### Centre name:
St. Martha's Nursing Home

### Centre ID:
ORG-0000294

### Centre address:
Glenswilly House, Cappauniac, Cahir, Tipperary.

### Telephone number:
052 744 1895

### Email address:
anthonyandjoanne@eircom.net

### Type of centre:
A Nursing Home as per Health (Nursing Homes) Act 1990

### Registered provider:
Anthony and Joanne O'Connell Partnership

### Provider Nominee:
Anthony O'Connell

### Person in charge:
Joanne O'Connell

### Lead inspector:
Louisa Power

### Support inspector(s):
Vincent Kearns

### Type of inspection:
Announced

### Number of residents on the date of inspection:
22

### Number of vacancies on the date of inspection:
0
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
05 February 2014 08:30 05 February 2014 17:00
06 February 2014 07:30 06 February 2014 14:30

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

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Summary of findings from this inspection
The inspection was an announced renewal of registration inspection and was the fifth inspection of the centre by the Authority. As part of the inspection process, inspectors met with residents, relatives, visitors and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the providers as part of the renewal process was submitted in a timely and precise manner and was also reviewed prior to the inspection including questionnaires completed by residents and relatives; the feedback was positive and is referenced in the body of the report.

Previous inspection findings were satisfactory and where regulatory non-compliance
has been identified, the providers have demonstrated their willingness, commitment and capacity to implement the required improvements. The previous inspection was undertaken on 24 July 2013. The inspection report and provider's response to the action plan can be found on www.hiqa.ie.

The inspection findings were positive. The actions that emanated from the previous inspection were satisfactorily completed and inspectors concluded that the providers operated the centre within the parameters of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and was substantially compliant in 12 out of 18 outcomes. Moderate non-compliance was found in four outcomes and minor non-compliance in one outcome. Improvements were identified to enhance the substantive evidence of good practice.

The required improvements are set out in detail in the action plan at the end of this report and include:

- a review of the statement of purpose
- inclusion of the resident's photograph and a daily nursing record in each resident's record
- medication management practices
- minor improvements to the premises
- maintenance of a record of residents' personal possessions.
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:
Leadership, Governance and Management

Judgement:
Non Compliant - Minor

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

Findings:
The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available for residents and staff to read.

The written statement of purpose described a service that provided care in "a dignified, respectful, friendly and safe environment" as well as ensuring a "homely relaxed atmosphere". The inspectors observed that the ethos as described in the centre's statement of purpose was actively promoted by staff.

However, not all items listed in Schedule 1 of the regulations were detailed in the statement of purpose, namely the date of registration, registration number and conditions of registration.

Outcome 02: Contract for the Provision of Services
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
The inspectors reviewed a sample of residents' contracts of care and noted that all were signed and dated by the resident or their representative within one month of admission. The contract details the services to be provided. All fees relevant to care and accommodation were included in the contract. Details of any additional charges were included.

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**Outcome 03: Suitable Person in Charge**

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

**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

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

**Findings:**
The person in charge was also one of the providers. The person in charge was employed full-time and was a nurse with more than three years experience in the area of nursing of the older person within the previous six years. The person in charge had retained a strong clinical role in the delivery of services to residents. The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people, including 'Train the Trainer' courses on elder abuse and restraint. While speaking to inspectors, the person in charge demonstrated knowledge of residents, their care needs, and a strong commitment to ongoing improvement of the centre and the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. The staff reported that the person in charge is approachable and supportive.

Throughout the inspection, the inspectors observed that the person in charge had strong clinical knowledge and leadership and demonstrated good knowledge of the relevant legislation and her statutory responsibilities. The person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.
**Outcome 04: Records and documentation to be kept at a designated centre**

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

**Theme:**
Leadership, Governance and Management

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The residents' directory was up to date but a recent photograph of the resident was not included in the residents' records.

The inspectors viewed a sample of the residents' medical records and noted that the records were up-to-date and contained many of the required elements. A daily flow sheet had been completed for all residents but the inspectors saw that a daily nursing progress record had not been completed for residents.

