**Centre name:**
St. Theresa’s Nursing Home  

**Centre ID:**
OSV-0000434  

**Centre address:**
Dublin Road, Thurles, Tipperary.  

**Telephone number:**
0504 22246  

**Email address:**
info@sttheresasnursinghome.ie  

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

**Registered provider:**
Camillus Healthcare Limited  

**Provider Nominee:**
Ann Fitzpatrick  

**Lead inspector:**
John Greaney  

**Support inspector(s):**
None  

**Type of inspection:**
Announced  

**Number of residents on the date of inspection:**
28  

**Number of vacancies on the date of inspection:**
7
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 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

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<tr>
<th>From:</th>
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<tr>
<td>19 April 2016 09:30</td>
<td>19 April 2016 18:30</td>
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<tr>
<td>20 April 2016 08:45</td>
<td>20 April 2016 16:30</td>
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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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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
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<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

St. Theresa's Nursing home is located on the outskirts of the town of Thurles in close proximity to shops and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Bedroom accommodation comprises nine twin bedrooms and 17 single bedrooms. Two of the bedrooms on the first floor are en suite with toilet, shower.
and wash hand basin and all of the other bedrooms have wash hand basins in the room. Access to the first floor is by stairs and chair lift.

This registration inspection was carried out in response to an application by the provider to renew the registration of the centre. It was announced and took place over two days. As part of the inspection process, the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, accident logs, the directory of residents, policies and procedures and staff files.

In general, residents received care to a high standard; staff were kind to residents and interacted with them appropriately; and there was good access to medical and allied health care. Inspectors were satisfied that the medical, nursing and social care needs of residents were met with evidence of timely medical review and person-centred care. There were adequate numbers and skill mix of staff on duty at all times and staff members interacted with residents in a caring and respectful manner.

A number questionnaires were sent to the centre by HIQA in advance of this inspection to be distributed to relatives and residents. A total of five questionnaires were completed by relatives and eight were completed on behalf of residents. Overall, the feedback was overwhelmingly positive and complimentary of the care provided.

Some improvements, however, were required. For example, while risk assessments had been completed prior to the use of bedrails, records indicated that there was no process in place for reviewing the risk assessment on an on-going basis. The policies on safeguarding residents from abuse and on the management of restraint required review to ensure they were comprehensive and incorporated relevant national guidance. Window restrictors were in place on windows to stop them from being opened completely. Even with restrictors in place, the windows could open quite wide and there was no risk assessment to indicate that this did not pose a risk to residents currently living in the centre.

Other required improvements included:
- there was no annual review of the quality and safety of care
- there were gaps in one staff member’s employment history
- the frequency of maintenance of emergency lighting was not in accordance with guidance
- an emergency supply of antibiotics was stored in the same cupboard as medicines requiring special control measures

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.
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):**
No actions were required from the previous inspection.

**Findings:**
There was a written statement of purpose that accurately described the service provided in the centre and contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There were adequate resources available to support the effective delivery of care. There was a clearly defined management structure. The provider nominee was also the person in charge. She was supported in her role by an assistant matron, who deputised in her absence.
There was a rolling programme of audits on issues such as health and safety, the environment, hand hygiene compliance, medication management and complaints. Where issues were identified for improvement, they were addressed. There was, however, no annual review of the quality and safety of care to ensure that such care was in accordance with standards set by HIQA.

There was evidence of consultation with residents through regular forums and also through surveys of relatives.

**Judgment:**
Non Compliant - Moderate

### Outcome 03: Information for residents

*A guide in respect of the centre is available to residents. 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:**
Governance, Leadership and Management

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

**Findings:**
There was a guide available for residents that included all of the information required by the regulations.

Each resident or their representative had been issued with a contract of care, and all but one had been agreed and signed. The contract clearly set out the services to be provided and the fees to be charged, including fees for additional services such as activities, hairdressing and chiropody.

**Judgment:**
Compliant

### Outcome 04: Suitable Person in Charge

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge of the centre was a suitably qualified nurse with significant
experience in management and care of the older person. The person in charge demonstrated adequate clinical knowledge and sufficient knowledge of legislation and her statutory responsibilities.

The person in charge was involved in the day to day operational management of the centre and was knowledgeable of individual residents needs. The residents were able to identify the person in charge.

**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:**
The inspector found that 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) were maintained and available for review.

All of the written operational policies as required by Schedule 5 of the Regulations were available and all had been reviewed at a minimum within the last three years. However, some improvements were required, such as:
- the policy on safeguarding residents from abuse was not reviewed in conjunction with the national policy for Safeguarding Vulnerable Persons at Risk of Abuse as required
- the restraint policy did not adequately address the use of chemical restraint.

