<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Teresa's Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000293</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Friar Street, Cashel, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>062 61 477</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:c.carestipp@gmail.com">c.carestipp@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Cashel Care Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Vincent Kearns</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>25</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 20 June 2018 08:00  
To: 20 June 2018 17:30

From: 21 June 2018 07:00  
To: 21 June 2018 16:00

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

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<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
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<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 05: Suitable Staffing</td>
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<td>Outcome 06: Safe and Suitable Premises</td>
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<td>Substantially Compliant</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Non Compliant - Moderate</td>
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<td>Outcome 12: Notification of Incidents</td>
<td></td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers representatives were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to this inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and
the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection focused on the care of residents with a dementia in the centre. Care practices were observed and interactions between staff and residents who had dementia were rated using a validated observation tool. Documentation such as care plans, medical records and staff training records were examined. The inspector also considered progress towards compliance following the previous inspection carried out in April 2017. The inspector noted that there had been some improvements in the centre with the most of the actions from the previous inspection had been satisfactorily completed or were in the process of being completed. However, the inspector found that there continued to be a number of improvements required including improvements in the overall monitoring and documentation within the centre including improvements in the care plans, risk management, audit records and notifications to the chief inspector in relation to notifiable incidents.

The inspector met with residents, staff members, the assistant director of nursing who was also the provider representative and the person in charge was on leave during this inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation including staff files, relevant policies and the self assessment questionnaire, submitted prior to inspection.

The centre did not have a separate unit for people with dementia. At the time of inspection there were 12 residents living in the centre with a formal diagnosis of dementia and a number of other residents suspected of having dementia. Overall, the inspector found the provider representative and staff team were committed to providing a good quality service for residents with dementia. While improvements were required in relation to care planning documentation, the inspector found that residents’ healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. This centre was relatively small and had retained a homely atmosphere. There was an activities coordinator however, all staff also fulfilled a role in meeting the social needs of residents and staff connected with residents as individuals. The inspector found that residents appeared to be well cared for and residents gave positive feedback regarding all aspects of life in the centre. Overall, the inspector found that the provider representative was working towards creating a comfortable homely environment for residents, including residents with dementia. The person in charge had submitted a completed self-assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgements of the inspector generally concurred with the person in charges’ judgements.

From the eight outcomes reviewed during this inspection, three outcomes were compliant. However, residents rights dignity and consultation and safe and suitable premises were deemed to be substantially compliant. In addition, outcomes health
and social care needs, health and safety and risk management and notification of incidents were judged as a moderate non-compliance. These non-compliances were discussed throughout the report and the action plan at the end of the report identified where improvements were 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 Standards for Residential Care Settings for Older People in Ireland.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
This outcome sets out the inspection findings relating to healthcare, assessments, care planning and medication management. The social care of residents with dementia was discussed in outcome 3.

There were a total of 25 residents living in the centre on the day of this inspection. Residents had been assessed as having the following dependency needs: seven residents had low dependency needs, seven residents had medium dependency needs, six residents had high dependency needs with a further five residents assessed as having maximum dependency needs. Twelve of the 25 residents had a formal diagnosis of dementia with a number of other residents suspected of having dementia. The inspector found that overall each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care.

Since the previous inspection there had been some improvements in the arrangements to ensure safe and suitable care for residents. For example, there had been a review of the admissions policy to ensure all potential residents needs including residents with a dementia, could be suitably met, taking into consideration the residents already living within the centre. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. In relation to admissions to any shared bedroom, the provider representative outlined how each prospective resident was assessed prior to any such admission to inform the suitability/compatibility of such admission.