Inspectors reviewed the centre's operating policies and procedures and noted that the centre had policies as per the requirement of the Regulations. The centre-specific policies reflected the care given in the centre and informed staff with regard to up-to-date evidenced best practice or guidelines. Staff demonstrated an understanding of the policies.

The inspectors viewed the centre's insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors. The providers ensure that out-sourced providers are appropriately insured to provide a service to the centre.

Reports and documentation relating to the other inspections (fire/food safety) were maintained at the centre.

All records maintained were easily retrievable but stored in a secure manner. The centre had an up-to-date policy relating to the creation of, access to, retention of and destruction of records.
<table>
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<tr>
<th>Outcome 05: Absence of the person in charge</th>
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<tr>
<td>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</td>
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**Theme:**
Leadership, Governance and Management

**Judgement:**
Compliant

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

**Findings:**
There had been no periods where the person in charge was absent for 28 days or more since the last inspection and there had been no change to the person in charge. The providers were aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

The key senior manager is identified as the person to act as the person in charge in her absence. The key senior manager is a nurse with many years' experience she had a good understanding of her responsibilities when deputising for the person in charge.

<table>
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<tr>
<th>Outcome 06: Safeguarding and Safety</th>
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<tr>
<td>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.</td>
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**Theme:**
Safe Care and Support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre. The centre-specific policies on the prevention and management of abuse had been revised to include the other possible abuse scenarios e.g. resident to resident, by a relative or visitor or a potential allegation against a member of management. Training records reviewed indicated that all staff had attended education and training on the protection of vulnerable residents. All staff spoken with had a clear understanding of the subject and
their reporting responsibilities. Staff spoke of the "homely" care provided for residents. The inspectors saw that the staff took time to engage with the residents and the residents were relaxed in the company of the staff. The inspectors interacted with the residents throughout the inspection and residents spoke of the "nice" staff and that they feel safe living in the centre.

### Outcome 07: Health and Safety and Risk Management

**The health and safety of residents, visitors and staff is promoted and protected.**

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Overall there was evidence that the providers were committed to protecting and promoting the health and safety of residents, staff and visitors.

There was a health and safety statement in place dated 24 February 2010. This outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. Each risk assessment was reviewed every two years. The risks identified specifically in the regulations were included in the risk register. However, the inspectors noted that the format of the risk assessments made it difficult to update on an ongoing basis e.g. when controls change or new residents are admitted.

The health and safety statement was augmented by a number of centre-specific risk management policies. There was an emergency plan in place.

The accident log book was reviewed and there were arrangements in place for investigating and learning from accidents.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape from the ground and first floors. Fire exits were unobstructed. The procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. Staff receive annual fire training on an ongoing basis and demonstrated good knowledge on the procedure to follow in event of a fire. The fire alarm is serviced on a quarterly basis. Fire safety equipment is serviced on an annual basis. Fire drills take place on a quarterly basis.

A designated smoking area was provided for residents and each resident who smoked was individually assessed. The individualised risk assessments were adequate and there
was evidence of the implementation of the identified controls. The smoking area was equipped with fire fighting and fire detection equipment, fire resistant furniture, a call bell and an observation panel.

Staff are trained in the moving and handling of residents and demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Each resident had a personalised manual handling plan which was updated quarterly at a minimum in line with residents' changing needs.

The lift was maintained, serviced annually and used appropriately.

A new grab-rail had been installed on the first floor but there were no grab-rails installed at the entrance of the centre or to assist residents who wish to exit into the garden area.

The temperature of the water in the hot taps was tested by the inspectors in a number of areas throughout the centre and it did not pose a risk of scalding.

Infection control practices were guided by a centre-specific policy updated in October 2013. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport. Hand washing and sanitising facilities were readily accessible to staff and visitors. Designated hand washing facilities were provided in the laundry and sluice rooms. Access to high risk areas, such as the sluice, laundry and treatment room, was seen to be restricted at all times.

The linen management policy was updated in October 2013 and stated that contaminated/infected linen shall be placed in a red alginate bag and sealed and placed in the red laundry bag. However, there were no red alginate bags provided for this purpose.

