

# eDeposit Ireland

## St. Theresa's Nursing Home, Leadmore East, Kilkee Road, Kilrush, Clare

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Theresa's Nursing Home
<b>Centre ID:</b>	OSV-0000451
<b>Centre address:</b>	Leadmore East, Kilkee Road, Kilrush, Clare.
<b>Telephone number:</b>	065 905 2655
<b>Email address:</b>	sttheresaskilrush@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sundyp Limited
<b>Provider Nominee:</b>	Nora Grogan
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	10

## 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:
14 March 2017 09:00	14 March 2017 17:00
15 March 2017 09:00	15 March 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge continued to demonstrate a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The building was a single-story, purpose-built residential centre with 36 places. The

provider had carried out extensive structural works since the last renewal of registration inspection. Works included the provision of additional en suite bathrooms, upgrading of existing bathrooms, installation of additional insulation and solar panels, extensions to the day rooms and laundry, provision of a smoking room, treatment room, storage and staff facilities. The extension also included three additional bedrooms, one twin and two single bedrooms with en suite shower facilities. The provider had applied to increase the capacity of the centre from 36 to 40 places.

There was evidence of good practice in all areas. The person in charge, assistant director of nursing and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Improvements were required to completing the annual review of the quality and safety of care of residents and to ensuring that clean laundry was not exposed to an infection control risk. These issues are discussed further in the report and included in the action plan at the end 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 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the updated statement of purpose (6th revision 12/12/16) which complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

**Judgment:**

Compliant

***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 inspector was satisfied that the provider and person in charge had put systems in place to monitor the quality of care and experience of the residents on an ongoing basis.

The provider had established a clear management structure. The person in charge

worked full time in the centre. The person in charge was supported in her role by the assistant director of nursing and administrator. Both the person in charge and the assistant director of nursing were directors of the company and the assistant director of nursing was the nominated person to represent the provider. The management team worked full time in the centre. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place. The management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

There were systems in place to review the safety and quality of care. There was a planned audit schedule in place, audits and reviews had been carried out in relation to health and safety, accidents and incidents, medication management, infection control, food and nutrition, documentation, pressure ulcer care, continence, activities, privacy and dignity, manual handling, diabetic care, end of life care, restraint and management of challenging behaviour. A sample of audits reviewed indicated a high compliance rate, where improvements required had been identified, they had been acted upon. Staff spoken with confirmed that results of audits were discussed with them.

The person in charge advised the inspector that information from audits was being used to inform the annual review of the quality and safety of care for 2016 which was in the process of being finalised. The system of review included consultation with and seeking feedback from residents and their representatives. Residents committee meetings continued to be held on a regular monthly basis. The person in charge had recently completed resident and relative satisfaction questionnaires. She advised that she also planned to include this feedback in the annual review of the quality and safety of care in the centre.

Residents and staff spoken to told the inspector that they could raise any issue with the management team and that issues raised were always acted upon. There was evidence that both residents and their relatives were involved in the development and review of their care plans.

**Judgment:**  
Substantially 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:**

The person in charge is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked Monday to Friday and she was on call out-of-hours and at weekends. Suitable governance arrangements were in place in the absence of the person in charge. The assistant director of nursing deputised in the absence of the person in charge and supervised the delivery of care.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a Higher Diploma in Palliative Care, trained as a Sonas licensed practitioner and completed a European certificate in holistic dementia care. She was a qualified 'train the trainer' and manual handling instructor. She had recently updated her cardiac pulmonary resuscitation instructor training and attended a HIQA information seminar.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector was satisfied that records as required by the regulations were maintained in the centre and that issues identified at the previous inspection had been attended to.

All records as requested during the inspection were made readily available to the

inspector. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspector reviewed a sample of staff files which contained all of the information as required by the regulations.

**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:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on protection of residents from abuse, dealing with allegations and disclosure of abuse and management of personal property. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. The person in charge told the inspector that she planned to complete the new safeguarding training course in 2017 and provide refresher training for all staff. Residents spoken with and those that completed questionnaires in advance of the inspection indicated that they felt safe in the centre. At the time of the inspection, no allegations had been made, but the person in charge was clear on what her role would be.

The person in charge told the inspector that the finances of residents were not managed in the centre; however, small amounts of money and some valuables were kept for safe keeping on behalf of a number of residents. These accounts were managed in a clear and transparent manner. Two signatures were recorded for each transaction and receipts were kept for any purchases made on behalf of residents. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store

any personal items. Some residents were provided with a key to their bedrooms.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The person in charge advised the inspector that there were no residents who presented with behaviours that challenge at the time of inspection.

