

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Martha's Nursing Home
Centre ID:	OSV-0000291
Centre address:	Love Lane, Clybee, 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
Lead inspector:	Mairead Harrington
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	1

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 September 2017 10:00	19 September 2017 16:30
20 September 2017 10:00	20 September 2017 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection of St Martha's Nursing Home to monitor compliance with requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People 2016.

Registration for this designated centre is due to expire on 9 April 2018. Information from this inspection will be used to inform the registration renewal process for the centre. The inspection took place over two days. As part of the process the inspector met with members of the management team and staff, as well as residents and relatives. The inspector observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform the inspection.

Since the previous inspection the service had appointed a new person in charge and

a clinical nurse manager. Both these members of management were in attendance throughout the inspection and both demonstrated an effective understanding of their statutory duties and the responsibilities associated with their respective roles. The inspector also met with senior members of management who confirmed regular communication and consultation with staff and management at the centre, and who were able to demonstrate capital planning initiatives to ensure effective resourcing of the service. Management were responsive to regulation and indicated a commitment to the implementation of quality improvements. The last inspection was undertaken on 6 October 2016. That report, including the provider's response and action plan, can be found on www.hiqa.ie.

The centre was well resourced with access as required to a range of allied healthcare services such as physiotherapy, occupational therapy, chiropody and dietetics. The centre also had good regular access to general practitioner (GP) services and the support of a palliative care team. Staffing levels were in keeping with both the size and layout of the centre, and the profile of residents' needs. The inspector discussed understanding and approach to care with members of staff and also reviewed the training they had received and its application in practice. In the course of the inspection staff were seen to be conscientious in the conduct of their duties. The inspector observed good practice and a person-centred approach to the provision of care. The planning of care was evidence-based and informed by appropriate assessments. The report is set out under 11 outcome statements. The statements describe what is expected in a designated centre and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People 2016.

In summary, there was evidence of individual residents' needs being met and that the centre was operating in compliance with the conditions of registration granted to the centre. Overall, the inspection established a good level of compliance with the requirements of the regulations. Some areas for improvement were identified in relation to administration, storage facilities, and arrangements to ensure privacy for residents and visitors. These issues are further outlined in the body of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre was a well established nursing home that was owned by Elder Nursing Homes (Charleville) Group. Operational service at the designated centre was provided by Complete Healthcare Services Ltd. There was a well established system of governance that included arrangements for regional oversight and management. The centre operated a clearly defined management structure where care was directed through the person in charge, reporting to a regional healthcare manager and the director of services. The company operated effective communication systems; regular quality and safety meetings took place at regional and local level. The centre was managed by the person in charge with the support of an administrator and clinical nurse manager. Management confirmed that resources were dedicated on a consistent basis for the training and education of staff and a comprehensive training programme was in place.

Quality management systems were in place that included a comprehensive audit schedule across key areas of care monitoring, such as infection control, catering, medication management and health and well-being. Regular audits were also completed in relation to health and safety, and the review of care planning. In keeping with statutory requirements, an annual quality review had been completed for the centre. There was evidence that consultation had taken place with both residents and relatives. The inspector reviewed the areas for improvement with management who were able to confirm that resources were in place to implement the quality and safety action strategy for the coming year. This plan also included finalisation of action to address areas for improvement that had been identified on the previous inspection.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Since the previous inspection the centre had appointed a new person in charge. The person in charge was a registered nurse and held appropriate authority and accountability for the role. The person in charge was in attendance throughout the inspection and demonstrated a responsive approach to regulatory requirements and an effective understanding of the statutory duties and responsibilities associated with the role. Appropriate deputising arrangements, by a suitably qualified member of staff, were in place.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Relevant policies and procedures were in place to provide direction and guidance to staff on the prevention, detection and response to abuse. The inspector reviewed the training matrix and confirmed that training on abuse had last been delivered in June 2017. The inspector reviewed protocols in relation to the recording and reporting of allegations that were in keeping with requirements. The inspector met with residents who commented that they felt safe and well cared for in the centre.

Protocols were in place around the security of residents at the centre including the

recording of visitors' attendance and electronically controlled access to the centre. CCTV was appropriately used at access areas of the centre in keeping with data protection requirements as set out in the related policy.

