



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Martha's Nursing Home
Name of provider:	Elder Nursing Homes (Charleville) Limited
Address of centre:	Love Lane, Clybee, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	05 and 06 March 2019
Centre ID:	OSV-0000291
Fieldwork ID:	MON-0023477

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 a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. The centre provides accommodation for up to 36 residents in twenty two single and seven twin bedrooms. Thirteen of the single bedrooms and two of the twin bedrooms are en suite with shower, toilet and wash hand basin. The remaining bedrooms are equipped with a wash hand-basin facility.

The centre accommodates both female and male residents for long-term care and also facilitates short-term care for residents requiring convalescence, respite and palliative care. The centre caters for residents assessed as low, medium, high and maximum dependency. There is an internal courtyard which is accessible to residents that wish to spend some time in the open air.

The following information outlines some additional data on this centre.

Current registration end date:	09/04/2021
Number of residents on the date of inspection:	36

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
05 March 2019	09:30hrs to 17:00hrs	John Greaney	Lead
06 March 2019	09:30hrs to 13:30hrs	John Greaney	Lead

Views of people who use the service

Throughout the two days of the inspection the inspector met several residents and relatives and spoke with them in their bedrooms, day rooms and dining room. Residents were happy with the care and attention they received. Residents stated that staff were helpful, kind and considerate. They said that they could raise any issue with the person in charge and any issues raised were addressed. Residents stated that they were happy with the programme of activities and with entertainment. They were complimentary of the food and of the choices available to them.

Capacity and capability

This centre has a clearly defined management structure and clear reporting arrangements to support the day to day operation of the centre. Management arrangements supported residents to have a good quality of life and control over their daily routine. The centre is one of a number of centres operated by this provider and there are adequate structures in place for management oversight of the centre and also to support the person in charge in the day to day operation of the centre.

The person in charge was in post since November 2018 and had previously been a clinical nurse manager in the centre since June 2018. Prior to this appointment, there had been frequent changes in personnel fulfilling the role of person in charge, with five different people in the role since February 2017. The person in charge reports to a regional manager and is in regular contact through written reports, emails and phone calls. They also hold face to face meetings at a minimum of once per week.

Deputising arrangements outlined in the statement of purpose stated that the regional manager took charge of the centre when the person in charge was absent. While this had not occurred since the appointment of the current person in charge, the provider was advised to review these arrangements in the event of the person in charge going on annual leave or if the person in charge was absent for an extended period.

Quality management systems incorporated a comprehensive programme of audits that included regular audits of medication management, six-monthly audits of accidents and incidents, six monthly audits of complaints, audits of restraint use, audits of infection prevention and control, and audits of the dining experience. In instances where the audits identified required improvements, these were addressed.

There was an annual review of the quality and safety of care for the year 2017 and the review for 2018 was in progress but not yet complete.

Staff were appropriately supervised. There was a structured induction programme for new staff and ongoing supervision arrangements for existing staff. There were good systems of communication that included regular staff meetings. There was a comprehensive programme of training and all staff had attended mandatory training. Staff interacted with residents appropriately and were knowledgeable of each individual resident's needs.

Recruitment practices were largely in compliance with the requirements of legislation, however, some improvements were required. From a sample of personnel files reviewed there were gaps in the employment history for which a satisfactory explanation had not been recorded. Additionally, one of the records did not include a reference from the person's most recent employer. This was addressed prior to the end of the inspection. All staff had been Garda vetted prior to commencing employment.

Regulation 14: Persons in charge

The person in charge was appointed to the role in November 2018. She is a registered nurse and has the required experience in care of the older person. Throughout the two days of the inspection the person in charge demonstrated adequate knowledge of her responsibilities with regard to regulations and standards.

Judgment: Compliant

Regulation 15: Staffing

A review of the roster and the observations of the inspector indicated that there were adequate numbers and skill mix of staff to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training and all staff had attended up-to-date training in mandatory areas such as manual and people handling, safeguarding residents from abuse, responsive behaviour and fire safety. There were adequate arrangements in place for the supervision of staff, including an induction process for

new staff.
Judgment: Compliant
Regulation 21: Records
A review of a sample of staff files found that there were gaps in the employment history for some staff members for which a satisfactory explanation was not recorded. Additionally, the reference for one member of staff was not from the person's most recent employer.
Judgment: Not compliant
Regulation 23: Governance and management
Quality management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.
Judgment: Compliant
Regulation 24: Contract for the provision of services
Contracts for the provision of services contained details of fees to be charges, including fees for additional services. The contract included details of bedroom accommodation and whether it was a single or twin occupancy bedroom.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained most of the information required by Schedule 1 of the regulations. Further detail was required in relation to sanitary facilities that were available in the centre.
Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of her responsibilities in relation to the submission of notifications to the Office of the Chief Inspector. A review of incident records indicated that all incidents required to be notified were submitted within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There were adequate procedures in place for the management of complaints. The complaints notice was on prominent display detailing to residents and visitors the procedure to be followed when making a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre. All had been reviewed at a minimum of every three years.