The provider representative informed the inspector that she and the person in charge monitored residents' care plans, as appropriate. A selection of residents' files and care plans were reviewed and the inspector focused on the experience of residents with dementia on this inspection. The inspector tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents. There was a documented comprehensive
assessment of activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, rest and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. There were a small number of residents who had wounds. However, each resident had suitable wound care plans completed and pressure relieving mattresses when appropriate, were provided. Residents were weighed on a monthly basis or more frequently, if required. There was evidence of a pre-assessment undertaken prior to admission for residents and some of the residents had been transferred to this centre following admission in an acute hospital services. Since the previous inspection, each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including for example end of life care plans which reflected the wishes of residents with dementia. From a review of a sample of residents care plans, a daily nursing record of each resident's health, condition and treatment given was maintained. Each resident's vital signs were recorded regularly with action taken in response to any variations. Staff spoken to were knowledgeable about the care and support need of residents. There were some oversight systems in place for the assessment, planning, implementation and review of healthcare needs. For example, residents with dementia and/or their representatives had completed questionnaires that gave staff feedback as to their choices and preferences regarding many aspects of living in the centre. There had been an audit of meals and meal times and a care plan audit had most recently been completed in March 2018. In this relatively small centre, the provider representative met the person in charge regularly to discuss these findings. However, there was no clear structure or process for reviewing the findings from these surveys or care plan audits and there were few recorded actions taken following any of the audits reviewed. Therefore improvements were required in relation to the clinical oversight and management arrangements to ensure safe and suitable care was consistently provided. This was particularly evident in relation to the care planning documentation with the impact of the absence of such structures was evident by deficits seen in some residents' care plans. For example, most but not all assessments and care plans were reviewed four-monthly or more frequently as required. Some of the care plans did not have adequate details of the nursing care to guide practice; for example, not all care plans reviewed had an oral or dental care plan. Not all care plans had been reviewed or suitably updated following recommendations from an allied healthcare professional.

Each resident's wishes for end of life care was elicited and used to inform a plan of care to meet their holistic needs. The provider representative confirmed that whenever possible, residents had access to a single room for end of life care and families were facilitated to stay overnight, if they wished to do so. Staff were supported by the community palliative care team for symptom relief and to provide end of life care. End of life care plans had been completed and the inspector noted from the sample of care plans reviewed that accurately recorded the resuscitation status of each resident. Staff spoken to by the inspector were knowledgeable about residents' wishes and status.

The provider representative outlined the method of auditing resident's satisfaction with nutrition and food services. Menus were displayed each day on a small notice board. The cook clearly knew all residents well and their meal preferences. She informed the
inspector that she spoke to any new resident on admission and always sought feedback from all residents on a daily basis. The inspector noted that staff used a number of opportunities to assist residents with dementia in understanding what menu options. For example, staff spoke to residents about their forthcoming meal and in some cases offered a selection of meal options to support individual residents particularly residents with a dementia make menu choices. There was timely access to dietetic services and specialist advice was incorporated into care plans. Nurses' narrative notes were generally linked to the care plans. Residents had access to medical services delivered by visiting general practitioners (GPs) and out-of-hours medical cover was provided. Residents had access to psychiatry of later life services and a range of other services were available on referral including speech and language therapy (SALT), chiropody, physiotherapy and optical services. There was regular on-going support provided by the visiting community psychiatric nurse.

Clinical input from the speech and language therapy services was evident and residents with dementia received adequate hydration. All residents were screened for nutritional risk on admission and most were reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were complimentary about the food provided. The inspector spoke to the cook and noted that there was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes was observed by the inspector to be a social occasion. Staff were observed sitting with residents while providing encouragement or assistance with their meal. Nutritional supplements were administered as prescribed. Staff including catering staff, were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy services. Files reviewed by the inspector confirmed this to be the case. However, in one record reviewed a recommendation made by the dietician had not been implemented.

Overall the inspector found evidence of safe medication management practices. Evidence was available that since the previous inspection regular medication reviews were carried out. Medications that required strict control measures under the Misuse of Drugs Act's (MDAs) were carefully managed and kept in a secure cabinet in line with professional guidelines. Nurses kept a register of MDAs and the inspector checked a sample of balances and found them to be correct. There was a list of nurses signatures maintained in relation to the administration of medications in the centre. The temperature of the medication refrigerator was noted to be within an acceptable range. The temperature of this fridge was monitored and recorded daily.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety
**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 spoken to stating that they felt comfortable and well cared for living in the centre. It was clear to the inspector that residents including residents with dementia, were treated with respect and staff knew each resident’s individual preferences. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Overall, there were suitable systems in place for the safeguarding of residents from abuse and since the previous inspection all staff had received training on identifying and responding to elder abuse. There was a centre specific policy on the prevention and management of allegations of abuse that had been reviewed by the person in charge in February 2017. The provider representative and staff who spoke with the inspector displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. For example, staff interviewed were familiar with the aforementioned policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. Residents spoken to also confirmed that they felt safe living in the centre and all relatives and visitors spoken to stated that they had no concerns and that their loved ones were always treated with respect. The provider representative confirmed that all staff had Garda clearance and this was found to be the case when a sample of staff files was examined.