Based on a sample of staff files reviewed by the inspector most of the requirements of the regulations were in place, however, there was not a full and satisfactory employment history with a satisfactory explanation for gaps in employment for one member of staff.

The directory of residents contained all of the information required by Schedule 4 of the Regulations. An up-to-date insurance certificate was available. Records to be maintained in respect of each resident as described by the regulations were secure and in place.
**Outcome 06: Absence of the Person in charge**
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.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There has been no period when the person in charge was absent from the centre for a period greater than 28 days. Adequate arrangements are in place for when the person in charge is absent.

**Judgment:**
Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
There was a policy in place for the prevention, detection and response to abuse. However, as already stated under Outcome 5, the policy required review to ensure it complied with relevant national guidance.

All staff had received up-to-date training in recognising and responding to abuse. Staff members spoken with by the inspector were knowledgeable about what constituted abuse and what to do in the event of suspicions or allegations of abuse. Where there were suspicions of abuse, staff members and the provider/person in charge responded appropriately. The person in charge is present in the centre each day from Monday to
Friday and states that she speaks with residents daily and would know if they had any concerns. Residents stated that they felt safe in the centre. Residents and visitors spoken with by the inspector were complimentary of the care provided.

The inspector examined financial records of a sample of residents and was satisfied there were adequate systems in place to safeguard residents’ money. In instances where the centre held small amounts of money on behalf of residents for safekeeping adequate records were maintained. Any transactions involved the recording of signatures of two members of staff and where possible the resident.

There were policies and procedures in place for the management of behavioural and psychological symptoms of dementia (BPSD). There were no residents present in the centre on the days of inspection with significant BPSD, however, staff were knowledgeable of what to do should incidents relating to BPSD occur.

There was a policy in place governing the use of restraint. However, as stated under Outcome 5, the policy required review as it did not satisfactorily address chemical restraint. Records indicated that efforts were made to minimise the use of restraint. The only form of restraint in use was in the form of bedrails and in each instance these were requested by residents. There was a risk assessment completed prior to the use of bedrails, however, the risk assessment was not reviewed on regular basis to ensure that it accurately reflected the current status of the resident. There were records of safety checks while bedrails were in place.

**Judgment:**
Substantially Compliant

**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

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

**Findings:**
There was an up-to-date safety statement. There was a risk management policy and associated risk register that addressed the risks outlined in regulation 26(1). There was an emergency plan that addressed risks such as fire, loss of power, loss of water and the safe placement of residents in the event of a prolonged evacuation. While windows in the bedrooms on both floors had restrictors in place, the windows could still be opened wide. The person in charge was requested to review these windows in the context of the risk posed to residents and was asked to review this risk in consultation with fire safety.

There were satisfactory procedures consistent with the prevention and control of
healthcare infections such as the use of gloves and aprons and the location of hand hygiene gel dispensers throughout the centre. However, the levers on the taps of the wash hand basin in the nurses’ office did not comply with infection prevention and control guidance.

The inspector reviewed the accident and incident log and was satisfied that there was an adequate system for investigating and learning from accidents and incidents on an individual basis. However, the system could be enhanced through the trending of accidents and incidents as an opportunity for learning and prevention of reoccurrence. There were reasonable measures in place to prevent accidents such as safe floor covering, adequate signage was in place when floors were being cleaned, there were handrails on corridors and grab rails in bathrooms and toilets. Training records indicated that not all staff members had received up-to-date training in manual and patient handling. This action is addressed under Outcome 18.

Suitable fire safety equipment was provided. Fire evacuation procedures were on display throughout the centre and fire exits were seen to be unobstructed on the days of inspection. All members of staff had received up-to-date training on fire safety and staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire. Residents were accommodated on both the ground floor and first floor. Evacuation chairs were located at each end of the corridor on the first floor, close to emergency exits, and each bed had a ski sheet under the mattress to support the evacuation of residents that required assistance in mobilising.

Maintenance records indicated that the fire alarm was serviced quarterly and fire safety equipment was serviced annually. However, emergency lighting was most recently serviced in June 2015, which was not the recommended frequency. There were daily checks of the means of escape and the fire alarm was sounded weekly, however, fire drills were not held at a minimum of every six months.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
There were up-to-date policies and procedures relating to the ordering, prescribing, storing and administration of medicines. There were procedures in place for the management of controlled drugs that included counting drugs at the end of each shift by two registered nurses. However, improvements were required in relation to the
Storage of controlled drugs as an emergency stock of antibiotics were stored in the same cupboard as controlled drugs, which was not in compliance with relevant professional guidance.