The inspector reviewed the systems in place to manage resident finances. These included a record of individual transactions where entries were recorded and double signed. A sample of these records was checked and the figures reconciled with the balance of funds held. However, where the centre managed income receipts for individual residents a separate client property account was not in place, and resident finances were being managed through a business account. Management took action as appropriate to address this issue at the time of inspection, creating a separate account for the future receipt and management of resident finances.

As identified on the previous inspection the centre actively promoted a restraint free environment and this approach was reflected in both policy and practice. The person in charge confirmed that consistent effort was maintained in the support of residents around choice and independence. Residents were regularly assessed and reviewed in relation to strategies to maintain an unrestricted safe environment. This approach was demonstrated in the low incidence of bed-rail use. Where possible residents were provided with low profiling beds and sensor alarm mats.

Relevant policies were in place that provided appropriate guidance to staff on the approach to managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector reviewed a sample of care plans and observed practice in the management of care for residents who might present with responsive behaviours. In instances where residents became agitated or confused staff were seen to demonstrate a person-centred approach in providing support and reassurance as appropriate.

The person in charge understood the circumstances that could define the use of PRN (a medicine taken only as the need arises) psychotropic medicine as a form of chemical restraint. In the event of such use, the provider understood the associated responsibility to record and report these circumstances in keeping with statutory requirements.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

A comprehensive set of policies and procedures were in place that appropriately addressed the requirements in relation to health and safety. A nominated member of staff had responsibility for premises maintenance and the routine check of controls in relation to environmental risks and hazards. The risk management policy was kept under regular review and appropriately referenced the specific hazards identified by Regulation 26. There was a current health and safety statement. Procedures for responding to emergencies were set out in a related emergency plan that provided instructions and contact details as necessary. Evacuation procedures and floor plans identifying nearby emergency exits were displayed clearly at the centre. Personal evacuation plans were in place that assessed the mobility and assistance needs of each resident. The person in charge was able to describe systems in place to record the circumstances of adverse incidents and accidents. Audit and review arrangements were also in place to ensure that learning from the circumstances of such instances was recorded and conveyed to staff through training and staff meetings. A hygiene and infection control audit had been completed in January 2017.

The premises and grounds were well maintained with suitable safeguards in place that included grab-rails and accessible call-bells in all rooms. Security measures included a visitors' attendance log and the use of closed circuit television (CCTV) in reception and corridor areas. Emergency exits were clearly marked. Access to areas of potential hazard, such as sluice rooms and the kitchen area, was restricted. The inspector discussed cleaning protocols with a member of staff who had received relevant training in the area of infection control and was able to describe how the work undertaken was in keeping with best practice. Cleaning products and hazardous substances were securely stored.

The centre had a nominated member of staff with responsibility for monitoring compliance with national standards for infection prevention and control. The inspector noted that staff utilised personal protective equipment and sanitising hand-gel as appropriate. The training matrix indicated that staff had received relevant training in HACCP (Hazard Analysis & Critical Control Point) appropriate to their role. However, the storage of assistive equipment in en-suite areas and bathrooms presented a potential risk in relation to infection control and was not in keeping with best practice. A further hygiene and infection control issue was identified in relation to the storage of bedding on the ground in a linen cupboard. Additionally, there was no designated storage or changing facilities for staff undertaking clinical, catering or cleaning duties.

The inspector reviewed training records that confirmed all staff had received current mandatory training in both fire-safety and manual handling practice. Staff spoken with confirmed that they took part in regular fire drills. The inspector reviewed records of these exercises and noted that relevant information on participants, duration and any learning outcomes were recorded.

A fire-safety register was in place that recorded monitoring of regular checks of fire alarm panels, escape routes, door release mechanisms and emergency lighting. Suitable fire-equipment was available throughout the centre, and regular service and maintenance documentation was in place for this equipment. There was a designated

external smoking area for residents who smoked and relevant risk assessments had been completed in this regard.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A centre-specific policy was in place relating to the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out of date medicine. Dates of opening were recorded on medicines such as eye-drops. The inspector spoke with administering staff who confirmed that regular training was accessible on the management of medicines, including access to on-line training.

All medicines were stored securely and appropriately. The handling of controlled drugs was safe with appropriate monitoring and recording systems in place. The person in charge described a weekly medicines management check. The inspector reviewed a template of the components assessed during this check that ensured medicines were managed in keeping with guidelines and best practice. The person in charge confirmed that the attending pharmacist was supported to fulfil any obligations of the role as required.