The inspector noted that a small number of residents had behaviors that challenge and at times some residents required considerable staff support. Some behaviours described as problematic by staff included verbal and physical aggression. However, overall there were adequate care and support arrangements in place for residents who presented with behaviors that challenge. Since the previous inspection, all staff had suitable training and the necessary skills and knowledge to work with residents who had behavioural issues. Records also evidenced that staff had received training in behaviors that challenge. Staff spoken to by the inspector outlined person centred interventions including utilising the use of activities, music, walks in the garden and other suitable distraction techniques. Files examined showed that assessments and most care plans for these residents were person centred. Staff were knowledgeable about documenting episodes of behaviors that challenge. However, not all care plans contained adequate details in relation to the management of behaviours that challenge to guide staff to provide consistent approach to care. This issue was already addressed under outcome 1 of this report. Staff were observed positively and socially interacted with residents and implemented suitable interventions to prevent boredom which sometimes may triggered behaviors that challenge. Files examined showed that a pre-admission assessment had been completed to ensure that the centre could meet the needs of the residents. There was evidence that appropriate referrals had been made to mental health services.

The inspector reviewed the systems in place to safeguard resident’s finances which
included a review of a sample of financial records. The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that complete financial records were maintained. Overall, there were transparent arrangements in place to safeguard residents’ finances and financial transactions. Since the previous inspection the provider representative had been regularly auditing these accounts. The inspector noted that the provider representative managed a small number of resident’s pensions and confirmed that she was in compliance with the guidelines issued by the department of social protection in relation to the pension agents.

Since the previous inspection there had been improvements in the management of restrictive practices in the centre and there was evidence of staff effectively working towards promoting a restraint free environment. For example, additional equipment such as low beds and alarm mats were available to reduce the need for bedrails. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with the inspector confirmed this. Safety checks were completed and there was documented evidence that these were undertaken. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails.

**Judgment:**
Compliant

### Outcome 03: Residents' Rights, Dignity and Consultation

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

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

**Findings:**
As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during lunch time and in the afternoon. These observations took place in the sitting room. Overall, observations of the quality of interactions between residents and staff in the communal areas for a selected period of time indicated that the majority of interactions were of a positive nature with positive connective interactions seen between staff and residents. The inspector noted warm, positive and inclusive interactions between staff and residents during these periods.

The daily routine was organised to suit the residents and all staff including catering staff optimised opportunities to engage with residents. The inspector observed some excellent examples of staff providing positive connective interactions with residents. Organised activities were provided and other small group or one to one activities were facilitated by activities coordinator, which reflected the capacities and interests of each
resident including residents with dementia. The inspector spoke to the activities coordinator who had worked in the centre for a number of years and knew all residents very well. The noted that the social assessment included an evaluation of the resident’s social and emotional wellbeing. Staff were able to outline how they implemented person centred support for residents with a dementia. For example, by utilising the care assessments such as "The Pool Activity Level (PAL) assessment", to obtain information about the uniqueness of each individual resident which assisted staff to engage residents with dementia in meaningful activities. Staff demonstrated an awareness of the importance of supporting the needs of the whole person. Staff outlined how they endeavored to value and retain abilities of the person with a dementia. For example, by engaging them in meaningful conversations and using memories and pictures to provide comfort and pleasure. The provider representative outlined how staff knew all residents well and how they had assisted residents to recognize staff. For example, care staff were consistently assigned to groups of residents and there was a notice board with all staff photographs and names to aid visibility and act as a memory prompt for residents with a dementia. The activities coordinator outlined how choices in relation to activities were always offered to residents including where possible, residents with dementia. The inspector observed that this was the case and that she actively supported residents with a variety of activities and included residents with dementia either in group or one to one activities, depending on their needs. Individual choices were offered where possible and always respected. The inspector observed that residents were free to join in an activity or to spend quiet time in their room or other communal rooms in the centre. A social assessment had been completed for each resident which gave insights into each residents' history, hobbies and preferences. Following assessment of each resident’s preferences, this information was used to plan the activity programme. Activities included for example bingo, music and quizzes. Some residents said they preferred not to take part in the group activities and the inspector saw that their wishes were respected and individual one to one time was provided for these residents, if appropriate.