Based on the observation of the inspector, medicines were administered in accordance with relevant professional guidance. There were adequate procedures in place for the return of unused/out-of-date medicines to the pharmacy. Medicines requiring refrigeration were stored appropriately and the fridge temperature was monitored and recorded. There were no residents in the centre on the days of inspection that self-administered medications.

There were regular audits of medication management in the centre. Prescriptions were reviewed regularly by each resident's general practitioner (GP).

**Judgment:**
Substantially Compliant

**Outcome 10: 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

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

**Findings:**
A record of all incidents occurring in the centre was maintained and HIQA was notified of incidents as required.

**Judgment:**
Compliant

**Outcome 11: Health and Social Care Needs**
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspector was satisfied that residents healthcare needs were met to a good standard. Residents were offered a choice of GP that was based within a reasonable geographical distance from the centre. Medical records viewed by the inspector indicated that residents were reviewed on a regular basis and there was access to the services of a GP out-of-hours.

Residents had access to allied health/specialist services such as physiotherapy, dietetics, speech and language therapy, dental and chiropody. There was evidence of referral and review by these services and recommendations were implemented.

Records also indicated that residents received a good standard of evidence-based nursing care. Residents were comprehensively assessed on admission and at regular intervals thereafter using recognised evidence-based tools for issues such as the risk of developing a pressure sore, the risk of falling and the risk of malnutrition. Care plans were developed based on issues identified on assessment and, based on a sample viewed by the inspector, these were individualised to each resident's needs.

Care plans of residents with wounds were reviewed and there was evidence of ongoing assessment and adequate plans were in place to manage the wounds.

When residents were transferred to acute care settings, adequate information was shared with the receiving facility in the form of a transfer letter that included the resident's current medications and care needs. When residents were admitted from an acute care facility or returned following receipt of care, records indicated that any recommended changes to the resident's care were implemented.

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:
St. Theresa’s Nursing home is located on the outskirts of the town of Thurles in close proximity to shops and other facilities. It is a two-storey premises with bedroom
accommodation on both floors and communal accommodation on the ground floor only. Bedroom accommodation comprises nine twin bedrooms and 17 single bedrooms. Two of the bedrooms on the first floor are en suite with toilet, shower and wash hand basin and all of the other bedrooms have wash hand basins in the room. Access to the first floor is by stairs and chair lift.

A number of the bedrooms were marginal in size and would not be suitable for residents with high needs, such as residents requiring large speciality chairs and full hoist transfers. Additionally, the first floor could only be accessed by a chair lift and when on the first floor, there were two steps on the corridor to be negotiated in order to access bedrooms on one wing. However, on the days of the inspection, all of the bedrooms met the needs of the residents living there. The person in charge stated that the pre-admission process involved screening residents to ensure that the bedrooms were suitable and that bedroom accommodation was under constant review as residents' needs changed.

On the days of the inspection the centre was bright and clean throughout and in a good state of repair. Communal space comprised a visitors' sitting room that was located immediately to the left of the front entrance door. This room was comfortably furnished and decorated to a high standard. It was routinely used by residents to meet with visitors in private but was also occasionally used by residents if they wished to have some quiet time alone. There was a small sitting room to the right of the entrance door and a larger sitting room adjacent to it, both of which were in constant use.

Sanitary facilities comprised three assisted bathrooms on the ground floor, each of which had an assisted shower, a toilet and a wash hand basin. There was an additional toilet on the ground floor. There were two bathrooms on the first floor, both with shower, toilet and wash hand basin, one of which was an assisted shower.

There was a dining room adjacent to the kitchen that was furnished with three large circular tables. The dining room was not of sufficient size to accommodate all residents at one time, however, many residents chose to eat in their bedrooms. The kitchen was clean and well organised. Residents had access to an enclosed outdoor area that contained suitable patio type furniture.

There was appropriate assistive equipment such as speciality beds, mattresses, and hoists and records indicated that preventive maintenance was up-to-date. The most recent report from an environmental health inspection indicated that the centre was in compliance with food hygiene standards.

Judgment:
Compliant

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

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

Findings:
There were up-to-date policies and procedures in relation to the management of complaints. The policy outlined who was responsible for dealing with complaints, an appeals process and identified who was responsible for ensuring that all complaints were adequately addressed and that records were maintained. The complaints process was on prominent display.

The inspectors reviewed the complaints log that contained a record of a small number of complaints. For most of the complaints the log contained details of the complaint, the response to the complaint and the outcome of the complaint. However, the record for one complaint did not detail the outcome of the complaint or whether or not the complainant was satisfied.