The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, the inspector saw that alternatives such as low low beds and crash mats were in use for some residents. There were two residents using bed rails at the time of inspection. Risk assessments along with clear rationale for their use and care plans in line with national policy were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded. Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The inspector observed that residents appeared relaxed, calm and content during the inspection. There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services, the psychiatry of later life team and community psychiatric nurse visited regularly.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents and relatives spoken stated that they were supported by great staff and received very good care.

**Judgment:**  
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:**  
The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive and had been reviewed and updated in

conjunction with the centres health and safety consultants. All risks specifically mentioned in the regulations were included. All staff had recently completed training on the safety statement.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken with confirmed that they had received this training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in April 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in January 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken with told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. The person in charge told the inspector that the local fire officer had recently carried out a fire safety audit of the building and the grounds. She stated that she had not received a report but he had recommended that automatic release door guards be fitted to bedrooms. The person in charge stated that she was in the process of obtaining quotations and intended to complete the works on a phased basis.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The person in charge had completed recent training in infection control and hand hygiene with all staff in house. Regular infection control audits were carried out, the results of which indicated a high compliance rate.

The inspector spoke with housekeeping staff that were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building was found to be clean and odour free.

The inspector noted that the laundry room had been extended since the previous inspection to ensure that soiled and clean laundry could be segregated in line with best practice in infection control however, the inspector had some concerns that clean laundry was being returned to the residents' bedrooms via the sluice room. This posed an infection control risk. The person in charge undertook to review this and make arrangements for an alternative route.

**Judgment:**

Substantially Compliant

***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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice. Issues identified at the previous inspection had been addressed. Residents had a choice of pharmacist.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. Medicines were regularly reviewed by the general practitioners (GP). All medicines including medicines that were required to be crushed were individually prescribed.

There were two residents who had been assessed as being knowledgeable and competent to self administer medicines in line with the centres medicines policy.

Systems were in place to record medicines errors which included the details, outcome and follow- up action taken. Staff were familiar with these systems. Nursing staff stated that there had been no recent medicines errors.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacists.

Regular medicines management audits were carried out by the person in charge. Audit findings and action plans were documented; the inspector noted that no issues had been identified following the most recent audit in January 2017. All nursing staff had recently completed medicines management training.

**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:**

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and with communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and responsive behaviour.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling.

The inspector noted that care plans were in place for all identified issues. An informative summary of care was in place for all residents which outlined guidance for staff in areas such as communication, psychological and emotional state, pain, social and recreation, maintaining a safe environment, mobility and risk of falls, controlling body temperature, personal care, skin care, breathing and circulation, nutrition, self image, elimination, sleep and rest, spirituality and dying and medications. Care plans guided care and were

regularly reviewed. Care plans were person centered and individualised. There was evidence of relative and resident involvement in the review of care plans. There was evidence to show that care plans were reviewed regularly on a monthly basis and more frequently if required. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. Care staff told the inspector that they attended comprehensive daily handovers and that systems were in place to ensure that any changes or information relating to residents needs were communicated with all staff.

The person in charge and nursing staff advised the inspector that there were no residents with pressure ulcers at the time of inspection. Staff had access to support from the tissue viability nurse if required.

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds and crash mats were in use for some residents. The inspector noted that the communal areas were supervised by staff at all times.

The social care needs of each resident were assessed, details of residents interests and hobbies were recorded.

Staff continued to provide meaningful and interesting activities for residents. The daily and weekly activities schedule was displayed. Staff were observed interacting with residents as they performed their work duties and facilitating planned activities. The inspector observed residents enjoying a variety of activities during the inspection including celebrating and singing hymns at the weekly mass with the local priest, partaking in an exercise to music programme, in house dog therapy, live music and song session. Many of the residents actively partook while others stated that they enjoyed listening and looking on. Residents spoken with told the inspector that they enjoyed the variety of activities taking place. Some residents liked specific activities such as gardening and these were encouraged and facilitated. One resident told the inspector how he enjoyed gardening and looking after the plants and had planted many different varieties of vegetables. Residents and staff spoke of looking forward to 'Sluichan Day' planned for the 16 March. They planned to have a traditional west Clare dinner made with sea cabbage and home cured bacon followed by a traditional Irish music session. Three staff members had completed Sonas training (therapeutic programme specifically for residents with Alzheimer's disease) and had attended an activities training course. There was an activity plan for 2017 which included visits from local school children,

choirs, dance groups as well as baking and flower arranging demonstrations. There were plans for day trips to areas of local interest and the person in charge told the inspector how they had recently acquired the use of a mini bus.

