



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

Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	St Martha's Nursing Home Ltd
Address of centre:	Glenswilly House, Cappauniac, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	16 June 2021
Centre ID:	OSV-0005284
Fieldwork ID:	MON-0033051

About the designated centre

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

St Martha's Nursing Home is set at the foot of the Galtee mountains. It is located four miles from the town of Cahir and five miles from the town of Bansha on the Glen of Aherlow road. The centre is registered to accommodate 26 residents. It is a two-storey building with lift and stairs access to the first floor. Bedroom accommodation comprises single and twin bedrooms. Fifteen of the twenty bedrooms have en-suite shower and toilet facilities and there are toilet and bathroom facilities adjacent to the remaining five bedrooms. Communal accommodation comprises a conservatory, two lounge areas, dining area and a visitors' room. There is an enclosed sensory courtyard with seating and an external mature garden with seating and walkways. The centre provides full-time nursing care to male and female residents requiring respite and long-term nursing care whose care needs can be met by St Martha's, including people who have been assessed as maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 16 June 2021	09:10hrs to 18:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The overall feedback from residents and visitors who spoke with the inspector was that the management and staff of this small and homely centre were supportive and kind. The centre had managed to keep its residents free from COVID-19 infection throughout the current pandemic. Visiting restrictions and changes to the daily routines in the centre had a significant impact on the residents, their families and staff. However, from the observations of the inspector, and from speaking to residents and their families, it was clear that overall the residents of St. Martha's Nursing Home were very happy living in the centre.

The inspector arrived unannounced to the centre and was met by a healthcare assistant, who ensured that all infection prevention and control measures were carried out prior to entering. The person in charge was not on duty, and the registered nurse who was deputising for her on the day was responsible for the delivery of care. Later in the morning the registered provider representative and person in charge came to the centre to support the inspection. The centre is registered to accommodate 26 residents and there were 24 residents living in the centre on the day of inspection. The inspector met all of the residents in the centre throughout the day and spoke in detail with seven residents to gain insights into their experiences of living the centre. On arrival in the morning, some residents were seen to be up and dressed for the day. In general, residents appeared content, there was comfortable seats available and residents were well dressed and groomed. The inspector noted that breakfast did not take place in the dining room at this time and it was confirmed that residents breakfast were predominantly served to them in their rooms by night staff, beginning at 07.00am. While the inspector queried the early time of the breakfast, as this was addressed on a previous inspection, residents confirmed that they could have a later breakfast if they preferred, and later in the morning some residents were seen enjoying breakfast in the dining room. Another resident said she enjoyed the early breakfast in bed, and was "waited on hand and foot".

The centre is laid out over two floors, accessible via stairs or passenger lift. The first floor is a smaller area which accommodates six residents in three twin bedrooms. Two of the twin bedrooms have a shared ensuite, with doors entering from both rooms. Both doors had the ability to be locked from both sides, ensuring privacy was maintained. The resident's accommodated on this floor had varying dependency levels, and all required assistance to use the lift to access the ground floor. The rest of the resident's rooms, both single and twin, and all of the communal living space was located on the ground floor. The communal areas of the centre were sufficient to meet the needs of the residents and included a large dining and sitting room, a smaller sitting room, a porch area and a quiet room. Residents' artwork was displayed on the walls and the inspector noted a framed collage of photographs, presented to the residents by the local GAA club for their participation in a recent 5km fundraiser walk. Residents and staff spoke of their enjoyment of the event and the importance of maintaining links with the local community. Residents' bedrooms

were generally spacious and residents and their families were encouraged to bring their own items of furniture, bedding and memorabilia to personalise their space.

The main garden area was secured and required a staff member to open the door, however residents had unrestricted daytime access to the smaller enclosed sensory garden from the dining room. The main garden was well-maintained and was wheelchair-friendly. Colourful and creative art installations were displayed on the walls and painted stones made by the residents were placed among the pathways and potted plants, which added to the bright and energetic atmosphere outdoors. Direct views of the Galtee mountains provided a picturesque area for residents to relax and enjoy their surroundings. There was plenty of garden furniture, and a barbecue for residents had taken place on the previous day. The sensory garden was thoughtfully planted with an array of scented and textured planting such as lavender and long grasses to maximise the sensory experience. Raised planter beds which were used as part of the activities programme, contained seasonal fruits and flowers. The weather was changeable during the day, and when it was nice, residents were seen to go outdoors.