Staff also created opportunities for one-to-one engagement, for residents who were unable or unwilling to participate in groups. However, there was also a quite sitting room available that was seen to be homely and comfortable. For example, this sitting room had wall paper, was carpeted with quaint/classical style curtains and contained a number of pieces period style furniture such as wing or high back chairs, an old sowing machine, a drinks cabinet and an old book case. Just adjacent to this room was a conservatory that was seen to be very pleasant place to also spend time particularly when the sun was shining. It was bright and also contained comfortable and homely furniture. The inspector noted that the majority of residents spent their day in the main sitting room. This room was seen to be a hub of activity and the inspector noted that it was a busy area that at times, contained a number of potential environmental triggers such as excessive noise levels that required review. For example, at one point the inspector observed that there were was noise from the centres' telephone ringing, a number of different residents' call bells were sounding and a television was playing; all in relatively close proximity to this general area. While staff were seen to be managing residents with behaviours that challenge well using distraction techniques for example. However, this issue required review and was discussed with the provider representative at the feedback meeting.
There was evidence that residents including residents with dementia and or their representatives as appropriate, were consulted with and participated in the organisation of the centre. Overall, residents’ rights, privacy and dignity were respected, during personal care, when delivered in their own bedroom, shared bedrooms or in bathrooms. There was evidence that residents’ with dementia received care in a dignified manner that respected his or her privacy. Staff were observed knocking on residents' bedroom doors and seeking the residents' permission before engaging in any care or support activity. In the twin bedrooms staff used the bed screens when appropriate. However, the inspector noted that residents bedroom doors could not be locked by residents and this may have potentially prevented them from undertaking some personal activities in private.

There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private with rooms separate to residents' bedrooms were visitors and residents could meet. Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. The inspector spoke to a number of visitors and all reported very positive about the care and respectful support provided to their relative. It was evident that the management and staff of the centre were committed to residents leading the decisions relating to their care and support needs. The provider representative stated that while the residents committee format had not worked for residents, the person in charge and staff in this small centre spoke to each individual resident every day to illicit their preferences. Residents were also consulted about how the centre was planned and run through residents and or their representatives surveys.

Closed circuit television (CCTV) cameras were positioned at the entrance to the building and outside in the grounds. The inspector was informed by the provider representative that the location of these cameras was to provide security and did not compromised residents privacy.

The centre was well located in the town of Cashel beside the local church and close to all amenities and the centre had developed a number of methods of maintaining residents' links with their local communities, including copies of the local/parish newspapers. A number of residents and their visitors were from the town and said that the location of the centre made visiting very convenient. Residents had access to a hands free phone and a number of residents had their own mobile phones. Residents had access to the daily national newspapers and several residents were observed enjoying the paper on both days of inspection. Residents were facilitated to exercise their civil, political and religious rights. Residents' religious preferences were facilitated through regular visits by clergy to the centre. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in communal rooms. The inspector observed that some residents were spending time in their own rooms, watching television, or participating in group activities.

