



# 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:	28 January 2025
Centre ID:	OSV-0005284
Fieldwork ID:	MON-0046023

## 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:	26
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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
Tuesday 28 January 2025	10:20hrs to 18:00hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

St. Martha's Nursing Home is a well-established centre, where residents were supported to enjoy a good quality of life. It was evident that there was a very high level of satisfaction with the care and the services provided. The overall feedback from residents and family members was that the management and staff of the centre were kind and caring, and that residents' felt happy living in the centre.

The inspector greeted the majority of the residents, and spoke in more detail with six residents, to establish their lived experiences. On arrival mid-morning, a number of residents were observed to be up and were seated or mobilising around in the various communal areas or their rooms. All residents had finished their breakfast. Residents told the inspector they enjoyed having breakfast served to them in their rooms. Staff advise that breakfast service began at 07:00am, and residents told the inspector they were happy with this early time. The inspector observed that residents were relaxed and comfortable. Residents' preferences were taken into account, for example, some residents who wished to stay in bed later were facilitated to do so and had the timing of their medications and breakfast adjusted to fit in with their preferred schedule.

The centre is a two-storey, purpose built centre in a rural location in Co. Tipperary. The premises are warm and inviting, while maintaining a home-from-home style and atmosphere. Large windows in the main sitting and dining room provide light and fresh air and there are seating areas for residents to enjoy the views out to the Galtee mountains. There was a range of nice furniture and fittings throughout the centre. The walls displayed residents engaging in various different activities and parties in the centre. There was a small, nicely decorated visiting room which residents could access and use for meeting families in private or to relax themselves. Residents' bedrooms were homely and many were nicely personalised. Residents were encouraged to bring in their personal furniture, pictures and memorabilia.

During the inspection, residents were observed being cared for in an attentive manner, for example, staff ensured that residents wore their preferred clothing and jewellery, and were assisted to maintain good levels of personal hygiene and appearance. Communal rooms within the centre were well supervised at all times and residents were responded to promptly when they called for assistance

All of the residents who spoke to the inspector were highly complimentary of the service provided. Residents described staff using terms such as "brilliant, kind, and lovely" with one resident saying "I was delighted to get a bed here, they have a great reputation locally". The inspector observed positive and supportive resident and staff interactions throughout the day. Staff were observed to be attentive yet relaxed in their approach to residents and were seen to encourage independence

where possible, for example when assisting residents with food and drinks. The atmosphere in the centre was unhurried and cheerful.

Residents were offered frequent drinks and snacks throughout the day and evening and staff were observed offering discreet assistance to residents where required. Mealtimes were a social occasion. The tables in the main dining room on the were laid with linens and tableware, with floral centrepieces. Residents were very complimentary of the food offered, with one resident stating "the food is beautiful, we can have anything we want"

The activity schedule is provided seven days a week. Residents said that the activities in the centre were good, and that they enjoyed the variety on offer. Residents decided together what activities they would like to do each day, and this information was displayed on a white board in the sitting room. One resident said she never felt forced to take part. Residents actively participated in the day's activity and were encouraged to do so by staff.

Visitors were very complimentary about the staff and care given to their loved ones in the centre. They described how staff always kept in contact and communicated any changes or concerns quickly. One visitor said they trusted the management and staff completely and that they never felt concerned as they knew their loved one was safe.

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 the quality and safety of the service being delivered.

## Capacity and capability

Overall, the management systems in the centre ensured the provision of good levels of care and support to the residents. There was a clearly defined management structure in place and there was evidence of incremental improvements in the overall governance of the centre. Some improvement was required to ensure that risks associated with infection control, fire safety and the management of restrictive practices.

This was a one-day, unannounced inspection. The purpose of the inspection was to assess ongoing compliance with the regulations and standards. The centre has a history of good regulatory compliance. The compliance plan following the previous inspection in June 2024 was reviewed by the inspector. The registered provider had completed the majority of the required actions. Some repeat findings were identified, as discussed throughout the report under the relevant regulations.