The inspector met with two visitors during the inspection, who praised the care and attention their loved one received. They expressed that management had made a sustained effort to maintain contact and keep families updated with any changes during the various levels of the pandemic restrictions. Visitors told the inspector that the level of care had not changed during the restrictions and that once they were able to visit their relative again in person, they were delighted at how healthy and vibrant they looked. Residents who spoke to the inspector were complimentary of the staff and management and it was evident that they knew each other well. One resident described how staff were patient and kind. Interactions between residents and staff were observed by the inspector to be respectful and attentive. Staff were seen to carry out tasks such as, assisting residents with their mobility and meals in an unhurried manner, chatting with and reassuring residents at each stage. Offerings of hot and cold drinks and snacks were served between meals and all residents that the inspector spoke with complimented the food that they were served.

There was an overall sense of community and well-being in this homely centre. Staff reported that they enjoyed their job and felt supported in their roles. The next two sections of the report will describe in more detail the specific findings of this inspection in relation to the governance and management of the centre, and the areas where this impacts on the quality and safety of the service provided to residents.

Capacity and capability

The management systems in place in this centre contributed to the the delivery of good quality care to the residents. The provider ensured that the centre was

adequately resourced and the centre had a history of generally good compliance with the regulations. While the systems in place were good, they required strengthening in order to ensure that risks were promptly identified and addressed. This was particularly relevant in relation to systems in place for risk management and medication management. This is discussed further in the Quality and Safety section of the report. Further oversight into the management of required notifications and the updating of written policies and procedures is also required.

St. Martha's Nursing Home Limited is the registered provider. There are two company directors, both of whom work in the centre on a full time basis. One director is a registered nurse and is the person in charge of the centre. The other director provides operational oversight. The presence of both directors of the company in the centre ensured that the systems in place were generally monitored to ensure the safety and welfare of the residents. There was an audit schedule in place including monthly and three-monthly audits to monitor the service. While these were completed, the audit tools in use required review to ensure that clear quality improvement plans were identified, and followed up on completion of audits, as discussed under Regulation 23. Governance arrangements were further compromised by a review of the staffing rosters which identified that due to annual leave of staff nurses, in the current four week period, the person in charge was only rostered in a supernumerary capacity for 16 hours and on all other occasions, she was the registered nurse on duty. The person in charge has overall responsibility for all administrative aspects of the centre, as well as being the director of clinical care. This arrangement limited the time available to dedicate to person in charge role and could leave the centre in a vulnerable position, should the person in charge be required to be absent for any extended period.

This unannounced inspection was carried out to monitor the ongoing compliance with regulations and standards, and following the application of the centre to renew its current registration. The person in charge and provider representative were supported by a team of registered nurses, healthcare assistants, a dedicated activity coordinator, and a team of domestic and catering personnel. The centre had remained free of COVID-19 infection during the pandemic. Management had prepared a comprehensive contingency plan, to be implemented should the centre experience an outbreak. Staff meetings were held regularly throughout the pandemic, with all staff being made aware of changing restrictions and guidelines. There was evidence of regular texts and phone calls with residents' families during the periods of restricted visiting, ensure strong lines of communication were maintained.

The inspector found that the current staffing levels were sufficient to meet the needs of residents. There was a minimum of one registered nurse on duty over 24 hours. Staff spoken with had very good knowledge of each resident's individual needs. Staff confirmed that a range of training had been facilitated during the pandemic restrictions, and had moved from in-person to remote online learning. The inspector verified that a good level of training was provided in the centre, with all staff being trained in infection prevention and control including a suite of online training modules relevant to COVID-19. Staff were seen to implement this training in

practice.

The centre was seen to managed any incidents and accidents occurring in the centre well. However, required notifications were not consistently notified to HIQA, as required. This is discussed under Regulation 31. A staff recruitment process was in place and a thorough induction programme ensured that staff employed in the centre were suitable and appropriate to their roles. Overall, there was a low level of documented complaints in the centre and all complaints that were received were managed in line with the centre's policy.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre. The application was submitted to the Office of the Chief Inspector in a timely manner and included the information set out in Schedule 1 of the Registration Regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulation and was found to be knowledgeable of the regulations and standards, and of her own roles and responsibilities within the centre.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the staff rosters and the size and layout of the centre, the inspector found that there was an adequate number and skill mix of staff available to meet the assessed needs of the residents. The person in charge ensured that there was at least one registered nurse in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The mandatory training modules were completed for all staff, including safeguarding and moving and handling techniques. Role-specific training was completed for kitchen and domestic staff. Additional training had been undertaken by registered nurses including COVID-19 sampling, venepuncture and end-of-life care. Medication management training required review, as discussed under regulation 29.