The inspectors spoke with the two members of housekeeping staff. There was evidence of a regular cleaning routine and communication between the housekeeping staff. However, some of the cleaning practices observed did not adequately prevent against cross contamination.

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**Outcome 08: Medication Management**

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

**Theme:**
Safe Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspectors noted that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. These policies were comprehensive and centre-specific. However, the inspectors observed that medication administration practices did not consistently adhere to the centre-specific policy or national guidance.

Handling of controlled drugs was safe and in accordance with current guidelines and legislation. Medication management training was facilitated regularly.

The maximum dosage of medications administered on a PRN (pro re nata or 'as required') basis was stated and PRN medications were not administered on a regular or routine basis.

The prescription record was transcribed by nursing staff, was clearly indicated as such and countersigned by a second nurse; each record was signed and dated by the relevant GP. The date of transcription was recorded.

Medication management audits were completed on a quarterly basis by the person in charge.

Medication prescription sheets were current but did not contain the centre's address. Authorisations were in place for administering medications in an altered format (crushed).

Medication administration sheets identified the medications on the prescription sheet, contained the signature of the nurse administering the medication and allowed space to record comments on withholding or refusing medications. However, the times of administration did not match the prescription sheet.

A review of each resident’s medication was undertaken and documented by the relevant GP and the pharmacist every three months.

Telephone orders were accepted in an emergency situation only and were supported by a copy of the original prescription which was signed and dated by the GP.

Unused or out-of-date medications were returned to the pharmacy and a written record was maintained.

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Care and Support

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

**Findings:**
The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

The person in charge had notified the regulation directorate of all incidents and quarterly returns as required by Article 36 of the Regulations.

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

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**Outcome 10: Reviewing and improving the quality and safety of care**
*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**
Effective Care and Support

**Judgement:**
Compliant

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

**Findings:**
The person in charge, the providers and staff displayed a strong and clear commitment to continuous improvement in quality person-centred care through regular audits of resident care and the facilities.

The inspectors looked at accidents and incidents that had occurred in the centre and found they were all recorded in line with best practice. Regular audits were in place and included review of falls, care plans, medication management and challenging behaviour.

Minutes of the residents' council meetings were made available to the inspector. Attendance at these meetings was high and the meetings were chaired by one of the residents. Meetings were held on a regular basis, every month to two months, and the last meeting was held in January 2014. Issues discussed included Christmas decorations, a review of a performance by a theatrical company and the organisation of Christmas Mass at the centre. There was evidence that suggestions raised at the relatives' meetings were acted upon by the person in charge and the providers.

Residents' questionnaires were completed in 2013 and 2014. The results viewed by the inspectors showed satisfaction with the centre.
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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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

Judgement:
Compliant

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

Findings:
There were a number of centre-specific policies in relation to the care and welfare of residents, including wound care and falls management. Each of the policies had been reviewed in October 2013.

There was evidence that timely access to healthcare services was facilitated for all residents. The person in charge confirmed that a number of GPs were currently attending to the need of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling, quarterly medication review and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry of old age, chiropody, physiotherapy and dietetics.

The inspectors reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for all residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, work and play. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, pain management, mobilisation and, where appropriate, fluid intake. In addition, there were risk assessments in relation to the use of restraint and nutritional needs had also been conducted. Residents were weighed on a monthly basis or more frequently if required. Each resident’s care plan was kept under formal review as required by the resident’s changing needs or circumstances and was reviewed no less frequently than at three-monthly intervals, in consultation with residents or their representatives.
In relation to restraint practices, the inspectors observed that while bedrails were in use, their use followed an appropriate assessment. The inspectors noted that signed consent from residents was secured where possible and the use of bedrails discussed with residents' representatives as appropriate. There was a centre-specific policy on managing challenging behaviour, which had been reviewed in September 2012. This policy included a direction to consider all other options prior to using restraint. The policy suitably detailed the ongoing monitoring and observation of a resident while a bedrail was in place and this was evidenced in practice. A risk-balance tool was completed for residents prior to the use of a bedrail and this is reviewed every three months.

