

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | St. Martha's Nursing Home |
| Centre ID: | ORG-0000291 |
| Centre address: | Love Lane, Charleville, Cork. |
| Telephone number: | 063 30 750 |
| Email address: | adminstmarthas@ehg.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Elder Nursing Homes (Charleville) Limited |
| Provider Nominee: | Pat Shanahan |
| Person in charge: | Karen Burke |
| Lead inspector: | Breeda Desmond |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 30 |
| Number of vacancies on the date of inspection: | 6 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 October 2013 09:30 To: 23 October 2013 14:30

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

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| Outcome 02: Contract for the Provision of Services |
| Outcome 03: Suitable Person in Charge |
| Outcome 06: Safeguarding and Safety |
| Outcome 08: Medication Management |
| Outcome 09: Notification of Incidents |
| Outcome 10: Reviewing and improving the quality and safety of care |
| Outcome 12: Safe and Suitable Premises |
| Outcome 13: Complaints procedures |
| Outcome 18: Suitable Staffing |

Summary of findings from this inspection

This was an unannounced follow up inspection which took place over one day. Notification submitted to the Authority outlined the appointment of a new Person in Charge. As per Authority procedure, a fit person interview was completed with the new Person in Charge. The inspector met with residents, relatives, staff and management. The inspector observed work practices and reviewed documentation such as contracts of care, prescriptions and drug administration records, accident and incidents' logs, complaints log, policies and procedures. Issues which were identified in the previous monitoring inspection requiring remedial action were met and these will be discussed throughout the report. The inspector found that residents appeared to be well cared for with their health and social care needs met. However, areas of non-compliance included:

- 1) documentation regarding medications
- 2) aspects of staff training
- 3) aspects of the premises.

These will be discussed throughout the report. Actions necessary to ensure compliance with the Regulations will be outlined at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Each resident has a written contract which includes details of the services to be provided for that resident and the fees to be charged as well as additional fees to be charged. Residents or their next of kin are given the contract upon admission and requested to sign it within one month of admission.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Notification was submitted to the Authority detailing the appointment of a new Person in Charge. As per Authority protocol, a fit person interview was completed with the new person in charge. She demonstrated that she was suitably qualified and competent. She has considerable experience in the relevant areas and has availed of ongoing professional development opportunities. It was evident that she had a good knowledge of residents and had undertaken a number of improvements since her commencement, for example, review of medication management, review and implementation of policies and procedures including the complaints policy, to mention a few. She demonstrated

authority, accountability and responsibility for the provision of the service. Her position is full time and in her absence, the senior nurse deputies.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Notification was received by the Authority regarding an allegation of suspected abuse. The inspector reviewed documentation in relation to the investigation undertaken, by the person in charge. Following collation of the information accrued, the person in charge deemed that the allegation of abuse was unfounded.

Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if there was evidence of untoward behaviours. Staff had completed their training in adult protection.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge outlined that a new medication management policy was due for implementation and this was evidenced during inspection. The pharmacist is involved in the transition process and has also developed a medication management policy specific for the new protocols. Both the pharmacist and person in charge undertook a medication audit which highlighted several areas of improvement and the new

procedures will mitigate these issues. An announcement poster is displayed in the centre on a monthly basis when the pharmacist will attend, inviting residents and family members to discuss their medication if they so wish.

Controlled drugs were managed in accordance with current guidelines and legislation. The person in charge described new appropriate procedures for the handling and safe disposal of unused and out-of-date medicines. Medication errors are recorded on a medication error/near miss incident form. These are completed at source and submitted to the person in charge for follow up to review and discussion with staff to mitigate future such errors.

The inspector accompanied a nurse on a medication round and best practice regarding medication administration and documentation was demonstrated. The maximum dosage of pro re nata (PRN: as required) medications was prescribed as well as crushing of medications. While there was a facility to document residents' demographics as well as their allergy status, review status or rationale for withholding medications was not part of the original document and had to be added by the nursing staff. In addition, a designated area for nurses to sign following transcription was not in place. These were all highlighted to the person in charge.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Notifications submitted to the Authority were timely and appropriate. Incidents and accidents logs were reviewed and they correlated with notifications received by the Authority. Matters which were identified in a notification as requiring attention, were appropriately addressed by the person in charge.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

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| <p>Judgement: Compliant</p> |
| <p>Outstanding requirement(s) from previous inspection: No actions were required from the previous inspection.</p> <p>Findings: The activities co-ordinator is full time four days a week and a second activities person works the remainder one day to facilitate resident activities. There is also a designated person from 17:30hrs to 22:00hrs for supervision in the day room and dining room. After tea-time she plays card games, board games or pampering sessions of hand massage and manicures with residents. The new person in charge outlined that the choice of activities is under review and is in the process of further development with the residents, in collaboration with the activities person.</p> <p>The person in charge reviewed falls and to mitigate falls risks several cushion alarms were procured for armchairs in the day room and residents' bedrooms. New specialised chairs were in place for maximum dependant residents for greater comfort and support.</p> <p>Residents' forum meeting occur approximately two-monthly. Upon taking up the position of person in charge, she reviewed the previous minutes of residents' meetings. She identified recurring requests and these were remedied. Family members are invited to these meetings but as the meeting occurred in the afternoons, families found it difficult to attend so the time of the meetings has changed to early evening instead, to accommodate both residents and families.</p> |

