

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

## Issued by the Chief Inspector

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Ormond Healthcare Ltd
Address of centre:	Dublin Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	29 January 2025
Centre ID:	OSV-0000434
Fieldwork ID:	MON-0046241

## About the designated centre

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

St. Theresa's Nursing home was established in 1980 and is located on the outskirts of the town of Thurles in close proximity to shops, restaurants and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Accommodation on the first floor comprises ten single bedrooms. Two of the bedrooms on the first floor have full en suite facilities with toilet, shower and wash hand basin and all of the other bedrooms have a wash hand basin. Access to the first floor is by stairs and chair lift.

Accommodation on the ground floor comprises 16 single bedrooms. There are three assisted bathrooms on the ground floor, each of which have an assisted shower, a toilet and a wash hand basin and a separate toilet with hand basin. There is a dining room adjacent to the kitchen on the ground floor. Communal space consists of two sitting rooms and a separate room that can be used by visitors. There is also a nurses' office on the ground floor that is located in close proximity to the communal living rooms. The provider is a company called Ormond Healthcare Limited. The centre provides care and support for both female and male residents aged 18 years and over. Residents 50 years and over with dementia and or a physical disability can also be accommodated. Care is provided for residents over age of 50 years requiring convalescent, respite and palliative care. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and / or the acute hospital, staff in centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	25
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## How we inspect

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 29 January 2025	09:15hrs to 17:15hrs	John Greaney	Lead

## What residents told us and what inspectors observed

This was an unannounced one-day inspection of St. Theresa's Nursing Home. The inspector met with most residents over the course of the inspection and spoke with five in more detail. Residents gave positive feedback about their lives in the centre and were complimentary about staff and the care provided. They reported that staff were caring and kind. Overall, the inspector found that residents were supported to have a good quality of life. It was evident to the inspector that the person in charge spent time with the residents, was well known to them and knew their care needs.

Following an opening meeting with the director of nursing (DON), the inspector was accompanied on a tour of the centre. St. Theresa's Nursing Home is a two storey premises, located on the outskirts of Thurles, Co. Tipperary. There is bedroom accommodation on both floors. The centre comprises 26 single bedrooms, sixteen of which are on the ground floor and ten are on the first floor. There were 25 residents living in the centre on the day of the inspection.

All communal space is on the ground floor and comprises a sitting room, a visitors' room and a dining room. The first floor can be accessed via stairs and chair lift. There is no elevator and as a result only residents assessed as being low to medium dependency can be accommodated on the first floor. Once on the first floor, there are two additional steps leading to a wing containing four bedrooms. Two of the bedrooms on this wing have en suite shower and toilet facilities. The remaining eight bedrooms on this floor share a bathroom containing a shower, toilet and wash hand basin. The sixteen bedrooms on the ground floor share three bathrooms, each with shower and toilet facilities.

The premises was observed to be warm, comfortable and generally clean on the day of the inspection. A number of communal rooms are located on the ground floor and include a sitting room, a visitors room and a dining room. There is an enclosed courtyard available for residents' use. As found on the last inspection, there is evidence of wear and tear in parts of the centre. The paintwork on door surrounds to the main sitting room and the bathrooms on this corridor were significantly scuffed. Within one of the bathrooms, the floor tiles and grouting was stained. There was also inappropriate storage with a hoist and wheelchairs stored in a treatment room.

Residents' bedrooms were generally tidy and well-maintained. The inspector observed that many residents had personalised their bedrooms with ornaments, photographs and other items. Residents that spoke with the inspector were satisfied with the layout of their bedroom and the storage available to them. The inspector did note that some residents did not have a bedside locker or lockable spaces within their bedroom.

During the walk around of the centre, the inspector saw that some residents were receiving personal care; some were being taken to the sitting room following the

provision of personal care; while others were in the dining room having their breakfast.

Over the course of the day, the inspector visited residents in various areas of the centre. The inspector also spoke with some visitors. The feedback from both residents and visitors was overwhelmingly positive. One resident said that "I'm here a long time and I find staff very nice". Another resident commented that "I like to stay in my bedroom as I don't like noise". Visitors spoken with were very happy with the care their relatives received.

The inspector observed residents moving freely through the centre from their bedrooms to the sitting and dining rooms. Residents were observed engaging in a positive manner with staff and fellow residents over the course of the inspection. It was evident that residents and staff were familiar with each other and staff were able to converse with residents on topics that were of interest to them.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This inspection was undertaken to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended) and to follow up on previous inspection findings.

The registered provider is of St. Theresa's Nursing Home is Ormond Healthcare Limited, a company comprising two directors. The provider is involved in the operation of one other designated centre and one or both the directors are also involved in the operation of three other designated centres in various capacities. The governance structure comprises the provider organisation, a person in charge and a clinical nurse manager. Management are supported by a team of registered nurses, healthcare assistants, activities staff, catering staff and housekeeping staff.