The inspectors reviewed the activities program and the activities log which recorded the resident’s attendance at activities. There was a range of activities offered including bingo, gentle exercise, flower arranging and live music. The inspectors observed a game of bingo which was clearly enjoyed the residents and appropriate assistance was given to maximise the benefit of this activity for all who participated. Residents' interests were determined in the pre-admission assessment. The inspectors spoke with residents and visitors who described a lively and enjoyable Christmas party where "young and old had a great time". In the summer, trips out are organised for residents and a residents' day is held. A travelling theatre company had visited the centre recently to give a performance.

Residents were facilitated to participate in activities external to the centre. A number of the residents had entries in a local agricultural show. A resident had participated in a local radio show and had written a short article in a national newspaper for Nursing Homes Week 2013.

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<th>Outcome 12: Safe and Suitable Premises</th>
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<tr>
<td>The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.</td>
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<th>Theme: Effective Care and Support</th>
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| Judgement: Non Compliant - Moderate |

| Outstanding requirement(s) from previous inspection: |
| The action(s) required from the previous inspection were satisfactorily implemented. |

| Findings: |
| The premises was originally a domestic dwelling and this original two-storey structure remained intact, but had been extended so that the facility provided accommodation for 22 residents. The later extensions were all of single-storey construction and the most recent extension including the provision of a passenger lift was completed in late 2010. |
The location, design and layout of the building was suited to its stated purpose and met the residents’ individual and collective needs.

Accommodation for six residents was provided on the first floor in two single bedrooms and two twin-bedded rooms: none of these bedrooms were en suite; a wash-hand basin was provided in each room. There was one bathroom on the first floor with toilet, wash-hand basin and assisted shower. Sixteen residents were accommodated on the ground floor in four twin-bedded rooms, one of which is en suite with assisted toilet, shower and wash-hand basin, and eight single bedrooms, five of which are en suite with assisted toilet, shower and wash-hand basin. There is a further single toilet for residents’ use provided on the ground floor and a bathroom with assisted toilet, shower and wash-hand basin. There was ample personal storage in all bedrooms for residents’ belongings. Screening in shared rooms ensured privacy for residents. Despite a number of assisted showers installed, there was no assisted bath in the facility.

There were separate staff facilities for changing and storage.

Two communal areas separated by the designated dining area provided adequate communal and dining space for all residents.

The decor was homely and the premises was well maintained throughout. The centre was visibly very clean.

Residents had access to attractive external grounds and seating including a secure area.

The kitchen was visibly clean and organised and inspection reports issued by the relevant Environmental Health Officer (EHO) were made available to the inspectors.

A certificate was in place stating that equipment and assistive devices provided to residents such as wheelchairs, beds and pressure relieving mattresses were serviced in January 2014. There was adequate storage for equipment and assistive devices.

A current contract for the provision of pest control services was in place.

**Outcome 13: Complaints procedures**

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

**Theme:**
Person-centred care and support

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.
Findings:
The inspectors noted that there was a centre-specific complaints policy which had been reviewed in October 2013. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was also provided in the statement of purpose and the residents guide. The complaints officer stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received.

Residents to whom the inspectors spoke with confirmed that any complaints they might have were dealt with satisfactorily. The inspectors reviewed the complaints log detailing the investigation, responses and outcome of any complaints.

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Judgement:
Compliant

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

Findings:
Care practices and facilities in place were designed to ensure residents received care at the end of their life in a way that met their individual needs and wishes and respected their dignity and autonomy. The centre-specific policy on end-of-life care was reviewed in October 2013. It was noted by the inspectors that discussions on spirituality and end of life occur on admission and when care plans are reviewed.

Staff received initial end of life training in December 2013. Additional training has been planned for three members of nursing and care staff in March 2014.

Individual religious and cultural practices were facilitated and family and friends were enabled to be with the resident when they were at the end of their life. The inspectors observed, and residents and relatives reported, that residents’ religious and spiritual needs were well provided for.

An automated external defibrillator (AED) was available in the centre. Staff training on resuscitation and the use of the AED was up-to-date.