**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):**  
No actions were required from the previous inspection.

**Findings:**

The centre was purpose-built, well maintained and nicely decorated. It was warm, clean and odour free throughout. The provider has continued to invest in the premises and has carried out extensive structural works since the last renewal of registration inspection. Works included the provision of additional en suite bathrooms, upgrading of existing bathrooms, installation of additional insulation and solar panels, extensions to the day rooms and laundry, provision of a smoking room, treatment room, and storage and staff facilities. The extension also included three additional bedrooms, one twin and two single bedrooms with en suite shower facilities. The provider had applied to increase the capacity of the centre from 36 to 40 places.

There was a variety of communal day spaces including day room, dining room, sun rooms, smoking room, oratory and front reception area. The communal areas had a variety of comfortable furnishings and were domestic in nature.

Bedroom accommodation met residents' needs for privacy, leisure and comfort. Inspectors found that bedrooms were clean, bright and had ample personal storage space. There were call-bell facilities, specialised beds, screening curtains in shared rooms and armchairs in all bedrooms. Televisions were provided in some bedrooms at the request of residents. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Residents spoken to stated that they liked their bedrooms and new en suite bathroom facilities. There was a variety of single and shared twin bedrooms. There was one four bedded room which was occupied by two residents at the time of inspection, there were no issues regarding lack of privacy and dignity for those residents.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. Inspectors viewed the service and maintenance records for the equipment and found these were up-to-date.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs.

There was a spacious and well equipped kitchen. Separate staff changing and toilet facilities were provided for catering staff.

The inspector viewed the laundry, cleaners' room and sluice room. All were found to be well equipped and maintained in a clean, well organised manner.

The building was secure. The entrance door was fitted with a numerical key pad.

Residents had access to a secure enclosed paved courtyard.

**Judgment:**

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 found there was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents. Staff were supervised to their role and appraisals were also conducted. On the days of inspection there were 26 residents including two residents assessed as independent, three residents assessed as low dependency, nine as medium dependency, six as high dependency and six as maximum dependency. There was normally one nurse and four care staff on duty during the morning and afternoon, one nurse and two care staff in the evening and one nurse and one care assistant on duty at night time. The person in charge and the assistant director of nursing were normally on duty Monday to Friday during the day time. The person in charge advised the inspector that she will continue to review staffing levels taking into

consideration the assessed needs and dependency of residents.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement also included the administrator, catering and housekeeping staff. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There were robust recruitment procedures in place. A sample of staff files reviewed were found to contain all the required documentation as required by the Regulations including evidence of Garda Síochána vetting. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files. There were no volunteers attending the centre. The person in charge confirmed that Garda Síochána vetting was in place for all staff and persons who provided services to residents in the centre.

The management team were committed to providing on-going training to staff. All staff had completed up to date mandatory training. Staff had also recently completed training in infection control, nutrition, cardiac pulmonary resuscitation, advocacy services, dementia care and management of responsive behaviour. Nursing staff had recently completed training in medicines management and care of the older person, wound care, assessment and person centered care planning. There was a training plan in place for 2017 which included, safeguarding, incontinence, palliative care and end of life training.

**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:***

Mary Costelloe  
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 report<sup>1</sup>

<b>Centre name:</b>	St. Theresa's Nursing Home
<b>Centre ID:</b>	OSV-0000451
<b>Date of inspection:</b>	14/03/2017
<b>Date of response:</b>	07/04/2017

#### 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 02: Governance and Management

##### Theme:

Governance, Leadership and Management

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

The person in charge advised the inspector that information from audits was being used to inform the annual review of the quality and safety of care for 2016 which was in the process of being finalised.

##### **1. Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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

quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The Annual Audit will be completed in April which is the month for St Theresa's Annual review of all audits. This will be completed and sent on to the Inspector if so required by the end of April 2017.

**Proposed Timescale:** 30/04/2017

**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:**

Clean laundry was being returned to the residents bedrooms via the sluice room. The person in charge undertook to review this and make arrangements for an alternative route.

**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:**

The alternative route was identified on the day of inspection and all staff are aware of such changes made and are compliant with same since that date.

**Proposed Timescale:** 07/04/2017