Documents reviewed by the inspectors indicated that staff completed an annual performance review appraisal which was used to inform future education and training needs.

Judgment: Compliant

Regulation 21: Records

A sample of staff files reviewed met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance.

Judgment: Compliant

Regulation 23: Governance and management

The systems in place did not always ensure that the service provided was consistently and effectively monitored. A review of the centre's audits showed that while information was collated regularly, there was not sufficient analysis of the information to identify lessons learned and to inform quality improvement plans.

The person in charge also worked as a nurse in the centre and this impacted on her availability to effectively fulfill the requirements of the person in charge role and the overall oversight of the service. The lack of current supernumerary hours for the person in charge meant that some areas of the governance and management of the centre were overlooked which could potentially leave the centre open to risks. Oversight of the following areas were lacking, as discussed under each regulation; medication management practices, fire safety procedures, risk management, written policies and procedures, notification of incidents, managing behaviour that is

challenging.

While an annual review of the quality and safety of care delivered to residents was available in template form, it did not include consultation with and feedback from residents and their families, and a copy was not made available to residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of completed contracts of care identified that the contracts had not been revised in line with S.I. No. 293 of 2016, to include terms relating the bedroom to be provided to the resident and the number of occupants of the room. This was also a finding on a previous inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An updated statement of purpose was available in the designated centre which contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Since the last inspection in 2019, on three occasions, the person in charge had not submitted any of the required notifications at the end of each quarter to the Chief Inspector. On three further occasions, the required notifications were not submitted within the specified timelines.

A review of the centre's incident and accident log indicated that a notification had not been submitted following an event which was notifiable under the regulations. This was submitted in retrospect following the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which was displayed in two prominent areas for the information of residents and relatives. This procedure specified the nominated people designated to deal with complaints. Inspectors reviewed the centre's complaints log and found that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place. However, some of these policies required further review to ensure that they were updated with the latest evidence-based practices. For example;

- The medication management policy did not reflect up-to-date guidance on medication management published by the Nursing and Midwifery Board of Ireland (NMBI).
- The nutrition policy did not include the new international descriptors for modified food and thickened drinks. The new descriptors include changes to the amount of product required to thicken fluids. The inspector observed that the old descriptors were still in use in some notices and documents which could potentially cause errors in the modifications to food and drinks.

Judgment: Substantially compliant

Quality and safety

Overall, residents were seen to have a good quality of life in this centre, with the encouragement of supportive and caring staff. However, the inspector found that improvements were required to ensure that the quality and safety of care delivered to residents was consistently managed. In particular, the centre's policies and procedures in relation to medication management required extensive review and improvements were required to the identification and mitigation of clinical and environmental risks to ensure best possible outcomes for residents.

The ground floor premises was spacious, allowing for safe social distancing in the communal areas and during group activities. The centre was generally bright and

very clean and the provider had plans in place for repainting of some areas. The centre was seen to implement best practice infection control guidelines to ensure the ongoing safety of residents and staff, and had enhanced their cleaning regime during the pandemic. Cleaning staff demonstrated good knowledge in relation to COVID-19 cleaning requirements. The centre had completed its COVID-19 vaccination programme with a high uptake from residents and staff.

Activity provision in the centre was of a high quality, with a meaningful program of activities including strong links to local community events, ensuring that residents' social needs were met. A dedicated activity coordinator had been recently appointed to manage and implement the activities programme, which included art projects, gardening, quizzes, music and bingo. Previously, activities were held with the support of the healthcare staff as part of their daily schedule. The provider outlined that all staff continue to have responsibility for engaging residents in activities to ensure a social model of care remains in place. Pre-admission assessments were seen to gather information on a resident's past history, likes and dislikes, and a formal social assessment was conducted on admission to determine the social needs of the residents. Residents were seen to mobilise freely and residents who reside on the smaller first floor were seen to be assisted to the ground floor and enjoy the company of others in the dining room, sitting room and the gardens.

Residents' individual needs were appropriately assessed using validated tools and there were comprehensive care plans in place, which reflected the health and social care needs of the residents. The provider ensured that residents had good access to general practitioners (GPs) other healthcare professionals during the COVID-19 restrictions. Some improvements were required in relation to the management of residents with behavioural and psychological symptoms of dementia, as detailed under regulation 7. Oversight and analysis of these behaviours is required, to ensure that all residents are adequately protected and to minimise the use of restrictive interventions.