The person in charge worked in the centre full-time. The person in charge was knowledgeable of individual resident's needs and was seen to be well-known to residents throughout the inspection. The person in charge demonstrated a commitment to regulatory compliance.

The quality and safety of care was being monitored through a schedule of monthly audits that included the environment and the use of restraint. An annual review of the quality and safety of care delivered to residents had been completed for 2023 and management were in the process of completing the annual review for 2024. Action was required by the provider to ensure that the planned audit schedule was implemented. There was also a need to ensure that accidents and incidents were

trended as an opportunity to identify measures to mitigate further incidents. This is outlined further under Regulation 23 of this report.

On the day of inspection, the number and skill mix of staff was appropriate, with regard to the needs of the 25 residents living in the designated centre. Communal rooms were seen to be supervised at all times and residents were observed receiving support in a timely manner. There were adequate numbers of nursing, caring, catering and housekeeping staff to meet the needs of the centre on the day of the inspection. Staffing comprised a minimum of one registered nurse on duty 24 hours a day. Night duty staff comprised one nurse and two healthcare assistants.

Records in accordance with Schedule 2, 3 and 4 of the regulations were stored securely and readily accessible. There was a need, however, to ensure that records outlined in Schedule 2 of the regulations, in relation to staff recruitment, were obtained for all staff prior to commencing employment in the centre. This is detailed further under Regulation 21 of this report.

A review of the centre's training records showed that relevant training modules were offered to staff, including moving and handling, infection control and fire safety, safeguarding residents from abuse and the management of responsive behaviour. Records indicated a high level of attendance at training.

### Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, housekeeping, and management staff.

Judgment: Compliant

### Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a sample of four staff files and found that while most of the requirements of Schedule 2 of the regulations were met, not all files contained the required information. For example:

- there were gaps in the employment history for two members of staff, for which a satisfactory explanation was not contained in the record
- there weren't two written references, including a reference from the person's most recent employer, for one member of staff.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Management systems required strengthening to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. For example:

- while there was an overarching audit schedule in place identifying what audits should be completed each month, this was not always adhered to. For instance, an audit of waste management scheduled for October 2024 was not completed and an audit of medication management was only partially completed
- audit results did not reflect deficits in the environment identified on this inspection, such as damaged floor covering in bedrooms, the absence of lockable storage in residents' bedrooms, and the inappropriate storage in the treatment room
- where deficits were identified through the audit mechanism, there was not always an action plan to identify who was responsible for addressing the deficit, a date by which it should be done or confirmation that it had been addressed
- while there was a low incidence of falls overall, there was no falls audit to identify if there were any trends in incidents of falls to support the identification of measures to mitigate the risk of further falls

Judgment: Substantially compliant

## Quality and safety

The inspector observed that overall, residents were supported and encouraged to enjoy a good quality of life. However, some action was required in relation to general maintenance and upkeep of the centre and also in relation to the storage of equipment. Some improvement was also required to ensure that fire safety management systems mitigated the risks associated with fire.



Residents' clinical and risk assessments were undertaken using a variety of validated tools, and care plans were developed following these assessments. Care planning documentation was available for each resident in the centre. A sample of care plans viewed by the inspector were generally comprehensive and person-centred. Residents' care plans generally contained adequate detail to guide staff in the provision of person-centred care delivery.

Residents spoken with by the inspector expressed that they received good care and support from the staff. The activities programmes took place in the centre as scheduled on the day of inspection, and some residents told the inspectors that they could choose how they spent their day.

Regular residents' meetings were held, and a range of topics were discussed regarding the organisation of this centre. Residents' meeting records indicated that they were generally satisfied with the care and services provided to them. Records reviewed indicated that issues raised at these meetings were addressed. The meeting records would be enhanced with a formal action plan identifying who was responsible for addressing the issues raised and confirming that it had been addressed.

Residents have access to television, radio and newspapers in this centre. The centre's notice boards contained information for residents, such as a resident information guide and details regarding the arrangements for making complaints and advocacy services. Staff were able to identify the various communication needs of residents. However, these were not adequately detailed in residents care plans. This is discussed further under Regulation 10 of this report.

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. There is no lift and residents accommodated on the first floor have access to a chair lift should they be unable to walk up the stairs. Residents are assessed by a physiotherapist to ascertain their ability to navigate the stairs. While there was a programme of ongoing maintenance and decoration of the centre. Progress, however, was slow and there remained some areas of the premises that required attention. These and other issues in relation to the premises are outlined under Regulation 17 of this report.

The fire alarm system, emergency lighting system and fire fighting equipment were serviced at the appropriate intervals. The provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety including means of escape and tests of the alarm system. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified. Some additional actions were required to enhance fire safety within the centre and these are detailed under Regulation 28: Fire Precautions.