Judgment:
Substantially Compliant
Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
There was a centre specific complaints policy that had been most recently reviewed in May 2017 and, was prominently displayed and met the regulatory requirements. Copies of the complaints process were also stored in the residents' information packs and copies of these packs were located in the sitting room near the main entrance. Residents and or their representatives to whom the inspector spoke said that they had easy access to any staff in order to make a complaint. The person in charge was identified as the named complaints officer and residents stated that they felt they could openly report any concerns to her and were assured issues would be dealt with. In this relatively small canter, the inspector noted that the provider representative who was based on site also monitored complaints through meeting residents and or their representatives and from regular staff meetings. Records showed that complaints made to date were dealt with promptly. Since the previous inspection all complaints were adequately recorded and the satisfaction of the complainant as required by regulation, was recorded in all records viewed.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
There were sufficient staff with the right skills, qualifications and experience on duty over the course of the inspection to meet the assessed needs of the residents. Copies of rosters given to the inspector showed that these were normal arrangements and staffing levels at the weekend were similar to the staffing arrangements during the week. Residents and their representatives spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This
was also seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to residents. Staff who spoke with the inspector confirmed that staffing levels were sufficient, as did residents. The majority of staff were long-term employees and knew the residents, management and the operation of the centre well.

There were systems of communication in place to support staff with providing safe and appropriate care. The inspector joined the handover meeting on the second morning of the inspection and was informed that these meetings occurred each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. Staff also had available to them copies of the regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge and the provider representative who was based on site. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. The inspector also observed that residents knew staff well from the way residents engaged easily with staff in personal conversations. The provider representative outlined how many of the staff had worked in the centre for significant periods and knew residents well.

Records demonstrated that since the previous inspection all staff were up to date with mandatory training and most staff had also received additional training such as training in dementia care which incorporated training in challenging behaviours. The inspector noted that staff training matrix recorded training for all staff in fire safety, safe moving and handling, and safeguarding vulnerable persons. Other training provided included infection control, end of life, food and nutrition, hydration and the management of dysphagia. Nursing staff spoken to confirmed they had also attended clinical training including medication management, and care planning. The inspector saw and staff confirmed that there was ongoing professional development training and staff were encouraged to attend training and education sessions.

There were effective recruitment processes in place and staff were suitably inducted. Staff were appropriately supervised and the provider representative confirmed that annual appraisals had commenced for some staff and was being rolled out to all staff. The requirements of staffing records under schedule 2 of the regulations were in place in the sample of staff files reviewed as were up-to-date registration with relevant professional bodies. A vetting disclosure was in place in all files reviewed and the provider representative gave assurances that all staff working in the centre had a vetting disclosure in place.

**Judgment:**
Compliant

**Outcome 06: Safe and Suitable Premises**

**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 the town of Cashel, Co. Tipperary in close proximity to facilities such as the church, shops and restaurants. The original premises dated back to the 1800's and was formerly a convent. While there have been many changes, renovations and improvements since then, the design and layout of the premises was largely reflective of a convent from this period, in which it was built. The centre originally opened to provide residential care in 2003 and it was a three storey premises situated on spacious grounds with a secure perimeter and gated entrance. Access to the upper floors was via a standard passenger lift, a large platform lift and two stairwells situated at either end of the premises. The inspector found that the premises were generally clean and well maintained and overall suitably decorated. Residents with dementia were integrated with the other residents in the centre. Since the last inspection in April 2017, some improvements had been made to the environment that positively impacted on the quality of life for residents in the centre. For example, the on going redecorating and repainting of a number of areas including residents' bedroom corridors.

There were pictures and traditional items displayed along corridors and in communal rooms that supported the comfort of residents with dementia. There were large easy to read clocks in a number of rooms and a large dementia friendly calendar in the main sitting room. Bedroom accommodation was on the first and second floors and comprised of three single bedrooms and six twin bedrooms on each floor. Resident’s bedrooms were personalised with photographs, pictures and ornaments. There was adequate wardrobe space and each resident had access to secure lockable storage. While some parts of the bedroom corridors had adequate lighting however, other parts of these corridors did not. This potentially impacted on residents at risk of falls and particularly residents with a dementia by increasing the potential for glare and shadows in parts of these corridors. In addition, while there were some signage for example, numbers on bedroom doors however, improvement was required to adequately support residents with dementia to find their way around the centre.

Four of the twin bedrooms and two of the single bedrooms had separate en suite facilities, while en suite facilities were shared between two bedrooms in the other eight twin bedrooms and the four single bedrooms. En suite facilities comprised of a shower, toilet and wash hand basin. Additional sanitary facilities included two toilets on the ground floor and a bathroom with an assisted bath and toilet on the second floor. There was also a staff toilet on the ground floor and a designated toilet for catering staff. All walkways and bathrooms were adequately equipped with handrails and grab-rails and working call-bells were evident in most rooms used by residents. However, the inspector noted that there was no call bell facility in the conservatory room.