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| <p>Outcome 12: Safe and Suitable Premises <i>The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</i></p> |
| <p>Theme: Effective Care and Support</p> <p>Judgement: Non Compliant - Minor</p> |
| <p>Outstanding requirement(s) from previous inspection: No actions were required from the previous inspection.</p> <p>Findings: St. Martha's Nursing Home is a single-storey, purpose-built designated centre which may accommodate 36 residents. There is a well-maintained garden along the short driveway leading into the nursing home, with ample parking to the front and side of the centre. The entrance is wheelchair accessible and the nurses' station is at main reception. The</p> |

dining room, kitchen and conservatory are to the right of main reception. Residents' accommodation comprises 22 single bedrooms and seven twin-bedded rooms. Eighteen single rooms and two twin-bedded rooms have en suite facilities with shower, toilet and wash-hand basin. Four single and five twin-bedded rooms are en suite with wash-hand basins. There are two further assisted bathrooms and a shower room. Communal areas consist of a sitting room, large dining room and conservatory. There are several casual seating areas throughout. The building consists of two wings which are adjoined by a wide glass corridor with a comfortable seating area here. Raised flower and vegetable beds were part of the newly completed secure outdoor space and these can be viewed from the seating area of the glass corridor and the dining room. The bedrooms were found to be bright, providing adequate storage space. However there were a number of two bedded rooms which were small in size. The inspector observed that there was limited space between individual residents' beds impacting on their privacy and dignity. Some twin bedrooms could not accommodate a bedside chair for each resident. There was difficulty for some residents to watch the television due to the positioning of the beds or television. The placement of some bed curtains could not ensure residents' privacy and dignity was guaranteed. This was discussed with the person in charge and the inspector outlined that submission of a plan to the chief inspector was necessary as to how the provider can ensure the size and layout of rooms occupied or used by residents are suitable for all their needs.

The call bell system was seen to be functioning. There was appropriate assistive equipment available to meet the needs of residents such as electric beds, hoists, pressure relieving mattresses, wheelchairs and assistive walking frames.

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The complaints policy described the procedure relating to making, handling and investigation of complaints. The complaints procedure is included in each resident's admission package. The complaints procedure was prominently displayed in the main foyer. This included a nominated person identified to deal with complaints. The inspector reviewed the complaints log and noted: detailed narrative of complaints, timely response to complaints voiced and investigated promptly, a record maintained regarding whether or not the resident or family member was satisfied with the outcome.

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a robust system in place for personnel files that made information easily retrievable. Of the sample of files reviewed by the inspector for compliance with Regulation 18 (Schedule 2), all contained the required information. Two staff training matrices were maintained in the centre, one for mandatory training and the second for other training. While there was evidence of ongoing training, not all staff had completed their mandatory training including manual handling for non-care areas, fire training and adult protection. This was discussed with management and they demonstrated evidence that these courses are due to be completed by November 2013.

The inspector spoke with household staff during inspection. While they had completed training in hand hygiene, and demonstrated knowledge regarding infection prevention and control, neither had completed formal training in infection prevention and control. This was highlighted to the person in charge who gave the commitment for this to be undertaken.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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| Centre name: | St. Martha's Nursing Home |
| Centre ID: | ORG-0000291 |
| Date of inspection: | 23/10/2013 |
| Date of response: | 22/11/2013 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 08: Medication Management

Theme: Safe Care and Support

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

While there was a facility to document residents' demographics as well as their allergy status, review status or rationale for withholding medications was not part of the original document and had to be added by the nursing staff. In addition, a designated area for nurses to sign following transcription was not in place.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Our pharmacy supplier is updating the medication management system to include the medication prescription chart/Kardex which will include a rationale for withholding

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

medications, as well as an appropriate column for two nurses to sign following transcription and also an area for the GP to sign after checking transcription. Updated policies and procedures are in place since Aug 2013. These policies have been read and signed by all registered staff.

Proposed Timescale: 30/01/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

There was limited space between individual residents' beds impacting on their privacy and dignity. Some twin bedrooms could not accommodate a bedside chair for each resident. There was difficulty for some residents to watch the television due to the positioning of the beds or television. The placement of some bed curtains could not ensure residents' privacy and dignity was guaranteed.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

The décor and layout of the twin rooms is being reviewed to provide areas suitable for the residents' needs while maintaining their privacy and dignity.

Proposed Timescale: 28/02/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all staff had completed their mandatory training including manual handling for non care areas, fire training and adult protection.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

The PIC has fully reviewed the nursing homes training matrix and the outstanding mandatory training has been completed.

Proposed Timescale: 22/12/2013