Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St. Teresa's Nursing Home
Name of provider:	Cashel Care Limited
Address of centre:	Friar Street, Cashel, Tipperary
Type of inspection:	Announced
Date of inspection:	19 and 20 November 2018
Centre ID:	OSV-0000293
Fieldwork ID:	MON-0022235

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Teresa's Nursing Home is centrally located in the town of Cashel, Co. Tipperary and is in close proximity to all facilities such as the church, shops and restaurants. The original premises dates back to the 1800's and was formerly a convent that had been refurbished and modernised. The centre originally opened to provide residential care in 2003 and caters for both male and female residents over the age of 18 years. Twenty four hour nursing care is provided with a registered nurse on duty at all times. The centre accommodates low, medium, high and maximum levels of dependency including residents that may be ambulant and confused. The centre provides respite care, post-operative convalescent care and general medical convalescent care. However, the centre has an exclusion criteria in relation to young chronic care. Residents are admitted following a pre-admission assessment of their health, personal and social care needs. This assessment is undertaken by the nurse in charge or her deputy to ensure that the centre can meet the prospective residents needs. The premises is a three storey building situated on spacious grounds with a secure perimeter and gated entrance. Access to the upper floors is via a standard passenger lift, a large platform lift and two stairwells situated at either end of the premises. There is an enclosed garden area to the rear with a mature garden with seating and walkways for resident use. Communal space is on the ground floor and comprises of a small lobby area at the entrance with some seating leading into the sitting room with an adjacent conservatory. Further into the premises there is a larger sitting room/dining room that is divided so that sitting and dining space are separated. There is also a kitchen, a staff rest room, a small laundry and a storage room on the ground floor. Bedroom accommodation is on the first and second floors, and comprises of three single bedrooms and six twin bedrooms on each floor. There is a small nurses station on each of the upper bedroom floors. Four of the twin bedrooms and two of the single bedrooms have separate en suite facilities, while en suite facilities are shared between two bedrooms for the other eight twin bedrooms and four single bedrooms. Additional sanitary facilities include two communal toilets on the ground floor and there is a bathroom with a bath and toilet on the second floor. There is also staff toilets on the ground floor and a separate designated toilet for catering staff. The registered provider is a limited company called Cashel Care Ltd and employs approximately 30 staff. Staff employed in the centre include registered nurses, care assistants, an activities co-coordinator, maintenance, laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the	26

date of inspection:	

How we inspect

To prepare for this inspection the inspector or 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
19 November 2018	08:30hrs to 18:30hrs	Vincent Kearns	Lead
20 November 2018	07:00hrs to 14:30hrs	Vincent Kearns	Lead

Views of people who use the service

From speaking to residents and a review of the returned questionnaires; the overall feedback was very positive and people were happy with the care and support they received. All of the returned residents questionnaires issued as part of the centre's ongoing quality improvement programme, clearly identified staff as being very attentive and caring to residents. In these questionnaires residents also expressed satisfaction with the overall service provided, for example, the meals and activities available in the centre. Residents to whom the inspector spoke stated that staff provided exceptional care, that their choice and freedom to make decisions about their day was always respected. They also reported that there was a friendly atmosphere and felt that the centre was a homely environment in which to live. People knew the staff and person charge by name and relayed that they could bring issues to any member of staff. Residents informed the inspector that staff treated them with respect and dignity at all times. Residents described staff as very kind, caring and responsive to their needs. Residents said staff kept them informed and up to date about any changes to their health and social care needs.

Capacity and capability

This was an announced inspection following an application by the registered provider to renew registration of the centre. Overall, the inspector found improved levels of compliance with some improvements evident on this inspection. For example, most of the actions from the previous inspection had been completed or were in the process of completion. In addition, there were some improvements in the overall monitoring and documentation within the centre including in the risk management arrangements and notifications to the chief inspector's office in relation to notifiable incidents. Overall, the inspector found that there was adequate governance and management of the centre. For example, there was a defined management structure that clearly outlined the lines of authority and accountability in the centre. The provider representative was based on site in the centre. She worked in the capacity of centre manager since 2010 and she was also actively involved in the day to day running of the centre. She outlined how she was also actively involved in providing suitable governance and managerial oversight of the centre and described the monitoring and reporting arrangements. For example, there were regular structured meetings with staff and a quality assurance system that involved ongoing auditing on key issues such as accidents, incidents, wounds or medication management. The inspector noted that since the previous inspection, there had also been improvements in relation to the management of complaints, maintenance of records and provision of staff training. At the time of this inspection the person in charge was on extended leave since July 2018.