Judgment: Compliant

Quality and safety

Residents living in the centre confirmed to the inspector that they had a good quality of life and were complimentary of the care provided by staff. Many of the residents could self-advocate and had a significant degree of independence and control over their daily routine. While there was evidence of a focus on fire safety, some improvements were required in this area. A review was also required in relation to access to bathrooms for residents that did not have en suite facilities.

Residents' healthcare needs were met to a good standard. Residents were assessed on admission using evidence based assessment tools and care plans were developed based on these assessments. A sample of care plans reviewed were personalised

and provided good guidance on the care to be delivered.

Residents were reviewed regularly by their general practitioner (GP) and there was also access to out-of-hours GP services, when the need arose. There was good access to allied health and specialist services and there was evidence of referral and review. Advice from these professionals was incorporated in residents' care plans. A speech and language therapist and dietitian from a nutritional supply company visited the centre every three months but were also available should the need arise in the interim. A physiotherapist visited the centre for a number of hours each week for one-to-one assessments on residents deemed at high risk of falls. Residents were also facilitated with access to occupational therapy for seating assessment, dental services, mental health services and palliative care. The inspector was informed that residents were supported to avail of national screening services for which they qualified.

The centre was generally bright, clean and in a good state of repair. While the centre was purpose built there were some limitations, such as limited sanitary facilities for residents that did not have en suite facilities in their bedrooms. Nineteen of the thirty six residents in the centre were accommodated in bedrooms that did not have en suite facilities. Sanitary facilities for these residents comprised two bathrooms, one of which had a bath, shower and toilet and the other had a shower and toilet. In addition to the limited number of toilets, these were not located proximal to the bedrooms of all residents that did not have en suite facilities. There was also limited storage facilities, however, additional storage space had been identified since the previous inspection to minimise the clutter and inappropriate storage of equipment identified during that inspection.

All staff had attended fire safety training and discussions with staff indicated that they had good knowledge of what to do in the event of a fire. Fire safety equipment was serviced annually and the fire alarm and emergency lighting were serviced quarterly. There were daily checks of emergency exits to ensure they were not obstructed and weekly checks of the fire alarm system and magnetic door release mechanisms. Records of fire drills indicated that they were done monthly but these did not always incorporate the simulated evacuation of residents. Additionally, while there was a discussion around what to do in the event of a fire at night, night time conditions were not simulated, such as reduced numbers of staff on duty and most residents asleep in their bedrooms. A review was required of fire doors to ensure that they were capable of containing smoke and fire for the recommended time frame.

There was a programme of activities that was led by an activity coordinator. The programme of activities incorporated both group activities and one to one time with residents that may not be able to actively participate in group activities. Residents were complimentary of the activities available and efforts were made to tailor the activities to the needs of individual residents. On one of the days of the inspection the residents were baking scones and residents were proud of the final product and offered a scone to the inspector.

There were good links with the local community and friends of residents from the

local community, as well as family members, were frequent visitors to the centre. There was a high level of visitor activity in the afternoons, which in itself was a source of interest to residents that may not have visitors on that occasion.

Regulation 11: Visits

There was an open visiting policy and visitors were seen to come and go throughout the two days of the inspection. Staff were familiar with visitors and were seen to greet them by name. Since the previous inspection a door had been erected at the entrance to the conservatory to allow visitors to meet with residents in private.

Judgment: Compliant

Regulation 13: End of life

Preferences in relation to end of life care was discussed with residents and their wishes were recorded in care plans. There was good access to palliative care services

Judgment: Compliant

Regulation 17: Premises

Overall the centre was bright, clean and in a good state of repair throughout. Communal facilities comprised two sitting rooms separated by an archway. There was also a conservatory off one of the sitting rooms, which facilitated residents to use as a quiet area or to meet with visitors in private. Bedroom accommodation comprised twenty two single and seven twin bedrooms.