The registered provider of the designated centre is St. Martha's Nursing Home Limited. There are two company directors, one of whom is the person in charge, and both of whom are engaged in the executive management and the day-to-day

running of the centre. The coordination of clinical care is managed on a daily basis by the person in charge who is responsible for the overall delivery of daily care. A local team of staff nurses, healthcare assistants, catering and domestic personnel complete the complement of staff supporting residents in the centre. Staff members spoken with told the inspector that the person in charge and company director were supportive and had a visible presence within the centre daily. The inspector found that the management team were responsive to the issues identified during the course of the inspection and were committed to improving compliance levels.

The centre is registered to provide accommodation for 26 residents, and was operating at full capacity on the day of inspection. The inspector found that there was an appropriate level of clinical staff to meet the needs of the residents present during the inspection. There was a minimum of one nurses on duty over 24 hours. The levels of staff across all departments was in line with those outlined in the centre's statement of purpose.

The centre held regular staff meetings and daily handovers, which provided good communication systems between staff of different grades and departments. There was an established system of clinical and environmental auditing included infection prevention and control, falls and medication management. The system allowed for areas of improvement to be identified and action plans put in place to improve compliance. Nonetheless, the inspector found that findings of some audits did not align with the findings on the inspection.

Improvements were noted since the previous inspection, with regard to the submission of notifications. A review of the centre's log of incidents and accidents, most of which were minor in nature, identified that any incident which met the criteria for notification to the Chief Inspector, had been submitted appropriately. There had also been significant improvements in relation to the process and procedure for the management of complaints. The complaints policy had been fully reviewed to bring it into compliance with regulatory requirements. The complaints procedure was displayed prominently in the centre for residents' and relatives' information. There was a low level of complaints occurring in the centre. The inspector reviewed the log of complaints and found that they were appropriately reviewed and followed up, to the satisfaction of the complainant.

## Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was appropriate, having regard for the individually assessed needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

Further action was required to ensure that the service provided is safe, appropriate, consistent and effectively managed. For example, there were inadequate governance and management arrangements to ensure that there was effective oversight and supervision of staff to ensure that correct and effective infection control procedures, and fire safety precautions were implemented.

While there was a good system of auditing in place, some audits were not comprehensive enough to identify the issues. For example: There were disparities between the findings of local restraint audits and infection prevention and control audits, and the observations on the day of the inspection.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the office of the Chief Inspector within the required time-frame.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

## Quality and safety

Overall, the care and support of residents was delivered in a person-centred way. Management and staff promoted an ethos of a human rights-based approach to life and care in the centre. Residents told the inspector that staff were kind and that this contributed to a good atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through good access to health and

social care. Some improvements were required in relation to infection control, fire safety and the management of restrictive practices.

The premises was laid out to meet the individual and collective needs of the residents. The design of the premises was homely and welcoming. There was adequate communal and private areas for use by residents. The inspector observed these areas to be sufficiently spacious and comfortable. Directional signage was displayed throughout the centre to guide residents. The garden areas were well maintained, however these were not easily accessible for residents to access and navigate. There was a schedule of progressive maintenance and decorative upgrades in place. One of the twin occupancy bedrooms required review to ensure that the room layout fully supported each residents' privacy

Residents each had a detailed individualised care plan in place on admission to the centre. Validated risk assessment tools were used to inform care planning. The inspector reviewed a sample of care records and saw that these were person-centred and updated, when residents' needs changed. This was an improvement since the previous inspection. There was good arrangements in place for consultation with relatives and families. There was evidence that regular communication was taking place with families.

The provider had systems in place to monitor restrictive practices in the centre and the inspector found that all physical restraints were documented clearly and subjected to regular assessment and review. There was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Environmental restraints such as locked doors required review to ensure that residents' access to all areas of the centre including the gardens, were not unduly restricted.

Cleaning staff were knowledgeable about appropriate cleaning and decontamination procedures and were provided with suitable equipment to ensure the centre was cleaned to a high level. An up-to-date outbreak contingency plan was in place, and this had been communicated to staff to ensure prompt action should an outbreak be declared. Good procedures were seen in relation to staff practices such as hand hygiene. Audits of staff practices and the environment were completed regularly and showed good levels of compliance. Some of the inspector's findings, which had the potential to impact upon the spread of infection, were not captured in the infection control audits. These are detailed under Regulation 27: Infection control.