The kitchen was on the ground floor and was found to be clean, adequately equipped and organised. Records viewed by inspectors indicated that catering staff had attended food hygiene training. Records were available of inspections by the relevant
Environmental Health Officer that demonstrated an overall adequate level of compliance with food hygiene standards. Also situated on the ground floor was staff a staff break room and a laundry. The laundry was small however, staff spoken to demonstrated an adequate process for separating clean and dirty linen.

Residents had access to a large, secure outdoor space that included a garden. However, as identified on the previous inspection, a risk assessment of the outdoor space was required to ensure that adequate controls were in place for areas such as a storage shed/garage, stairwells and a tree house. This issue was actioned under outcome 6 of this report.

There was a small nurses station on each of the upper floors, however, both of these were small and, as there was no main nurses' station/office, policies and procedures were stored in a locked press in one of the sitting rooms.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector spoke to staff that worked in the laundry and the handling and segregation of laundry was in line with evidence based practice. Vinyl latex gloves and plastic aprons were located throughout the centre and staff confirmed that they used personal protective equipment such as latex gloves and plastic aprons as appropriate. The communal areas and bedrooms were generally found to be clean and there was adequate standard of general hygiene at the centre. There were policies in place on infection prevention and control and most staff spoken with demonstrated knowledge of the correct procedures to be followed. However, not all staff spoken to described adequate cleaning practices to prevent cross contamination.

Since the previous inspection there had been some improvements in the risk management documentation for example, the risk management policy as set out in schedule 5 of the regulations had been reviewed and included the requirements of regulation 26(1). There was a risk register available in the centre however, the inspector found that improvements were required in relation to the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. For example, one recent serious incident involving two residents had been recorded and overall suitable remedial action had been taken at the
time of this event. However, there were no records of any subsequent management or post incident review to identify any learning or changes required to practices, procedures or organizational systems so as to prevent any reoccurrence of such an event in the centre. In addition, this incident had not been notified to HIQA as required by regulation. The absence of this notification was addressed under outcome 12 of this report.

Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. All accidents and incidents were recorded on incident forms, were submitted to the person in charge and provider representative. Overall the premises appeared safe and there were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors and safe walkways were seen in the outside areas. However, access by any resident with a cognitive impairment to the passenger lift had not been risk assessed.

The fire policies and procedures were center-specific and the fire safety plan was viewed by the inspector and found to be adequate. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. However, some of these notices required review as some were noted to have become faded and difficult to read. Staff demonstrated appropriate knowledge and understanding of what to do in the event of fire. All staff had up to date fire training as required by legislation. The inspector saw that fire safety training was regularly provided to staff. The provider representative stated that fire safety training was on going with further fire training planned in the coming months. The fire alarm system was also inspected quarterly each year. The inspector examined the fire safety register which detailed services and fire safety tests carried out. All fire door exits were unobstructed and there were records of weekly checks of fire alarm and emergency lighting and regular monitoring of fire exits. There were records of the emergency lighting being regularly serviced by a competent person on a quarterly basis with the most recent service recorded in May 2018. Practiced fire drills were held regularly and the records viewed contained details of each evacuation. However, some improvements were required to these records to include details of any difficulties encountered during the practice drill, the time taken to complete the evacuation and the fire scenario that was being simulation during the practice. All residents had personal emergency egress plan's (PEEP's) which identified the level of mobility and evacuation mode for each resident. Copies of the PEEP's were available in a number of locations including near the entrance, for ease of retrieval. The provider representative confirmed that a small number of residents smoked tobacco. A policy was in place and referenced the requirement for a smoking risk assessment for all residents who smoked. From a review of a sample of care plans, there were suitable risk assessments for each resident that individually risk assessed each resident’s capacity to smoke safely.