A full review of medication management procedures in the centre, including medication management training for all registered nurses, was required to ensure that evidence-based, best practice guidelines were implemented. This is discussed in detail under Regulation 29. The centre had a risk management policy and an up-to-date safety statement in place. A review of the risk register showed that while many clinical and environmental risk assessments were identified and appropriately managed, the provider had failed to appropriately assess the risks associated with the use and storage of oxygen and residents who smoke. This is discussed under Regulation 26.

Overall, the registered provider had arrangements in place against the risk of fire including fire fighting equipment and unobstructed means of escape. Residents' all had personal emergency evacuation plans which were up-to-date and detailed the support needs required in the event of an evacuation. Although there was good evidence that staff engaged in regular training and fire drills simulating both day and night-time scenarios, there had been no recent drill conducted reflecting the evacuation of a full compartment with minimum staffing levels. The provider took

immediate action to address this.

Residents rights were predominantly observed to be upheld. The inspector found that residents were free to exercise choice about how they spent their day. Residents had access to television, radios, newspapers, telephones and internet connection. Further formal surveys and discussions with residents and their families would ensure that the residents' views about the care and service provided to them was captured and reviewed, to ensure that their individual wishes and choices were respected.

Regulation 11: Visits

The centre had updated their visiting policy in line with current guidance (COVID-19 guidance on visits to long term residential care facilities, Health Protection and Surveillance Centre) and was seen to be implemented in practice. Visits were scheduled in advance, but there was flexibility in the arrangements, and short notice visits were seen to be organised on the day. Visits could take place in the designated visiting area, residents' rooms or outside.

Judgment: Compliant

Regulation 12: Personal possessions

Both single and twin rooms in the centre were seen to have sufficient space for residents to store and maintain their clothes and other personal possessions, including a secure locked facility on each bedside locker. Residents' clothing was laundered in the centre and the system in place was efficient. Residents' confirmed that their clothes were returned to them without delay.

Judgment: Compliant

Regulation 17: Premises

The overall premises was designed and laid out to meet the assessed needs of the residents and was in keeping with the centre's statement of purpose. There was adequate outdoor, communal and sanitary facilities to meet the needs of residents living in the centre.

Judgment: Compliant

Regulation 26: Risk management

Storage of oxygen products and smoking risk assessments required a full review.

- The risk assessment for the storage of oxygen did not reflect the procedure in place on the day of inspection. Oxygen cylinders which were not in use, were stored in the treatment room. There was no cautionary signage in place to state that oxygen products were stored within. In addition, oxygen concentrators were in use for two residents on the day of inspection, there was no signage in place on the residents rooms door to identify the presence of oxygen.
- While a general risk assessment for residents who smoke was in place, the measures in place did not provide assurances that risk of injury to residents was fully controlled. There was no individualised risk assessment for residents who smoked. The area designated for residents to smoke was not equipped with a fire blanket, smoking apron or appropriate ashtray.

Judgment: Not compliant

Regulation 27: Infection control

The centre was seen to be very clean. A cleaning schedule was in place and specific named staff have responsibility for the completion of tasks. High use areas were cleaned frequently and regular deep cleaning schedules had been implemented. Up-to-date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). All staff were observed to be wearing surgical face masks correctly. Alcohol hand gel was available at key points in the centre, the provider was reviewing this to increase the amount available on some corridors. Hand hygiene and social distancing notices were displayed throughout.

Inspectors saw that new admissions and residents returning from the acute sector remained in their rooms in precautionary isolation, in line with current guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Oversight of the fire safety procedures in place required strengthening in relation to the following:

- There were gaps in the quarterly servicing records of the emergency lighting system.
- Fire drill records reviewed did not simulate the evacuation of the centre's largest compartment of six residents with the lowest staffing levels of two staff at night.

An urgent action was issued to the provider to:

- Organise the servicing of the emergency lighting. The certificate of servicing was forwarded following the inspection.
- Carry out a full, timed compartmental evacuation of the centre's largest compartment with the lowest staffing levels and submit the record of same to the inspector for review. Following the inspection, the fire drill was completed and submitted, which provided assurances that the largest compartment could be evacuated in a safe and timely manner. Regular drills of this nature are required to ensure staff are familiar with the process.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors found evidence that staff were not adhering to the most recent medication management guidance for nurses set out by the Nursing and Midwifery Board of Ireland which could potentially result in medication-related errors or incidents.

