<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>St. Martha’s Nursing Home</th>
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</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0005284</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Glenswilly House, Cappauniac, Cahir, Tipperary.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>052 744 1895</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:info@stmarthasnursinghome.ie">info@stmarthasnursinghome.ie</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>St Martha’s Nursing Home Ltd</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Anthony O’Connell</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Louisa Power</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection:</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>22</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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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.
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 1 day(s).

The inspection took place over the following dates and times

From: 06 October 2015 09:10
To: 06 October 2015 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

The inspection was an announced and took place over one day following an application to change the provider entity. This was the sixth inspection of the centre by the Authority. As part of the inspection process, the inspector met with the provider nominee, person in charge, residents, relatives, visitors and staff members. The inspector 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 provider as part of the application process was submitted in a timely and precise manner and was also reviewed prior to the inspection including questionnaires completed by residents and their representatives.

The feedback from residents and their representatives was overwhelmingly positive. Residents with whom the inspector spoke outlined that they felt 'at home' living in the centre and the staff were 'very kind and caring'. A resident's representative outlined in a questionnaire that the centre provided a 'friendly, warm and welcoming
environment and all residents ‘are treated with the utmost respect and dignity’.

Overall, the inspector found that the provider and person in charge continued to ensure that a high level of evidence-based nursing care was promoted that was person-centered and met the needs of all residents. Actions from the previous inspection had been satisfactorily completed.

The inspector found evidence of good practice in a range of areas. The provider nominee, person in charge and staff all interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents’ needs, likes, dislikes and preferences.

Improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The required improvements are set out in detail in the action plan at the end of this report and include:
• review of the statement of purpose
• preparation of an annual review of the quality and safety of care in the centre
• staff training
• medicines management
• recording end of life wishes.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**

Governance, Leadership and Management

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

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

**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, visitors and staff to read. The statement of purpose had been reviewed in September 2015. The ethos of care as described in the centre's statement of purpose was actively promoted by staff.

However, the statement of purpose did not detail the arrangements for the management of the designated centre where the person in charge is absent from the centre.

**Judgment:**

Substantially Compliant

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**Outcome 02: Governance and Management**

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.
Findings:
There was evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The inspector observed a good and supportive working relationship between the person in charge and the provider nominee. Staff with whom the inspector spoke were clear about the management structure and the reporting mechanisms. The inspector was satisfied that the management system in place ensured that service provided was safe, appropriate, consistent and effectively monitored.

There were sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. The centre was well-maintained throughout. The inspector saw evidence of continued investment in the centre to ensure effective delivery of care in accordance with the statement of purpose including ongoing redecoration and plans for expansion and redevelopment.

There was a regular schedule of audits in place and evidence of learning from the monitoring review. Monthly audits were completed in relation to falls and fire safety. Audits relating to medicines management, restraint practices, complaints, care plans and safeguarding were completed on a quarterly basis. Areas such as nutrition, continence, end of life, infection prevention and control, staff training and recruitment were examined on an annual basis. A satisfaction survey had been completed in January 2015 with residents' representatives; the responses were made available to the inspector and were overwhelmingly positive. The person in charge was seen to be responsive to both formal and informal suggestions from residents and their representatives. However, the person in charge confirmed that a formal report of the annual review of the quality and safety of care delivered to residents had not been prepared.

Judgment:
Substantially Compliant

**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

**Findings:**
The centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service.

The person in charge had been in post for a number of years and was also director of the company. The roster reflected that the person in charge was employed full-time,
including long shifts and weekends, and she had retained a strong clinical role. The person in charge 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 attained a post-graduate certificate in supervisory management in 2002 and in gerontology in 2010.

The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people. The person in charge had recently completed short courses in dementia and challenging behaviour, wound care and medicines management. All mandatory training was up to date. The person in charge had also completed a 'train the trainer' program in elder abuse.

While speaking with the inspector, the person in charge outlined comprehensive knowledge of residents, their care needs and a strong commitment to ongoing improvement of the quality of the services provided. The person in charge demonstrated strong clinical knowledge especially in relation to wound care. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. Residents and relatives were observed to be relaxed and comfortable in her presence.

The person in charge demonstrated good knowledge of the relevant legislation and her statutory responsibilities. As director of the company, the person in charge had enhanced authority and responsibility for the provision of the service.

**Judgment:**
Compliant

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Only the documentation relating to the outcomes reviewed was examined as part of this inspection. As outlined in Outcome 11: Medication Management, where a dose range was prescribed to be administered (e.g. 10-15ml), the actual dose administered was not
Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted.

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 since the previous inspection.