## Regulation 10: Communication difficulties

Nursing assessments identified that some residents with a cognitive impairment had difficulty in communicating verbally. Care plans did not adequately detail the strategies that were effective in communicating with these residents.

Judgment: Substantially compliant

### Regulation 11: Visits

The inspector observed that visits to the centre were encouraged and supported. The visiting arrangements in place did not pose any unnecessary restrictions on residents.

Judgment: Compliant

### Regulation 17: Premises

Action required in relation to the premises included:

- similar to the findings of the last inspection, there was inadequate storage resulting in the inappropriate storage of equipment, such as a hoist and wheelchair in a treatment room. Additionally, a cleaning cart was stored in front of a bedroom, obstructing access to the room, for long periods on the day of the inspection
- despite ongoing redecorating there continued to be areas of the premises that require painting such as door surrounds and doors. There was damaged floor covering in some bedrooms
- there was a broken shower head holder in one bathroom
- a number of residents did not have bedside lockers or lockable storage space in their bedrooms

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required in relation to fire safety management systems. For example:

- personal evacuation plans (PEEPs) required review to ensure they contained adequate detail in relation to the safe placement of residents in the event of an emergency evacuation. The PEEPs did not reference the cognitive needs of residents or their ability to follow direction in the event of a fire

- a fire extinguisher on the first floor was obstructed and would not be readily accessible in the event of a fire
- a number of staff were overdue attendance at annual fire safety training

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

A sample of medication prescription and administration charts were examined and these were seen to support the safe administration of medicines. Staff spoken with were knowledgeable regarding residents and their prescriptions. Medicines were stored securely and in accordance with the manufacturers guidance. Sharps containers were seen to be closed when not in use in accordance with best practice safety guidelines.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The residents had a care plan in place, and the care plans were person-centred. The care plans were found to be revised following consultation with the residents concerned and, where appropriate, the residents' families.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. All interactions by staff observed by the inspector were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in regular residents' meetings. Residents' privacy and dignity were respected.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Theresa's Nursing Home OSV-0000434

Inspection ID: MON-0046241

Date of inspection: 29/01/2025

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: An audit of all staff files was conducted by our administrator. All non-compliances found have been rectified.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audits have been delegated to heads of departments and other key staff members, The PIC reviews all audits towards the end of every month to ensure the audits reflect practice/environmental findings, Action plans developed from audit findings are communicated to all relevant staff members at daily safety pauses, A monthly falls audit has been introduced which determines trends in order to introduce measures to mitigate the risk of further falls.	

Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>All care plans for residents with a diagnosed cognitive impairment impacting on communication have been reviewed and updated to contain information on how best to communicate with these residents, depending on their individual need.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Response to Premises Compliance Actions</p> <p>We acknowledge HIQA's findings and are committed to addressing the identified issues to ensure compliance and enhance the quality of our facility.</p> <p>1. Storage Issues:</p> <ul style="list-style-type: none"> <li>o We have reviewed our storage arrangements and have implemented a new system to ensure all equipment, including hoists and wheelchairs, are stored appropriately. Additional storage solutions are being explored to prevent the inappropriate storage of equipment.</li> <li>o The cleaning cart will be stored in a designated area at all times to prevent obstruction and ensure resident access is not compromised.</li> </ul> <p>2. Premises Maintenance:</p> <ul style="list-style-type: none"> <li>o Our redecorating schedule has been revised to ensure timely repainting of areas requiring attention, including door surrounds and doors.</li> <li>o The damaged floor coverings in affected bedrooms will be repaired or replaced as part of our ongoing maintenance plan.</li> </ul> <p>3. Bathroom Facilities:</p> <ul style="list-style-type: none"> <li>o The broken shower head holder was replaced on the day of inspection.</li> </ul> <p>4. Resident Storage:</p> <ul style="list-style-type: none"> <li>o We are conducting an audit to ensure all residents have appropriate bedside lockers and lockable storage. Additional lockers will be provided where necessary to support resident privacy and security.</li> </ul> <p>We are committed to maintaining a safe, comfortable, and compliant environment and will continue to monitor these areas to ensure sustained improvements.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire exit door checks are now included on our daily checks to ensure they always remain unobstructed,</p> <p>Fire training is scheduled for March 28th. Thereafter all staff will have up-to-date fire training,</p> <p>All resident PEEPs have been updated to ensure they contain information regarding the cognitive needs of the residents in the event of an evacuation, including their ability to follow direction and support required at an assembly point.</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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	01/04/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available	Substantially Compliant	Yellow	01/04/2025

	for inspection by the Chief Inspector.			
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.	Substantially Compliant	Yellow	01/04/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	01/04/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all	Substantially Compliant	Yellow	01/04/2025

	persons in the designated centre and safe placement of residents.			
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