Religious needs were facilitated with Mass taking place fortnightly in the main sitting room.
**Outcome 15: Food and Nutrition**

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

**Theme:**
Person-centred care and support

**Judgement:**
Compliant

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

**Findings:**
The inspectors observed mealtimes including mid morning refreshments and lunchtime. The inspectors saw that the variety and quality of meals provided to the residents was of a good standard, freshly prepared and nutritious. Dining tables were attractively and invitingly set and a menu for the day was displayed offering choice at each mealtime. The dining experience was unhurried and had a homely atmosphere. The inspectors noted that lunch, in sufficient portions, was plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required. Food was kept warm for residents if they left the table for any period of time.

Residents were encouraged to remain independent and were provided with a range of adaptive utensils to assist them; adequate staff supervision and assistance was provided in a respectful and discreet manner as necessary.

The inspectors saw that policies were in place for the monitoring and documentation of nutrition, supported nutrition and the management of hydration. These policies were centre-specific and last updated in October 2013.

Catering staff retained a list of each resident’s likes and dislikes and ascertained their preferences individually; records were in place to this effect. The catering staff demonstrated good knowledge of modified consistency diets and fluids. Specialised diets, e.g. diabetic or renal diets, were also communicated effectively.

In between main meals, the inspectors saw that residents were provided with a range of hot and cold drinks; a water dispenser was located in the main dining room. Nursing staff monitored the fluid balance of residents with specific requirements, these were maintained over a 24-hour period, totalled daily and the intake was seen to be within the residents stated requirements.

Residents’ weights were monitored monthly and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspectors saw that residents looked well, weights were stable and nursing staff understood the relevance of explained/unexplained weight loss when computing the MUST.
A selection of prescription charts were reviewed by the inspectors and nutritional supplements were prescribed and administered appropriately. The inspectors saw that the advice of dietician and speech and language therapist was accessed, documented, communicated and observed.

Residents were provided with adequate dining space and the social dimension of meals was encouraged with the majority of residents choosing to attend the dining room for their meals.

The inspectors spoke with residents who were very complimentary of the food provided and the choice available. One resident stated she did not have a favourite meal as the standard of food was "always excellent".

### Outcome 16: Residents Rights, Dignity and Consultation

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

**Theme:**
Person-centred care and support

**Judgement:**
Compliant

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

**Findings:**
The inspectors found the centre to be relaxed, homely and person-centred. There was a good level of visitor activity noted by the inspectors throughout the day. The providers, person in charge and staff were known to visitors and visitors were given a warm welcome.

The providers, person in charge and staff had a good knowledge and understanding of the resident's biography, choices, preferences and behaviours. Staff were seen to be respectful when speaking of and with residents.

Residents were supplied with a good range of televisions in various locations, radios and newspapers. Residents were conversant in current affairs. The minutes of residents' committee meetings recorded appropriate discussion on current affairs.

Resident's routines were documented clearly in their care plans and staff were seen to respect these. For example, the inspectors saw that some residents liked to take a rest in bed after lunch and this was seen to be facilitated.

Staff were aware of the different communication needs of residents. Tools, such as
pictograms, were seen to be used to assist residents to communicate in a dignified manner.

The inspectors spoke to a number of residents who confirmed that the nurse in charge or the person in charge offered them a choice of activities to participate in each day. The residents stated that the staff were "very nice and approachable".

The inspectors also spoke to a number of staff who detailed that they really enjoyed working in the centre and that staff got to know each resident well due to the small number of residents living in the centre.

**Outcome 17: Residents clothing and personal property and possessions**

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The inspectors observed that there was adequate storage provided for residents' personal possessions. Each resident also had access to separate locked storage for valuables.

Residents' clothing was laundered on-site and clothing was labelled to ensure that residents' own clothing was returned to them.

There was a centre-specific policy on residents' personal property and possessions which was updated in October 2013. Residents' personal property was not recorded on admission to the centre and there were no records maintained thereafter.

**Outcome 18: Suitable Staffing**

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

**Theme:**
Workforce
Judgement:
Compliant

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

Findings:
There was a planned roster in place. Based on their observations, a review of the roster and these inspection findings the inspectors were satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the residents and the effective operational management of the service. There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff.