There were organisational policies in place in relation to the protection of vulnerable adults and response to allegations of abuse, reviewed in October 2013. The policies were comprehensive, evidence based and would effectively guide staff.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns of abuse.

The person in charge confirmed that the centre does not manage residents' financial affairs but the provider does act as an agent for payments from the Department of Social Protection for some residents. A clear, itemised system was in place to track the money received. An itemised record of the monies used and the purpose for which the money was used was maintained. A signed record was maintained in relation to money returned to the resident each month. Invoices were seen to be all itemised. There was a system in place to verify that residents receive services, which are billed directly to the provider who then charges the resident.
A centre-specific policy in relation to the management of behaviour that is challenging was made available to the inspector and had been reviewed in October 2013. The policy was comprehensive and evidence based. Records confirmed that training was provided to relevant staff in the response and management of behaviour that is challenging. However, four staff providing direct care and support to residents who had commenced employment since April 2015 had not completed training.

The inspector saw that care plans had been developed to support residents with behaviours that challenge. Care plans clearly outlined a proactive approach to behaviour that challenges including the identification of specific triggers and the use of reassurance and distraction techniques. Staff with whom the inspector spoke were knowledgeable in relation to the care plan in place and were observed to implement the measures outlined. Multi-disciplinary input was be sought when appropriate.

There was a centre-specific policy on the use of resident restraint, which reflected national policy as published by the Department of Health. The policy had been reviewed in September 2014 and the inspector observed that bedrails were in use. 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 was reviewed every three months. The inspector noted that signed consent from residents was secured where possible and the use of bedrails was discussed with residents' representatives as appropriate. However, in one instance, where a resident was unable to express their views in relation to restraint, it was not clear to the inspector that a multi-disciplinary assessment had been completed and a decision had been made in the best interests of the resident. Restraint practices were audited quarterly.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Health and Safety and Risk Management**

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

**Theme:**
Safe care and support

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

**Findings:**
Overall, the provider was committed to protecting and promoting the health and safety of residents, staff and visitors. The inspector noted that a proactive approach had been implemented in relation to risk management.

There was a health and safety statement in place which was last reviewed in November 2013. This outlined general aims and objectives in relation to health and safety within
the centre. The health and safety statement was augmented by a risk management policy, last reviewed in November 2013. The risk management policy 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. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review.

The inspector saw that there was a comprehensive emergency plan in place, reviewed in February 2015, and covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. From January to September 2015, a total of 12 incidents, all resident falls, were reported. There was a low incidence of serious injury as a result of falls. The inspector observed that preventative measures to reduce the risk of falling were implemented and reviewed on an ongoing basis.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. Fire records were comprehensive, accurate and easily retrievable. The training matrix confirmed that all staff employed receive annual fire training on an ongoing basis. Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The fire alarm is serviced on a quarterly basis, most recently in July 2015. Fire safety equipment is serviced on an annual basis, most recently in April 2015. Emergency lighting and fire doors had been serviced annually. Fire drills took place at least twice per year and all staff had attended a fire drill since the last inspection. Records of weekly and monthly fire checks were made available to the inspector. These checks included inspection of the fire panel, escape routes, emergency lighting and fire doors.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and was readily available. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

The centre provided a designated indoor area near the main entrance and the nurses' station for residents who smoked; appropriate fire fighting equipment and waste disposal were provided. The individualised risk assessments were adequate and there was evidence of the implementation of the identified controls. The risk assessments included assessment of the need for observation or supervision and were reviewed every three months or more frequency if a resident's condition changes.

The training matrix and person in charge confirmed that all staff were trained in the moving and handling of residents. Staff demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Lifting and moving equipment was serviced in line with manufacturer's guidelines, most recently in July 2015. Each resident had a personalised manual handling plan which was reviewed every three months or
more frequently if a resident’s condition changes. An individualised sling was provided for each resident when required. The inspector spoke with staff who demonstrated knowledge of each resident’s personalised manual handling plan and this was evidenced in practice. Hand rails and grab rails were installed throughout the centre.

Infection control practices were guided by centre-specific policies which had been reviewed in October 2013. Training was provided to staff. 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, was seen to be restricted at all times. Staff stated that they had access to sufficient personal protective equipment such as aprons and gloves. The inspector spoke with a member of housekeeping staff. There was evidence of a regular colour-coded cleaning routine that adequately prevented against cross contamination. At the time of the inspection, it was noted that no resident was known to be colonised with or had an active healthcare associated infection (HCAI).

**Judgment:**
Compliant

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**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**
Residents were protected by the designated centre's policies and procedures for medication management but improvements were required in relation to documentation.