The inspector reviewed prescription and administration records with a member of nursing staff who was able to clearly explain how the information was recorded and the significance of specific entries. The records contained the necessary biographical information of residents, including a photograph. At the time of inspection no residents were responsible for administering their own medicine. Documentation provided entry areas, as required, to record where a resident might refuse their medicine, and protocols were in place for referral and review by the prescriber in these circumstances. A signature bank of administering staff was in place. Administering staff had access to compliance aids and guidance information to assist them in the identification of different medicines. A recording system to monitor and review any medication errors was in place. The inspector noted that fridge temperatures were being monitored and readings recorded on a regular basis. A review of the records confirmed that the temperature was routinely within acceptable parameters.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. There had been no substantive change to the care planning system since the last inspection, and records around care planning and review continued to be maintained electronically. The inspector reviewed a sample of care plans with the person in charge. Pre-admission assessments were routinely undertaken for residents with further comprehensive assessments completed by a suitably qualified member of staff following admission.

Care plans were reviewed in keeping with regulatory requirements. The person in charge explained an audit process of clinical documentation and recording. These routine audits monitored the completion of assessments, as well as the development of related care plans. Records confirmed regular attendance and review by a general practitioner (GP). Consent and consultation records were maintained. The person in charge confirmed that residents could retain the services of their general practitioner and/or pharmacist where possible. Documentation and correspondence in relation to hospital transfers and admissions were retained on file for reference.

The inspector reviewed a number of care plans and noted that the information recorded was relevant to the profile and needs of the individual. Resident assessments were undertaken in keeping with evidence-based practice and the use of validated assessment tools. These assessments addressed a range of needs in relation to skin care, nutrition and hydration, maintaining a safe environment and mood and behaviour, for example. Where these assessments might identify specific needs that required specialist care, the centre had access as necessary to the relevant allied healthcare services. These included speech and language therapy, dietetics and physiotherapy, for example. The person in charge confirmed that access to a chiropodist could be arranged by appointment. The inspector met with the occupational therapist in attendance on one day at the centre. Team notes by allied healthcare professionals were also recorded electronically.

The inspector reviewed a sample of assessments and noted that comprehensive information was retained and reviewed in relation to all residents presenting with skin integrity issues. Measures to prevent the possibility of pressure sores developing included the monitoring of weight and nutrition. The person in charge confirmed that the centre also had access to the services of a tissue viability nurse. At the time of the inspection nursing staff confirmed that there were no residents requiring a focused wound management plan. Relevant assessments and charts were in place to provide guidance on how staff should provide assistance to residents who required the use of assistive equipment. These plans also indicated the number of staff required to safely provide assistance for movement and transfer. Regular access to the services of an optician and dentist was provided. The person in charge described support provided by a palliative care team and the training that had been received by nursing staff on the use of a syringe driver for care at end of life as may be necessary.

The inspector observed members of healthcare staff using the care planning system to record details of care they had provided, such as food and fluids and the quantities taken by the resident. The inspector also attended a handover meeting during the inspection and noted that information about observations of residents was communicated between healthcare and nursing staff to ensure awareness of any significant changes. The inspector identified that there was continued good practice in relation to care planning and review, as had been assessed on previous inspection.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre was a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. Parking facilities were available to the front and back of the premises. The centre provided accommodation for up to 36 residents comprising 22 single rooms, 13 of which were ensuite and seven twin rooms, two of which were ensuite. The remaining rooms were equipped with a wash hand-basin facility. Residents' rooms were comfortable and personalised, to varying degrees, with

individual belongings and memorabilia. Individual resident accommodation provided appropriate facilities, including a wardrobe, chair and lockable personal storage. Residents' rooms were personalised to varying degrees with photographs, belongings and personal items. There were a sufficient number of wheelchair accessible toilets and showers, including a staff toilet and a separate toilet for use by kitchen staff.

Access to the centre was controlled electronically. There was a reception area on entry. Communal space was accessible through double doors off the central corridor. The layout of the communal area of the centre was open plan. The communal areas were bright with large windows to the front of the building. There were two adjoining sitting areas where residents could congregate for activities or to socialise. A conservatory area was directly accessible through one of these sitting areas. The communal areas were homely and nicely decorated with pictures and paintings. Furnishings were in good condition and comfortable. The premises were reasonably well maintained with good standards of cleanliness in evidence throughout. However, the inspector noted damaged and scuffed skirting boards, doors and wall surfaces in some rooms. Heating, lighting and ventilation was appropriate to the size and layout of the centre. External grounds were suitable and safe for use by residents and appropriately maintained.