A sample of staff files was reviewed and these were compliant with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. There was evidence of effective recruitment procedures including the verification of references.

Persons providing services to residents were vetted appropriate to their role and level of involvement in the centre. A service agreement was in place setting out roles, responsibilities and supervisory arrangements.

The person in charge was directly involved in the delivery and supervision of care and services to residents but there was also evidence of more formalised systems of staff supervision. Newly recruited staff completed induction training; a staff appraisal system was in place.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies; the programme reflected the needs of residents. All staff employed had attended fire training, manual handling and elder abuse training. Further education and training completed by staff included medication management, end-of-life care, dementia care, nutrition and continence.
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

Centre name: St. Martha's Nursing Home
Centre ID: ORG-0000294
Date of inspection: 05/02/2014
Date of response: 25/02/2014

Requirements

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

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain the centre's registration number, date of registration or conditions of registration.

Action Required:
Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Please state the actions you have taken or are planning to take:
Centre's registration number, date of registration and conditions of registration to be included in the Statement Of Purpose

Proposed Timescale: 26/02/2014

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A recent photograph of each resident was not kept as part of their record.

Action Required:
Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

Please state the actions you have taken or are planning to take:
A recent photograph is included on all prescription sheets and a recent photograph is now to be added to each care plan also.

Proposed Timescale: 26/02/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A daily nursing record of the resident’s health, condition and treatment given that was signed and dated by the nurse on duty was not maintained.

Action Required:
Under Regulation 25 (1) (b) you are required to: Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident’s health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

Please state the actions you have taken or are planning to take:
A daily flow sheet of the residents' activities of daily living is kept on each resident but a further daily report by the nurse on duty is now to be recorded daily also.

Proposed Timescale: 26/02/2014

Outcome 07: 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:
To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring suitable training, procedures are provided in relation to cleaning practices and the prevention of cross contamination while handling of soiled linen.
**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Please state the actions you have taken or are planning to take:**
Alginate bags to be provided as per policy. To ensure all cleaning practices prevent against cross contamination.

**Proposed Timescale:** 26/02/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No grab-rails installed at the entrance of the centre or to assist residents who wish to exit into the garden area.

**Action Required:**
Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

**Please state the actions you have taken or are planning to take:**
Grab rails to be installed at entrance and exit to garden area.

**Proposed Timescale:** 31/07/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The development of risk assessments included in the health and safety statement did not ensure that implementation and continual review was possible.

**Action Required:**
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Risk assessments reviewed every two years as per regulations but we will continue to ensure risk assessments are reviewed on an ongoing basis as necessary.

**Proposed Timescale:** 26/02/2014
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<th>Outcome 08: Medication Management</th>
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<td><strong>Theme:</strong> Safe Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Medication administration practices did not consistently adhere to the centre-specific policy or national guidance.

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

**Please state the actions you have taken or are planning to take:**
Medication administration to consistently adhere to centre specific policy and national guidance.

**Proposed Timescale:** 26/02/2014

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The times of administration of medications recorded did not match the prescription sheet.

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

**Please state the actions you have taken or are planning to take:**
The morning times of administration of medication to be amended to match the prescription sheets.

**Proposed Timescale:** 26/02/2014

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The resident's address, or address of the centre, was not included in the prescription chart.

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

Please state the actions you have taken or are planning to take:
The address of centre to be included on all drug sheets.

**Proposed Timescale:** 26/02/2014

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**Outcome 12: Safe and Suitable Premises**

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no assisted bath installed.

**Action Required:**
Under Regulation 19 (7) (d) part 2 you are required to: Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

Please state the actions you have taken or are planning to take:
As we have a number of assisted showers in place we have never had a request for the use of an assisted bath. If in the future we extend or we get a request, we will provide it.

**Proposed Timescale:** 25/02/2014

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**Outcome 17: Residents clothing and personal property and possessions**

**Theme:** Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' personal property was not recorded on admission to the centre and there were no records maintained thereafter.

**Action Required:**
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

Please state the actions you have taken or are planning to take:
Personal property of each new resident to be recorded on admission and a record kept thereafter.

**Proposed Timescale:** 31/03/2014