The centre-specific policies on medication management were made available to the inspector which had all been reviewed in October 2013. The policies were comprehensive and evidence based. The policies were made available to staff who demonstrated adequate knowledge of this document.

Medications for residents were supplied by a local community pharmacy. There was evidence of appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland.

The inspector noted that medicines were stored securely. Medicines requiring refrigeration were stored appropriately. The temperature of the refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current
guidelines and legislation.

Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. The practice of transcription was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

Staff with whom the inspector spoke demonstrated good knowledge in relation to medication management. Medication management training was facilitated for staff.

A sample of medication and administration records was reviewed. Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart. The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, where a dose range was prescribed to be administered (e.g. 10-15ml), the actual dose administered was not recorded on the medication administration record; this is covered in outcome 5.

Records confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

The inspector saw a system was in place to ensure that medication incidents were identified and reported in a timely manner. A medication management audit was completed quarterly.

Medications which are out of date or dispensed to a resident but are no longer needed were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A record of the medications returned to the pharmacy was maintained which allowed for an itemised, verifiable audit trail.

**Judgment:**
Non Compliant - Moderate

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**Outcome 11: Health and Social Care Needs**

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

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that a number of GPs were attending to the needs 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, smoking cessation advice 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 to and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including speech and language, physiotherapy, psychiatry, optical and dietetics. The specialist recommendations were seen to be included in care plans and implemented by staff including provision of food and fluids of a modified consistency, daily exercises and fortification of food.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including communication, social, maintaining a safe environment, mobility, breathing, nutrition, sleep, continence and spirituality. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, weight, mobilisation and, where appropriate, fluid intake. 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. The development and review of care plans was done in consultation with residents or their representatives.

Each resident had the right to refuse treatment. This was seen to be respected and documented appropriately in the patient record.

The incidence of wounds was low and wound management was seen to be in line with national best practice. Wound management charts were available to describe the cleansing routine, emollients, dressings used and frequency of dressings. Wound management charts allowed for the dimensions of the wound to be documented and used to evaluate the wound on an ongoing basis. Appropriate advice would be sought from specialist tissue viability services, where appropriate.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every three months thereafter. The incidence of falls is monitored on an ongoing basis in the falls diary. Preventative measures were seen to be implemented to reduce the recurrence of falls.

There was a range of activities offered including bingo, arts and crafts, gentle exercise and games. Two of the staff members were licensed Sonas practitioners and a Sonas session was facilitated every week. The activities for the day were displayed on a whiteboard in the main day room. Residents really enjoyed the activities provided for 'Positive Aging Week' which included a vintage garden party, barbeque in the garden and baking. A recent day trip to a stud farm in Kildare had been organised; residents and staff all reported that they had a great day. The inspector observed photographs of
residents participating in activities and trips out displayed throughout the centre. Residents could opt out of activities if they wished and some residents enjoyed reading newspapers, watching television or listening to the radio at their leisure. Residents often went out for meals, shopping or to visit home with family and friends.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The centre was located in a rural location off the main road between Tipperary town and Cahir. 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 over two floors. 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.

The single bedrooms provided a minimum of 9.3m² of usable floor space and the twin bedrooms provided a minimum of 7.4m² per resident as required under the National Quality Standards for Residential Care Settings for Older People in Ireland. Each bedroom provided adequate storage for personal possessions including a lockable storage space. Adequate screening was provided in shared bedrooms.
A large, bright open plan area was available which provided adequate communal and dining space for all residents. The sitting area was divided by an archway into a larger seating area with views of the local countryside and a smaller seating area with eight armchairs around a fireplace with a 'flame effect' fire. A television was provided in both areas. The dining area comprised dining tables pleasantly set for a maximum of four places each. A television was provided in both areas. A pleasant conservatory at the entrance of the centre provided additional communal space. A smoking area was provided beside the conservatory. The nurses' station was located near the entrance to the centre and the communal space.

The inspector found the premises to be visibly clean, very well maintained, adequately heated, lighted and ventilated and in good decorative order. The décor was homely with domestic furniture and co-ordinating soft furniture used throughout. Dining tables were set invitingly with fresh flowers and linens. Photos of residents enjoying activities and day trips were displayed.

The necessary sluicing facilities were provided and access to high risk areas such as the sluice room and the laundry was restricted. The laundry was compact but adequate. There was a designated wash hand basin provided in the laundry and sluice.

Circulation areas, toilet facilities and shower/bathrooms were adequately equipped with hand-rails and grabrails. Emergency call facilities were in place that were accessible from each resident's bed and in each room used by residents.

A separate kitchen was provided and was located off the main dining room. The inspector observed the kitchen to be visibly clean and well-organised. There were suitable and sufficient cooking facilities, kitchen equipment and tableware. Staff were provided with changing and sanitary facilities.