Judgment:
Substantially 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:
There was an up-to-date policy on the management of end of life care. An advanced end of life care plan was in place and completed for most residents. The plan detailed residents' preferences as they approached end of life such as religious preferences and who they would like to visit. For residents at advanced end of life there was evidence of discussion around whether or not residents wished to be admitted to hospital or if they wished to be resuscitated in the event of cardiopulmonary arrest.

Family and friends were facilitated to be with the resident as they approached their final days, if known. There were no restrictions on visitors and there was a comfortable visitors room. Religious and cultural practices were facilitated.

Residents had access to palliative care services and records viewed by the inspector confirmed their involvement in residents' care, where relevant. When required and prescribed, staff could administer subcutaneous fluids, which contributed to the
avoidance of unnecessary hospitalisations.

**Judgment:**
Compliant

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**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

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

**Findings:**
There was a comprehensive policy for monitoring and recording nutritional status. Residents' nutritional status was monitored through regular weights and the use of a recognised malnutrition screening tool. There was access to allied health services such as dietetics and speech and language therapy and evidence of referral and review.

Food appeared to be nutritious, was available in sufficient quantities and was well presented. Residents food preferences were recorded and kitchen staff were familiar with individual resident's likes/dislikes and specialised diets. There was a four week rolling menu and residents were offered a choice at mealtimes, including residents that were prescribed modified diets. Residents were facilitated to have options that may not have been on the menu for that particular day, should they be requested.

Most residents had their breakfasts in their bedrooms and breakfasts were seen to be served from 08:00hrs to 10:00hrs. Lunch commenced at 12:00hrs and was served in the dining room for those residents that chose to eat there. Some residents ate in their bedrooms and a small number of residents chose to eat in the sitting room. Residents requiring assistance with their meals were assisted by staff in a caring and respectful manner.

Tea was served from 16:00hrs and supper was served at 19:00hrs. Refreshments and snacks were available to residents between meals. Nutritional supplements were administered as prescribed.

**Judgment:**
Compliant

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

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

**Findings:**
Consultation with residents was facilitated through residents' meetings. These meetings had been taking place on a monthly basis until December 2015, however, there had only been one meeting in 2016, which was held approximately two weeks prior to this inspection. Feedback from residents was predominantly positive, with satisfaction being expressed in relation to services being provided in the centre. Records indicated that residents that chose not to attend or were unable to attend these meetings were also consulted on a one-to-one basis. Even though the staff member that facilitated residents meetings acted as an advocate on behalf of residents, there was no access to independent advocacy services.

Religious and cultural practices were facilitated. Local clergy visited the centre regularly and religious services from the local church were transmitted via radio. Residents were facilitated to vote in local and national elections.

Residents privacy was respected and staff were seen to knock before entering bedrooms. Shared bedrooms had adequate screening between beds to support privacy. There was a visitors room for residents to meet with visitors in private, separate from their bedrooms, should they wish to do so. There was an open visiting policy and visitors were seen to come and go throughout the day.

Based on observations of the inspector, staff members were familiar with individual needs and preferences. Staff members interacted with residents in a caring and respectful manner and were familiar with the various communication needs of individual residents.

There was a programme of activities that included live music sessions, exercises classes and movies. Residents that were capable were taken for walks, weather permitting, or occasionally went for coffee. Some residents attended activities external to the centre, such as in the local day centre or were taken out by a personal assistant.

**Judgment:**
Non Compliant - Moderate

**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
Theme: Person-centred care and support

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

Findings:
There was an up-to-date policy on residents' personal property and possessions. There was adequate storage space in residents' bedrooms for clothing, that included a wardrobe and chest of drawers for each resident. Each resident had access to lockable storage for valuables and personal possessions.

There were adequate laundry facilities to support the separation of clean and dirty linen. There were adequate processes in place to support the return of clothing to residents following laundering that included the discreet labelling of clothes. Residents spoken with by the inspector were satisfied with laundry facilities and did not express concerns about clothing being lost.

Judgment: Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme: Workforce

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

Findings:
Based on a review of the staffing roster, there were adequate numbers of staff and skill mix on duty at all times to meet the needs of residents. Care staff on duty each day comprised two nurses and six carers in the morning, one nurse and four carers in the afternoon and evening, and one nurse and two carers overnight. There was an additional carer on duty each day between 17:00hrs and 22:00hrs. The person in charge was also on duty each day between 10:30hrs to 18:30hrs from Monday to Friday. There
were three catering staff on duty each day, one staff member on duty in the laundry and one staff member in housekeeping.