However, the provider had not appointed a suitable person to the role of person in charge, as required by regulation. In addition, some improvements were required in relation to the audit system. For example not all audits viewed adequately identified issues requiring action or adequate action plans to drive required improvements to ensure that the service provided was safe, appropriate and consistent. In addition, the annual review report required improvement. For example, to ensure that annual review was comprehensive completed to identify areas for consideration as part of a quality improvement strategy and the development of a subsequent action plan.

The person in charge was on extended leave and although there was no person in charge appointed, there were deputising arrangements in place, whereby the senior nurse or the centre manager were responsible for the service. Arrangements were in place for the centre manager (registered provider representative) and the senior nurse to regularly meet with residents and their representatives. They also met with the activities, care staff and nursing staff. The inspector noted that recorded minutes were maintained of these meetings.

The inspector was assured that the provider was providing suitable staffing and skill-mix to meet the assessed needs of the residents for the size, design and layout of the centre. Regular staff performance appraisals were ongoing and all staff were supervised on an appropriate basis, in accordance to their role and responsibilities. The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. All recently appointed staff had received a suitable induction, and staff had completed mandatory training. The provider representative confirmed that all staff had suitable Garda Síochána (police) vetting in place. Registration details with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2018 for nursing staff were seen by the inspector.

In relation to adequate resources, the inspector observed that there were sufficient equipment in place to ensure the delivery of safe and good quality care to the residents, with the current skill mix and staffing levels. There was also for example, appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses.

Policies and procedures had been recently updated by the person in charge to reflect the most up-to-date regulations, national standards and best practice guidelines. Other documentation reviewed to ensure compliance with the regulations included a current insurance certificate, the directory of residents and contracts of care. The provider representative and person in charge were aware of their roles and responsibilities regarding submission of notifications to the regulator.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew registration was timely and contained all the requirements set out in the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was on extended leave since July 2018 and a suitable person had not been appointed to the role of person in charge, as required by regulation.

One of the company directors who had qualified as a general nurse in July 2017 had deputised in the absence of the person in charge. The company director held the position of manager in the centre, had previously worked as a health care care assistant and was a person participating in management in the centre since 2007. She also had qualifications in psychology, dementia care and also has a post graduate management qualification. In addition a senior nurse also deputised for the person in charge for brief periods

Judgment: Not compliant

Regulation 15: Staffing

The number and skill-mix of staff in the centre on the days of the inspection was sufficient to meet the assessed needs of the residents having regard to the size, design and layout of the service.

Judgment: Compliant

Regulation 16: Training and staff development

There was an induction and supervision programme in place for new staff. Regular staff appraisals were completed to inform continuous professional development. A range of training was completed by staff that was relevant to the care and support needs of residents. This included fire safety, infection control, moving and handling practices, and dementia training. Refresher training was available in a timely manner to ensure staff knowledge remained up to date.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was established and maintained by the centre manager and available in the centre. It was kept up to date to ensure that it was in line with the requirements set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Generally records were seen to be maintained and stored adequately and met legislative requirements. Residents' records were made available to the inspector who noted that they complied with Schedule 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. In addition, Schedule 2 requirements including An Garda Síochána (police) vetting disclosures were in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. The inspector was satisfied that the records viewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment: Compliant

Regulation 22: Insurance

A current certificate of insurance in relation to the centre was available, as required by regulations.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there was adequate management and governance arrangements in place in the centre that were in keeping with the centres statement of purpose. These arrangements were generally effective, as evidenced by the improved level of compliance identified on this inspection and some ongoing improvements within the centre. There was evidence of good levels of consultation with residents and their relatives and there was an auditing system to provide monitoring of the quality of care provided. There were adequate resources provided for the continuous professional development of staff. The centre manager confirmed that she met with the senior nurse regularly to review any issues and plan for any changes or improvements. However, as has been identified in this report the arrangements for replacing the person in charge during extended leave were not adequate and did

not meet the regulator requirements. In addition, there were no written minutes of these meetings available and it was therefore difficult to track or follow up on any agreed management decisions, changes or planned improvements.

An annual review of the quality and safety of care delivered to residents had taken place for 2018. However, some improvements were required in relation to this report. For example, the report required to be more comprehensively completed and to provide suitable action plans for ongoing quality improvements within the centre.