Annual fire training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective. Bedroom doors had suitable closing devices linked to the fire alarm system. Simulated evacuation drills were being carried out at regular intervals, however, as outlined in more detail under Regulation 28: Fire precautions, procedures for safe evacuation of residents from the building in the event of an emergency required review, to ensure that staff were aware of each residents' specific evacuation requirements.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents' individual needs, preferences

and capacities. The inspector found that there were opportunities for residents to participate in meaningful social engagement and activities. Staff implemented a varied and interesting schedule of activities that was available each day. Residents opinions were sought and respected through resident meetings and satisfaction surveys. Some residents enjoyed visiting their family and friends outside of the centre and this was supported by management who engaged with residents and families to realise these wishes in a safe and supportive way.

### Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that visits from their loved ones were facilitated by the registered provider.

Judgment: Compliant

### Regulation 17: Premises

In one twin occupancy room, the division of the floor space by the privacy curtain did not allow for each resident's personal space to include their bed, a chair, and personal storage space. The privacy curtain tightly enclosed one bedspace, and did not enclose the other.

This is a repeat finding from the previous inspection.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

## Regulation 27: Infection control

Notwithstanding the good practices seen during the inspection, some issues were identified, which were not in line with the national standards for infection prevention and control:

- there was no clinical handwash sinks in the centre, these are integral to aid in effective hand hygiene
- the management of clinical waste required review. The temporary closure mechanism was not engaged on some sharps bins in use. Additionally, a recapped hollow bore needle and syringe with blood contents was found amongst phlebotomy supplies. This was despite the availability of safety engineered needles. The use of hollow bore needles increases the risk of needle-stick injury
- several single use wound dressings were observed to be open and partially used. This may impact the sterility and efficacy of these products
- equipment storage required review. There was no specific system to determine if equipment such as mattresses, wheelchairs and pillows which were awaiting use, were cleaned and disinfected prior to storage.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Oversight of means of escape within the centre required review. A designated escape route from the first floor was blocked by bags of recycling, boxes and containers. These were immediately removed when brought to the attention of staff.

The plant room contained inappropriate storage which may pose a potential fire safety risk. This was addressed with the provider during the inspection and a number of items removed from storage.

Resident PEEP's did not clearly reflect the needs of the residents. The evacuation requirements of residents were displayed discreetly in each bedroom, however there was no robust assessment to determine these evacuation requirements. For example, the sample of PEEP's reviewed did not include any information on the ability of the resident to understand the sound of the fire alarm system going off, the ability of the resident to evacuate out of the building, or a clear description of the staff assistance they will need, including the number of and skills of staff for both daytime and night-time evacuation, or the supervision requirements after the evacuation.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated as needed, or at a minimum of every four months.

Judgment: Compliant

### Regulation 9: Residents' rights

There were facilities for recreation and opportunities for residents to participate in activities in accordance with their interest and capabilities.

Residents' rights and wishes were promoted by the registered provider. Residents were supported to vote, to attend religious services and to access independent advocacy services if needed. Residents' choices, personal routines and privacy were respected by staff.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A register of restrictive practices was maintained in the centre, however this did not identify all restrictive practices observed during the inspection. For example, there was no open access to outdoor spaces on the day of inspection. All doors to the secure garden areas were locked and were only accessible with staff assistance. This had not been identified as restricting residents' rights to free movement.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

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

Inspection ID: MON-0046023

Date of inspection: 28/01/2025

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To continue to review and update audits and identify any new findings and document clearly.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A new curtain to be provided to ensure residents total privacy.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Clinical handwash sinks to be provided in areas throughout the building.  A cleaning schedule to be put in place to record that equipment is cleaned and disinfected prior to storage.	

Reviewed clinical waste practices and areas of improvement that were identified were addressed.	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:          Ensure all means of escape are kept clear at all times .          A declutter of the plant room was carried out and the top two shelves were removed.</p> <p>A full review of the residents individual peep charts to be carried out</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:          Ensure doors to the secure garden areas are accessible to all residents</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 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	30/04/2025
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	21/04/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/04/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/05/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	01/04/2025