The centre had an adequate stock of equipment such as wheelchairs and hoists and certification around the maintenance of these items was available for reference. However, as identified on previous inspection, facilities for the storage of equipment such as hoists were inadequate, and a number of pieces of such equipment were routinely stored in hall and corridor space, or bathrooms. All laundering services took place off-site and the centre did not provide a laundry facility. There was a separate kitchen facility that was appropriately laid out and equipped to provide a catering service in keeping with the size and layout of the centre.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge described a policy and procedure to address the management of both written and verbal complaints. The record of complaints and concerns was maintained electronically. The inspector reviewed a number of complaints and noted that information was appropriately recorded and included relevant information about each complaint, including details of how the information was considered and any related

action taken as a result. The record also indicated that complainants were made aware of the outcome. The inspector noted that the complainant's satisfaction with the outcome was recorded. The internal appeals process included review by an independent panel and provisions for consultation on the panel selection process. Of the sample reviewed there had been no referrals for appeal. The person in charge also confirmed the no complaints were the subject of appeal at the time of inspection.

Arrangements were in place to ensure that residents were made aware of the complaints process. These included the display of a copy of the complaint process in the entrance area of the centre and also the inclusion of information about how to make a complaint in the statement of purpose and residents' guide. The complaint procedure set out clearly the process to follow in making a complaint, including expected time frames for resolution. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. Contact information for the office of the Ombudsman was also provided. Evaluation of the effectiveness of the complaints procedure was included in the annual quality review as part of the continuous quality improvement cycle.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Centre-specific policies on food and nutrition were in place that had been reviewed in August 2017. Nursing staff with responsibility for care plan reviews confirmed that all residents had a full assessment of their nutrition and hydration needs on admission. These completed assessments were in place on the care plans reviewed. Processes to ensure that residents did not experience poor nutrition or hydration included regular weight monitoring and the use of focused nutrition care planning for residents assessed as having specific needs in this regard. The inspector discussed nutrition and related issues with several staff who demonstrated a collective awareness and understanding of the importance of good food and hydration to the health and welfare of residents. Staff were able to explain the precautions observed at mealtimes to ensure residents with difficulty swallowing were appropriately supported. These included attention to individual positioning and the provision of individual assistance. Staff were also fully aware of the recommendations of speech and language therapists and the modified consistency of food or drink that residents might require. The inspector met with

residents who were also able to describe their particular requirements in relation to meal preparation and how these were accommodated as necessary.

Catering staff had received relevant training in food management and infection control. Both catering and care staff described how information was shared to ensure that meals for residents were prepared in keeping with their needs and the directions of related care plans. Residents spoken with were very complimentary of the food quality and choice offered. Residents had choice as to where they took their meals and some residents spoken with preferred to take breakfast in their room, for example. A lunch menu was provided that offered a starter and choice of main courses, as well as dessert. Tea, coffee and snacks were regularly available. Fresh ingredients were used in the preparation of meals and 'smoothies' were provided which staff said were popular with residents. The dining area was bright and well laid out with tables set for small groups. Staff were seen to provide attentive care and assistance during mealtimes. The inspector saw that meals were freshly prepared and well presented at meal times. Fresh baking was also available and the inspector spoke with a resident who described how she had enjoyed the opportunity provided to bake puddings.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was an information policy for residents and a residents' guide for reference. There were regular meetings for residents to discuss issues in relation to the daily running of the centre and minutes of these were available for reference. A review of these minutes indicated that residents were encouraged to express their views around the development of recreational activities and menu options, for example. The views of residents were also sought through an annual satisfaction survey. There was a regular mass service at the centre. Communication in the centre was supported with residents having access to a private phone and also personal devices to utilise information technology according to their needs and preferences. Residents were provided with access to radio and TV. Residents could choose how they spent their time and had access to adequate communal space for activities and recreation. Arrangements were in place to support residents in their individual interests, such as trips to the nearby town for socialising and outings to recreational areas, such as the nearby donkey sanctuary.

The inspector met with the designated activities co-ordinator who scheduled and organised a programme of activities with the support of staff. Residents were seen to participate in, and enjoy, both group and individual activities. On the first day of inspection, several residents had been taken out for coffee in the nearby town. The centre made community information accessible and residents were also provided with copies of local newspapers for daily discussion groups with staff.