The inspector noted that there had been resident satisfaction surveys completed to ascertain residents' views and provide ongoing feedback. A review of these returned questionnaires indicated a high level of satisfaction with the service provided. In addition, there was a program of ongoing audits available. However, some improvement was required in relation to these audits. For example, not all audits viewed had suitable action plans in place to drive quality improvements.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector found that residents' contracts of care had been signed by the residents and or their relatives and the contracts were clear, user-friendly and outlined the services and responsibilities of the provider representative to the resident and the fees to be paid. The contracts also identified details in relation to the residents bedroom accommodation as required by regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose detailed the aims, objectives and the facilities and services that were to be provided for residents. The statement of purpose was made available for residents, visitors and staff to read and had been most recently reviewed in October 2018.

Judgment: Compliant

Regulation 31: Notification of incidents

There were adequate arrangements in place for any incidents as described in the regulations to be reported to the office of the chief inspector in accordance with the

requirements of the legislation. The inspector followed up on a number of notifications received from the centre and saw that suitable actions had been taken regarding each accident or any adverse event.

Judgment: Compliant

Regulation 32: Notification of absence

Suitable written notification had been provided to the office of the chief inspector in relation to the absence of the person in charge. The office of the chief inspector had been provided with details in relation to the procedures and arrangements that were in place for the management of the centre during the absence of the person in charge, as required by regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints could be made to any member of staff and the complaints log evidenced that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and the complaint log recorded whether or not they were satisfied.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures as listed in Schedule 5 of the regulations were available. They were signed and dated by staff to indicate they had read and understood them. They had been reviewed and updated by the person in charge in accordance with the regulations.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Suitable written notification of the arrangements to be in place had been provided to the office of the chief inspector in relation to the absence of the person in

charge. These arrangements included the centre manager who was also a registered nurse stepping into the role of person in charge during the planned absence of the appointed person in charge, as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector observed that staff demonstrated good knowledge and understanding of the needs of residents. Overall, residents received a good standard of care and access to medical resources and the services of allied healthcare professionals were in keeping with the assessed needs of residents. Residents told the inspector that they were well supported to live as independent a life as possible, and spoke about the friendly atmosphere in this relatively small centre. Staff to whom the inspector spoke said that the overall ethos of the centre was to provide a relaxed, homely and supportive environment for residents. There was a choice of General Practitioners' (GP's) attending the centre and nursing care was provided by a minimum of one registered nurse who was on duty both day and night time. Based on a review of a random sample of care plans; the inspector was satisfied that the care plans reflected the majority of each resident's assessed needs. Assessment was supported by a number of evidenced-based assessment tools and plans of care were in place to meet most identified needs. However, some improvement was required in relation to the care plans in relation to end of life care; as not all care plans reviewed were comprehensively completed to inform and guide staff in their practice when providing end of life care.

There was only a small number of residents that presented with behaviours that challenged. The inspector noted that there were suitable practice, policies and staff training to support residents with behaviours that challenges. In relation to restrictive practices; while bed rails and lap belts were in use; they were only used following an appropriate assessment and alternatives having being trialled prior to their use. A risk-balance tool was completed prior to the use of bed rails or lap belts, and a care plan was developed and reviewed every four months or more frequently, when circumstances changed. Records also demonstrated that residents were monitored and observed regularly while a bed rail or lap belt was in place. These arrangements gave some assurance that restraint was only used as a last resort, and monitored closely and reviewed regularly to ensure residents' safety while also endeavouring to respect residents' expressed preferences.

There was evidence that residents were protected from abuse and harm. Residents who the inspector spoke with confirmed that they felt safe in the centre. Training records indicated that all staff had completed initial or up-to-date training in the prevention, detection and response to abuse. Many of the staff had worked in the centre for a number of years and the inspector observed positive and respectful interactions between staff and residents. Residents and relatives stated that they

were comfortable in asserting themselves and bringing any issues of concern to any staff, or to the centre's manager.

The inspector noted that the atmosphere in the centre was welcoming, and it was warm, clean and well ventilated on both days of inspection. The premises were generally homely with carpets in a number of rooms, photographs, appropriate pictures, and homely furnishings located throughout the centre. Since the previous inspection, there had been some improvement in some parts of the premises. For example, there was improved lighting on the bedroom corridors, the entrance and front stairways had been repainted and each bedroom door had additional signage to assist residents locate their bedrooms. However, the inspector noted that none of the bedrooms doors could be secured to allow residents undertake personal activities in private. The provider representative outlined to the inspector how she had review this matter following the last inspection. However, at the time of this inspection this action remained open as it had not been adequately progressed.