Care plans contained a current manual handling assessment and plan that referenced the specific equipment required for resident and staff safety. Manual handling practices observed were seen to be generally in line with current best practice and the training matrix recorded that all staff were trained in manual handling. The provider representative confirmed that the slings to be used with lifting hoists were individualized to each resident.
**Outcome 12: Notification of Incidents**

**Theme:**
Effective care and support

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

**Findings:**
There was a comprehensive log of all accidents and incidents that took place in the centre. HIQA was notified as required every quarter, and most written notifications as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reported in accordance with the requirements of the legislation. However, one recently recorded serious incident involving two residents had not been notified to HIQA as required by regulation. This issue was discussed with the provider representative and on the second day of this inspection a retrospective notification in relation to this incident was sent to HIQA.

**Judgment:**
Non Compliant - Moderate

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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:**

Vincent Keams
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\(^1\)

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Teresa's Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000293</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>20/06/2018 and 21/06/2018</td>
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<tr>
<td>Date of response:</td>
<td>24/07/2018</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 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
To arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

1. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Care plans reviewed by allied health professionals will be assessed and updated by nursing staff and all recommendations will be implemented promptly to ensure continuity of care.

**Proposed Timescale:** 05/08/2018

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
To formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

2. **Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
All care plans have been reviewed and will be updated every 4 months or as residents needs change as per regulation 5 (3)

**Proposed Timescale:** 05/08/2018

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
To having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

3. **Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
The two care plans for responsive behaviours have been completed and all staff made
Proposed Timescale: 25/07/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
To ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

4. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
The impact of noise levels on residents with dementia is considered daily within the home especially during busy times of day such as mealtimes. All unnecessary noises will be reduced while being mindful not to remove any appropriate stimulation required to reduce boredom in the home. We will limit the use of background noise and continue to use distraction techniques should any residents with dementia become agitated. We will encourage the residents to use the large outdoor space and front sitting room more often to allow for quiet time in the home. All staff have received training on dementia and triggers in the home that can lead to behaviours that challenge.

Proposed Timescale: 10/08/2018

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
To ensure that each resident may undertake personal activities in private.

5. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
The fire engineer has been contacted re placing locks on the bedroom doors as they are fire doors and it is imperative the doors can be opened in a timely manner should an evacuation be needed. On receiving a response we will insert the appropriate locks promptly.
**Proposed Timescale:** 10/10/2018

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**6. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Two lights have been installed in both corridors to reduce the risk of shadows and potential for glare.

Signage for way finding for residents with dementia will be reviewed and appropriate signs will be erected.

A call bell has been installed in the conservatory.

Appropriate risk assessments have been completed in the back garden with controls highlighted and put in place.

**Proposed Timescale:** 10/09/2018

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

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
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.

**7. 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:
Our incident report book will be changed to prompt all staff to report any notifiable events to Hiqa within three days and the importance of same. This will be discussed at a staff meeting and documented.

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<td><strong>Theme:</strong> Safe care and support</td>
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The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

8. **Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
There will be records of post incident reviews in the future, addressing changes to practice, learning involved and organizational procedures to prevent any reoccurrence. A review of this incident prompted a new system to remind nursing staff to enquire about the needs of prospective residents and document communication with the hospital, thus ascertaining the details of any complex needs of respite residents coming into the home.
A risk assessment has been completed for the passenger lift
The faded fire safety notices throughout the home have been renewed and this was completed on the second day of the inspection
The record book for fire drills and training will be changed to include details of any difficulties encountered during an evacuation, the time taken to complete evacuation and the fire scenario being simulated.

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<td><strong>Theme:</strong> Safe care and support</td>
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The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
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.

9. **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 cleaning procedures will be reviewed to ensure they are consistent with the standards for prevention and control of any healthcare associated infections.

**Proposed Timescale:** 20/08/2018

**Theme:**
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
To make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

10. **Action Required:**
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

**Please state the actions you have taken or are planning to take:**
All fire safety notices have been updated throughout the nursing home

**Proposed Timescale:** 21/06/2018

**Outcome 12: Notification of Incidents**

**Theme:**
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
To give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

11. **Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
The notification was sent in on the second day of the inspection. The incident was dealt with in a timely manner in the nursing home and documented in our incident report book. We will ensure all notifiable incidents are sent to Hiqa within 3 working days.
| **Proposed Timescale:** | 21/06/2018 |