Inspector findings included;

- The centre's medication management policy outlined that medication management training should be undertaken by registered nurses annually. The inspector found no evidence of any formal medication management training having taken place.
- An insulin pen in current use was not labelled with a date of opening. This was important as the medication was required to be disposed of 28 days after opening.
- There was no systematic procedure for the storage and disposal of medications no longer in use. As a result, a large number of unused and duplicate medications were stored on the drug trolley, which could lead to potential errors in administration.
- PRN (as required) medications did not always include the indication for administration, or the maximum doses to be administered within 24 hours.
- Medications dispensed from the pharmacy which were not in their original packaging, did not have an expiry date. Some of these medications had been dispensed over a year ago, and staff could not be assured that the medication was in date.
- On two occasions, the drug trolley was left unattended on the corridor, and

on a further two occasions, the keys were left in the trolley, which was unsecured.

- Medications were being administered to a small number of residents in an altered format such as crushed. The inspector noted that some of these medications were supplied by the pharmacy in a format that stated "do not crush". As a result, medication which was unsuitable for crushing was being administered in this form. A full review of the prescription of medications in altered formats was required.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector examined a sample of residents' care plans which were seen to be person-centred in nature and detailed the interventions in place to meet the various needs of the residents. There was routine completion of risk assessments using validated tools to assess a range of clinical risks including risks of pressure ulcers and malnutrition, and to monitor dependency levels.

Care plans evidenced a holistic approach to care, and were reviewed at regular intervals, not exceeding four months, or more frequently when there was a change to a resident's condition.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to health care services from a range of health care professionals. In-house general practitioner (GP) services were resuming after a period of remote and telephone reviews during the pandemic restrictions. On the day of inspection, a GP was visiting the centre to assess a resident. The inspector saw evidence of appropriate referrals made to allied health care professionals such as speech and language therapy, dietitian and physiotherapy. Where recommendations were made they were implemented and updated in residents' care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors examined documentation including care plans for residents identified as displaying behaviours that challenge. Alternative interventions and de-escalation techniques to minimise the impact of the behaviour were outlined to be trialled prior to administering medication. However, it was found that this plan was not followed in practice, and that medication had been administered without sufficient assessment and trialling of alternative methods. There was no use of behavioural analysis tools to document the potential triggers and responses to the behaviour, in order to minimise reoccurrence.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While it was observed that residents' rights to privacy, dignity and choice were upheld, there was no formal consultation with residents about the organisation of the centre. No feedback was sought through resident's or family satisfaction surveys. Minutes of residents meetings described in detail events taking place within the centre but did not include evidence of time allocated for questions or suggestions from residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Martha's Nursing Home OSV-0005284

Inspection ID: MON-0033051

Date of inspection: 16/06/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Audits to be reviewed fully and further analysis provided. Person in charge to increase supernumerary hours as discussed with inspector. Survey and feedback forms to be completed.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Number of room and occupancy to be included in each contract of care.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Ensure that all required notifications are submitted in a timely manner and within the specified timelines.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Medication management policy and nutrition policy to be updated in line with guidance.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Suitable signage to be used where Oxygen Concentrators, cylinders are stored and in use. Oxygen cylinders no longer required to be returned to provider. Suitable fire blanket, extinguisher and ash tray to be provided in smoking area and an individualized risk assessment for all residents that smoke.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Continue to operate a full compartmental evacuation at different times and different staffing levels. Quarterly documented maintenance of the emergency lighting to continue</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: ABC charts are in use for residents that are identified as displaying behaviours that challenge and the importance of continuing to use same at all times as required and to adhere to care plan.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Surveys to be completed annually to include family satisfaction surveys and also feedback from residents to be documented accordingly.</p>	

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 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	01/09/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/08/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in	Not Compliant	Orange	01/09/2021

	consultation with residents and their families.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	01/08/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	01/08/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	01/08/2021
Regulation 28(1)(c)(i)	The registered provider shall	Substantially Compliant	Yellow	01/07/2021

	make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
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	01/07/2021
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	19/07/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist	Not Compliant	Orange	19/07/2021

	regarding the appropriate use of the product.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Not Compliant	Orange	19/07/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	19/07/2021
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the	Not Compliant	Yellow	19/07/2021

	end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	01/08/2021
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	19/07/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre	Substantially Compliant	Yellow	19/07/2021

	concerned.			
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