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

There was adequate storage for equipment and assistive devices. A current contract for the provision of pest control services was in place.

**Judgment:**
Compliant

**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

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

**Findings:**
The centre-specific policy on end of life care was made available and had been reviewed in October 2013. The policy was comprehensive, evidence based and would effectively guide staff to provide personalised care to residents at the end of life in line with their needs and wishes. The policy was augmented by a resident resuscitation and status management policy.

The inspector reviewed records relating to a deceased resident and noted that the resident had received appropriate care and his/her physical, emotional, social, physiological and spiritual needs had been met. Adequate supports were put in place to meet residents' needs.

Family and friends were suitably informed and facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. Staff confirmed that ministers from a range of religious denominations were facilitated to visit. Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team. An automated external defibrillator (AED) was available on site and staff had the appropriate training in the use of this device and cardiopulmonary resuscitation (CPR).

Practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate. Residents were offered the opportunity to pay their respects to the deceased resident. The end of life policy stated that personal possessions were returned in a sensitive manner and staff demonstrated an empathetic understanding of the needs of resident and family at end of life.

Improvements were required in capturing residents' wishes at the end of life. End of life assessments and care plans did not record the wishes of the resident, including place of death, spirituality and whether friends and family are to be informed of condition.

**Judgment:**
Non Compliant - Moderate

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act.
Theme: Workforce

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

Findings:
There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated.

There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff. Staff were observed to competently deliver care and support to residents that reflects contemporary evidence based practice.

A sample of staff files was reviewed and contained all of the required elements. The inspector saw that there was a selection of healthcare reading materials and reference books stored in the nurses’ office. The inspector noted that copies of both the Regulations and the Authority’s Standards were available. Staff were also able to articulate adequate knowledge and understanding of the Regulations and the Authority’s Standards.

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. Further education and training completed by staff included nutrition, end of life, Sonas programme, dementia, pain management, dysphagia, medicines management, food hygiene and wound care.

The inspector noted that regular staff meetings took place. Topics discussed included laundry management, residents' possessions, activities, pressure area care and training.

Staff were supervised appropriate to their role and a formal system of annual appraisal had been implemented. The inspector observed and staff confirmed that the person in charge was approachable, supportive and retained a strong clinical role.

A centre-specific policy on recruitment, selection and vetting of staff, reviewed in October 2014, was made available to the inspector. The inspector noted that effective recruitment procedures were in place including the verification of references.

Judgment: Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Louisa Power
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Health Information and Quality Authority**

**Regulation Directorate**

**Action Plan**

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Martha's Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005284</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>06/10/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25/10/2015</td>
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</tbody>
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**Requirements**

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

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

**Outcome 01: Statement of Purpose**

**Theme:**
Governance, Leadership and Management

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

The statement of purpose did not detail the arrangements for the management of the designated centre where the person in charge is absent from the centre.

**1. Action Required:**
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Residents in Designated Centres for Older People) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The Statement Of Purpose is to include the details for the management of the centre when the person in charge is absent from the centre.

**Proposed Timescale:** 01/01/2016

### Outcome 02: Governance and Management

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A formal report of the annual review of the quality and safety of care delivered to residents had not been prepared.

2. **Action Required:**
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

**Please state the actions you have taken or are planning to take:**
A formal annual review of the quality and safety of care delivered to residents is to be prepared.

**Proposed Timescale:** 01/01/2016

### Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Where a dose range was prescribed to be administered (e.g. 10-15ml), the actual dose administered was not recorded on the medication administration record.

3. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
The actual dose administered is to be recorded in the medication administration record.
Proposed Timescale: 01/11/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Four staff who provide direct care to residents had not completed training to support residents with challenging behaviour.

4. **Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
Staff who have been recently employed are to complete training to support residents with challenging behaviour.

Proposed Timescale: 01/03/2016

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In one instance, where a resident was unable to express their views in relation to restraint, it was not clear to the inspector that a multi-disciplinary assessment had been completed and a decision had been made in the best interests of the resident.

5. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
Ensure a multi-disciplinary assessment has been completed for a resident where a side rail is in use.

Proposed Timescale: 01/01/2016

**Outcome 09: Medication Management**

**Theme:**
Safe care and support
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart.

6. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with 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.

Please state the actions you have taken or are planning to take:
Ensure all medications that are to be administered in a modified form such as crushing are to be individually prescribed on the prescription chart.

Proposed Timescale: 01/11/2015

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans did not record the wishes of the resident.

7. Action Required:
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:
Ensure that a detailed record of each residents wishes for End of life care are documented in their individual care plan.

Proposed Timescale: 01/01/2016