Residents outlined how they were consulted with and facilitated to, participate in the organisation of activities in the centre. For example, all residents' had social assessments completed. These included an evaluation of residents' social and emotional well being and included suitable activities assessments. Staff outlined how how they had also commenced developing "meaningful moments records" for residents. These assessments gave staff a good insight into residents' pastimes, likes, and dislikes, preferences and hobbies.

The inspector observed that all fire exits were noted to be unobstructed. There were clear procedures for the safe evacuation of residents and staff in the event of fire that were displayed in a number of areas within the centre. Fire records were comprehensive, accurate and easily retrievable. From a review of these records there was evidence that fire safety equipment was serviced on an annual basis. The fire alarm panel was serviced on a quarterly basis, with the most recent service recorded in November 2018. The emergency lighting was also regularly checked by staff and was also serviced on an quarterly basis with the most recent service recorded in September 2018. There was a low level of accidents recorded in the centre and there were accident prevention measures in place such as suitable hazard identification and risk assessments.

Regulation 11: Visits

There was an open visiting policy and the inspector observed that visitors were welcomed and were known to staff. Questionnaires returned stated that visitors were welcomed and staff engaged with family members and this was observed on inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Secure facilities were available in resident's bedrooms for the safe-keeping of small quantities of money and valuables. Bedrooms were decorated in accordance with resident's wishes and preferences and they had access to their personal property. Adequate space to store and maintain clothes and personal items was provided.

Judgment: Compliant

Regulation 13: End of life

Overall, there was evidence of appropriate end of life care and comfort was provided to residents which addressed their physical, emotional, social, psychological and spiritual needs. On the days of this inspection, there were no residents receiving end of life care. Staff to whom the inspectors spoke, demonstrated an empathetic understanding of the needs of residents and their families at end of life. Staff confirmed that family members who wished to remain overnight were supported and made comfortable. However, not all care plans reviewed contained adequate details to guide staff in supporting residents in relation to the provision of end of life care.

Judgment: Substantially compliant

Regulation 17: Premises

The premises appeared clean, generally homely and all bedrooms had wash-hand basins with a number of bedrooms had ensuite facilities. Residents to whom the inspector spoke with confirmed that they were happy with their accommodation. Assisted toilet and shower facilities were available close by bedrooms and communal areas. The audit programme included oversight of the premises and equipment and this informed the redecorating plan. External grounds available to residents were well maintained and had safe walkways for residents to enjoy. However, as identified on the previous inspection, the bedroom doors could not be secured to ensure resident privacy. This issue has been actioned under Regulation 9 of this report.

Judgment: Compliant

Regulation 18: Food and nutrition

Overall, residents nutritional and hydration needs were adequately met. Residents weights were monitored on a regular basis as appropriate. A recognised nutritional assessment tool was used and there were corresponding nutritional care plans in place. Appropriate referrals to allied health services were documented. For example, referrals to dietitian, speech and language therapy and GP's.
Residents gave positive feedback regarding meals, mealtimes and the quality of food as well as the social aspect of meals and the inspector observed this in practice. Choice was given for all meals. Residents satisfaction surveys sought feedback from residents' regarding their meals and residents said that these suggestions were acted upon.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment: Compliant

Regulation 26: Risk management

Overall, there were adequate arrangements in place in relation to the management of risks in the centre. For example, there was a risk management policy which had been updated July 2017 and risk register which detailed and set control measures to mitigate risks identified in the centre. These included risks associated with residents such as smoking, falls, and residents leaving the centre unexpectedly. An accident and incident log was retained for residents, staff and visitors. The risk management policy contained the items as listed in the regulations. The centre manager was familiar with the risk policy and and risks identified. The inspector noted that since the previous inspection, a number of additional hazards had been identified, risk assessed and controls established to mitigate these hazards.

Judgment: Compliant

Regulation 27: Infection control

The premises appeared to be generally clean and there were appropriate infection prevention and control procedures being practiced throughout the centre which were found to be in line with relevant national standards.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider representative had taken suitable measures to protect the residents, staff and premises against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. All staff had up-to-date fire safety training, including attendance at fire evacuation drills in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Generally, medications were stored, administered and disposed of in line with An Bord Altranais and Cnáimhseachais na hÉireann's Guidance to Nurses and Midwives on Medication Management (2007). Medication records reviewed were adequate. Staff were observed adhering to appropriate medication management practices. The medication trolley was suitably secured and the medication keys were held by the nurse on duty. Controlled drugs were also stored and managed in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The centre-specific policies on medication management were made available to the inspector and they had been reviewed in October 2018. There was a record of medication errors maintained in the centre. However, one medication error reviewed was not suitably managed. For example, in this incident there was no record of the residents' GP or their next of kin having been notified of this incident. In addition, in the records viewed there was inadequate details recorded to support the prevention of a repeat of a similar medication error. In addition, this medication error record was not in accordance with the centre's medication administration policy or in line with An Bord Altranais and Cnáimhseachais na hÉireann's Guidance to Nurses and Midwives on Medication Management (2007).