Sanitary facilities available in the centre were not adequate for the number of residents living in the centre. Thirteen of the single and two of the twin bedrooms were en suite with shower, toilet and wash hand basin. The remaining nineteen residents had access to two bathrooms, one of which contained a bath, a shower, a toilet and a wash hand basin and the other contained a shower, a toilet and a wash hand basin. In addition to the limited number of bathrooms available to residents, the proximity of the bathrooms were not conveniently located to all residents.

Storage facilities continued to be an issue, however, efforts had been made to alleviate this through the storage of equipment in alcoves that did not negatively impact on residents. The housekeeping room was now in a prefabricated building,

however, this did not contain hand washing facilities.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' nutritional status was monitored through regular weights. There was good access to dietetic and speech and language therapy for residents that were assessed as requiring these services. Residents were offered choice of food at mealtimes and residents requiring assistance were assisted in a respectful manner. Catering staff were familiar with residents' preferences and consulted with residents in relation to the choice of food available on the menu.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy that addressed the requirements of the regulations. There was a risk register that identified clinical and non-clinical risks and the control measures in place to mitigate the risks identified. There was an emergency plan that addressed emergencies such as loss of water, electricity and water and also identified a location for the safe placement of residents in the event of a prolonged evacuation.

Judgment: Compliant

Regulation 28: Fire precautions

While there was a positive focus on fire safety, some improvements were required. For example:

- a review was required of fire doors to ensure they would suitably contain fire and smoke in the event of a fire
- fire drills did not incorporate the simulated evacuation of residents using assistive equipment such as ski sheets or simulating a night time scenario
- a review was required of the storage of oxygen cylinders

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate procedures in place for the receipt, storage and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were assessed on admission and at regular intervals thereafter. Care plans were developed based on these assessments and these were personalised and provided good guidance on the care to be delivered to residents on an individual basis.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care and records indicated they were assessed regularly. There was also good access to specialist and allied health services and evidence of referral and review.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were knowledgeable of the various communication needs of residents including verbal and non-verbal cues.

Judgment: Compliant

Regulation 8: Protection

Residents spoken with by the inspector stated that they felt safe in the centre and would have no concerns in approaching staff for any issues of concern. Where there were any concerns in relation to safeguarding, adequate measures were put in place

to protect residents. A sample of financial records viewed by the inspector indicate that there were adequate measures in place to safeguard residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had good access to facilities and recreation both within the centre and in the wider community. Residents reported that they were supported to participate in activities and their right to decline participation in activities was respected. Residents' meetings were held regularly and their feedback was sought regarding all different aspects of life in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Martha's Nursing Home OSV-0000291

Inspection ID: MON-0023477

Date of inspection: 05/03/2019 and 06/03/2019

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: We have completed an in-depth review of each individual staff member's personnel file to ensure that they contain the required information in accordance with Schedule 2, including ensuring that there are no gaps in employment history and a reference from the most recent employer is on file. This review was completed and actioned on 05/04/2019.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: We have reviewed the centre's Statement of Purpose and it now includes a description of the identified rooms with measurements and a detailed outline of specific sanitary facilities that are available in each room. A more detailed paragraph outlining all the specific sanitary facilities within the nursing home is also included in the revised Statement of Purpose.</p>	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
There is a plan in place to install an additional shower room with WC and wash hand basin.

A wash hand basin will be installed in the Housekeepers' room.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A programme of works will be undertaken to ensure that the fire doors and cross corridor fire doors will be fit for purpose. This includes rehanging the doors, packing of hinges with intumescent packers, replacement of intumescent strips and smoke seals on doors and associated frames.

A cage has been installed externally for the safe storage of oxygen cylinders.
Some portable cylinders are now stored within the nurse's treatment room, away from any form of heat or electricity and they are stored off the floor.
There is a sign confirming that oxygen is stored in the room and it is easily accessible by staff only, in case of an emergency.

Since the inspection, arrangements have been made to ensure that all staff take part in a simulated drill and evacuation procedure, using all necessary equipment including the fire evacuation sheets. The outcome of the drill is evaluated and documented to identify learning needs analysis.

The fire drill and absconscion drill schedules are in place for monthly practice drills and we will conduct simulated evacuation drills on a weekly basis until all staff have taken part and are confident and competent in the use of all fire

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.	Not Compliant	Orange	30/09/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Yellow	05/04/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the	Not Compliant	Orange	30/04/2019

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/04/2019