There was a comprehensive staff recruitment and selection policy. Based on a sample of staff files reviewed by the inspector most of the requirements of the regulations were in place, however, there was not a full and satisfactory employment history with a satisfactory explanation for gaps in employment for one member of staff. This action is addressed under Outcome 5.

There was a satisfactory process for inducting new members of staff to support them provide care to residents in the centre. There was a process of staff appraisal that involved a review of staff performance and a discussion on staff development and training needs.

A review of staff training records indicated that training was facilitated on issues such as fire safety, safeguarding, food safety, medication management, responsive behaviour and dementia. However, not all members of staff had up-to-date training in manual handling.

**Judgment:**
Substantially Compliant

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**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:**

John Greaney
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. Theresa’s Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000434</td>
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<tr>
<td>Date of inspection:</td>
<td>19/04/2016</td>
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<tr>
<td>Date of response:</td>
<td>18/05/2016</td>
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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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no annual review of the quality and safety of care to ensure that such care was in accordance with standards set by HIQA.

1. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
The annual review is done every January as determined by audits and review of the system, however I will have an annual report completed by Oct 2016 in accordance with standards set out by HIQA.

Proposed Timescale: 31/10/2016

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:
All of the written operational policies as required by Schedule 5 of the Regulations were available and all had been reviewed at a minimum within the last three years. However, some improvements were required, such as:
• the policy on safeguarding residents from abuse was not reviewed in conjunction with the national policy for Safeguarding Vulnerable Persons at Risk of Abuse as required
• the restraint policy did not adequately address the use of chemical restraint.

2. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
I am working on the policy to reflect the national policy and include the use of chemical restraint.

Proposed Timescale: 31/05/2016
Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Based on a sample of staff files reviewed by the inspector most of the requirements of the regulations were in place, however, there was not a full and satisfactory employment history with a satisfactory explanation for gaps in employment for one member of staff.

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:
I had been given a satisfactory explanation for this gap in this staff member’s file and it is now reflected in the staff file documentation.

Proposed Timescale: 21/04/2016

Outcome 07: Safeguarding and Safety
Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a risk assessment completed prior to the use of bedrails, however, the risk assessment was not reviewed on regular basis to ensure that it accurately reflected the current status of the resident.

4. 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:
These two bed rails were used at the Resident’s request and were determined as use of ‘enablers’ and not as ‘restraints,’ but we appreciate the national policy and the use is reviewed on a daily basis.

Proposed Timescale: 21/04/2016

Outcome 08: Health and Safety and Risk Management
Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While windows in the bedrooms on both floors had restrictors in place, the windows could still be opened wide. The person in charge was requested to review these windows in the context of the risk posed to residents and was asked to review this risk in consultation with fire safety.

5. Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy
set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
The risk assessment in place for the risk posed by windows and it is our finding that the windows do not pose a risk to the residents. This assessment will be maintained under a constant review.

**Proposed Timescale:** 22/04/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The levers on the taps of the wash hand basin in the nurses office did not comply with infection prevention and control guidance.

**6. Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
The lever tap is in place.

**Proposed Timescale:** 18/05/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire drills were not held at a minimum of every six months.

**7. Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
I am confident through informal and formal training all staff are aware of what to do in the event of a fire and the fire drill is up to date.
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| **Theme:**  
Safe care and support |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Emergency lighting was most recently serviced in June 2015, which was not the recommended frequency.

8. **Action Required:**  
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**  
The service is up to date.

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**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:**  
Improvements were required in relation to the storage of controlled drugs as an emergency stock of antibiotics were stored in the same cupboard as controlled drugs, which is not in compliance with relevant professional guidance.

9. **Action Required:**  
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

**Please state the actions you have taken or are planning to take:**  
The emergency antibiotic medication has been removed and all staff are aware not to hold it in this press.

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**Outcome 13: Complaints procedures**

| Theme:  
Person-centred care and support |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The record for one complaint did not detail the outcome of the complaint or whether or
10. **Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
This outcome was addressed at the time and the complainant was satisfied and it is now reflected in the documentation

**Proposed Timescale:** 20/04/2016

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**Outcome 16: Residents' Rights, Dignity and Consultation**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Even though the staff member that facilitated residents meetings acted as an advocate on behalf of residents, there was no access to independent advocacy services.

11. **Action Required:**
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

**Please state the actions you have taken or are planning to take:**
A Resident who may need an independent advocate will be given access to independent advocacy services.

**Proposed Timescale:** 18/05/2016

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all members of staff had up-to-date training in manual handling.

12. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
The up-to-date training is scheduled.

**Proposed Timescale:** 31/05/2016