stairs. For the further two steps on the first floor, I have a policy in which these rooms are offered to residents who can use the two steps. I have addressed this issue and would expect the engineer to complete the stair lift for two steps in two months.	2 months
The nursing home predates the introduction of the Regulations and Standards. I will consult with an architect and engineer to review the plan of the building with the aim to meet the Regulations and Standards. I expect to have these plans together with a financial plan in place in nine months.	9 months

3. The provider has failed to comply with a regulatory requirement in the following respect: There was insufficient screening in the shared bedrooms.	
Action required: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.	
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The privacy and dignity of each resident is paramount in our daily work at St. Theresa's. At the moment the screening in the shared bedrooms is such that when in use it totally screens the two beds from each other. We believe that this screening was meeting the privacy and dignity needs of the resident, coupled with our policy on knocking on the door of the resident's room and awaiting permission to enter. However, I do appreciate the inspector's observation and have already consulted with a company that will provide screening that wraps around each bed and will create a corridor effect, should a resident sharing the room wish to use it. I have addressed this issue, and I understand it will take approximately two months to complete the job.	2 months

Any comments the provider may wish to make:

Provider's response:

Each resident's health care and welfare is hugely important to all of us here at St. Theresa's. The direct beneficiary of the inspection process is the resident and any area in which we can improve upon is welcomed.

I wish to thank the inspector for her findings. Both the staff and I remain committed to working with the Authority in providing the highest standards of care to the residents who live here in St. Theresa's.

Provider's name: Ann Fitzpatrick
Date: 21 July 2011