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Overall, the care plans reflected the overwhelming majority of residents' assessed needs. Detailed assessments of each resident's health, personal and social care needs were carried out by nursing and appropriate health care professional following admission to the centre. The person in charge outlined how regular review and auditing of the care planning was being provided to drive improvements in the residents care planning system. Care plans were reviewed every four months or more frequently as required. However, improvements were required to ensure that care plans were suitable to meet all the identified needs of each resident, including end of life care needs.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence of adequate access to specialist and allied health care services to meet the care needs of residents. For example, speech and language therapist, occupational therapy, physiotherapy, psychiatry, opticians, and chiropody services. There was also appropriate medical and healthcare, including a good standard of evidence-based nursing care provided for residents in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were few residents in the centre with behaviours that challenge on the days of inspection. However, effective supports in place such as staff training and suitable policies for the management of behaviours that challenge were available.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to support identifying, reporting and investigating allegations or suspicions of abuse. In relation to the maintenance of residents' day to day expenses; the center managed a small number of residents financial

transactions. The inspector reviewed these arrangements which included a review of a sample of residents' records of money transactions. The inspector noted that all lodgements and withdrawals were adequately documented or signed for by residents, their representatives and/or two staff. The provider representative also managed one residents pension and confirmed that that it was managed in compliance with the requirements of the Department of Social Protection guidelines, in relation to pension agents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents to whom the inspector spoke were aware of their rights, including, civil, political and religious rights. These rights were respected by staff, and residents were supported to exercise their choices as much as possible. Advocacy services were available to assist residents where required. Residents were actively encouraged to participate in the organisation of the centre and they gave positive feedback regarding opportunities available to them. Residents were supported to engage in activities that aligned with their interests and capabilities, and facilities for these were available in the centre. However, improvements were required to ensure residents privacy in the centre. The inspector noted that none of the bedrooms doors could be secured to allow residents undertake personal activities in private. The provider representative outlined to the inspector how she had reviewed this matter following the last inspection. However, at the time of this inspection this action remained open as it had not been adequately progressed.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. Teresa's Nursing Home OSV-0000293

Inspection ID: MON-0022235

Date of inspection: 19/11/2018 and 20/11/2018

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A senior nurse has taken the role of Person in charge, she has been in the home for the last 6 years and will complete a management course to ensure she has satisfied the criteria outlined in the regulations	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We will review our governance and management arrangements to include recorded management meetings. Our new PIC has been appointed and we will ensure they are fully informed of the arrangements. We will restructure our annual review to provide a better oversight of the audits, quality action plans and improvements within the home throughout the year	

Regulation 13: End of life	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: End of life:

After the inspection we reminded family members of the importance of us ascertaining the end of life wishes of their loved ones and requested they fill out our questionnaire that was sent to them by post. In regard to the residents in the home who can relay their wishes we will do our best to approach the subject with sensitivity in so far as is reasonably practical and get the adequate information required in due course, we will then draw up a care plan outlining the information received. Any staff who had not attended the previous training in end of life care and communication will attend a training day

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

We have reviewed our incident report form; we have made it more robust to remind nurses of the importance of adequate follow up should a medication error occur. All nursing staff has been informed of the significance of good quality follow up with regards to any errors, near misses and incidents, this was discussed at a staff meeting. All nurses will continue to complete their medication management courses annually as before.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
As mentioned in action plan for regulation 13 we will endeavor to ascertain the end of life wishes for all our residents and draw up an adequate care plan to highlight their needs and preferences for all staff caring for them

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: We will apply fire safety locks to our single occupancy bedroom doors in accordance with the residents' capacities as per the Health Act and standard 9, post discussion with all company directors and NTPF re budget and allowance for €4000.00 to be spent on locks	

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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	01/02/2019
Regulation 14(3)	Where the registered provider is not the person in charge, the person in charge shall be a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years.	Not Compliant	Orange	08/01/2019
Regulation 23(b)	The registered provider shall ensure that there	Not Compliant	Orange	08/01/2019

	is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/01/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the 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.	Substantially Compliant	Yellow	20/01/2019
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with	Substantially Compliant	Yellow	21/11/2018

	the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/02/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/03/2019