The centre was well laid out with secure access to a paved, central courtyard area with a sheltered smoking area and raised planters with herbs and flowers. A regular hairdressing service was accessible and also available on request. The inspector noted that members of staff and management demonstrated a person-centred approach to communication and care when interacting with residents. They took time with the residents to explain what they were doing and find out what residents wanted or liked. Residents spoken with commented positively on their experience of care at the centre remarking on 'excellent' staff and being 'very well looked after'. The activities coordinator was able to demonstrate where records were maintained about how residents participated in activities in keeping with their abilities and preferences.

Arrangements were in place for residents to access the services of an independent advocate and information on contact details was displayed for ease of reference in communal areas of the centre. Where closed circuit television (CCTV) monitoring was in use in it was restricted to public access areas and did not impact on the privacy of residents or visitors as they went about their day-to-day activities. Where rooms were shared there were screening facilities in place to protect privacy in the conduct of personal activities. Residents could receive visitors at most times during the day. The inspector met with visitors who remarked positively on the care and service provided at the centre. However, as identified on previous inspection, facilities for residents to meet and communicate with visitors in private were inadequate. Aside from residents' own rooms, some of which were shared, the only practical available space for use was the conservatory area. In this space, privacy from the adjoining communal sitting area was provided by only a light curtain.

Judgment:
Substantially Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector confirmed that the centre maintained a well-managed programme of training that ensured all staff had received current training, as required, in the mandatory areas of fire-safety, safeguarding against abuse and manual handling. A schedule of regular training was also available to staff in areas such as dementia care, medication management, infection control and food hygiene.

The planned and actual staff rota was reviewed and the inspector was satisfied that the staff numbers, their qualifications and skill mix, were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. Delivery of care was directed through the person in charge who was supported by a clinical nurse manager. General supervision arrangements were in place and a qualified nurse was on duty at all times. Supervision was also implemented through monitoring and control procedures such as audit and review. Management systems were in place to ensure that information was communicated effectively. The inspector attended a handover meeting and noted that staff demonstrated a well developed understanding of the resident profile and the needs of individual residents. A health and safety committee convened regularly. Centre-specific home management meetings took place and the person in charge had ongoing contact and access to the regional operations manager. Copies of the standards and regulations were readily available and accessible by staff. Staff spoken with understood their statutory duties in relation to the general welfare and protection of all residents.

The inspector reviewed recruitment and vetting procedures with the person in charge. All newly appointed staff underwent a period of orientation and induction. Competency assessments were in place to assess the skill levels of new staff. An annual process of performance review and appraisal took place. Management were aware of the statutory requirements in relation to record keeping and security vetting for volunteers. A sample of staff files was reviewed and documentation in this regard was well maintained in keeping with Schedule 2 of the regulations. This included Garda Síochána vetting for all staff.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mairead Harrington
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

Centre name:	St Martha's Nursing Home
Centre ID:	OSV-0000291
Date of inspection:	19/09/2017
Date of response:	13/10/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

A separate client property account was not in place and resident finances were being managed through a business account.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

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

The separate client account for residents' finances has been established and is now fully operational.

Proposed Timescale: 13/10/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The storage of assistive equipment, such as walking aids, in en-suite areas and bathrooms presented a potential risk in relation to infection control. Bedding was stored on the ground in a linen cupboard. Additionally, there was no designated storage or changing facilities for staff undertaking clinical, catering or cleaning duties.

2. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

An area has been identified for the appropriate storage of assistive equipment such as walking aids.

The linen cupboard has been fitted with appropriate shelving to enable linen to be stored appropriately.

Staff facilities will be enhanced for storage and changing.

Proposed Timescale: 31/12/2017

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:

As required under Schedule 6 (k), facilities for the storage of equipment were inadequate, and a number of hoists were routinely stored in halls and corridor space, or bathrooms.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Storage areas have been identified within the home and these facilities will be fitted out to provide adequate storage space for equipment.

Proposed Timescale: 31/12/2017

Theme:

Effective care and support

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

There were damaged and scuffed skirting boards, doors and wall surfaces in some rooms.

4. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A maintenance programme is currently underway to address scuffed skirting boards, doors and wall surfaces.

Proposed Timescale: 31/12/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The space for residents to receive visitors in private was inadequate.

5. Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

The privacy of the conservatory area will be enhanced to allow residents to meet and communicate with visitors in private.

Proposed Timescale: 31/03/2018

