<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Martha’s Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005284</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Glenswilly House, Cappauniac, Cahir, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>052 744 1895</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@stmarthasnursinghome.ie">info@stmarthasnursinghome.ie</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>St Martha’s Nursing Home Ltd</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Breeda Desmond</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on</td>
<td>25</td>
</tr>
<tr>
<td>the date of inspection:</td>
<td></td>
</tr>
<tr>
<td>Number of vacancies on</td>
<td>1</td>
</tr>
<tr>
<td>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: 11 June 2018 09:00
To: 11 June 2018 17:00

From: 12 June 2018 08:45
To: 12 June 2018 15:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Health and Social Care Needs</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 02: Safeguarding and Safety</th>
<th>Compliance demonstrated</th>
<th>Substantially Compliant</th>
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<table>
<thead>
<tr>
<th>Outcome 03: Residents' Rights, Dignity and Consultation</th>
<th>Compliance demonstrated</th>
<th>Substantially Compliant</th>
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<table>
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<tr>
<th>Outcome 04: Complaints procedures</th>
<th>Compliance demonstrated</th>
<th>Compliant</th>
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<table>
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<tr>
<th>Outcome 05: Suitable Staffing</th>
<th>Compliance demonstrated</th>
<th>Compliant</th>
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<tr>
<th>Outcome 06: Safe and Suitable Premises</th>
<th>Compliance demonstrated</th>
<th>Compliant</th>
</tr>
</thead>
</table>

| Outcome 07: Health and Safety and Risk Management | Compliance demonstrated | Non Compliant - Moderate |

Summary of findings from this inspection

This report sets out the findings of a thematic inspection which focused on six specific outcomes of dementia care. In addition the inspection incorporated an additional outcome as issues were identified related to infection prevention and control. The inspector also followed up on progress of the action plan from the last inspection.

The centre did not have a dementia specific unit and at the time of the inspection there were six people living in the centre with a formal diagnosis of dementia. The inspector observed that many residents required a high level of support and attention due to their individual communication needs and dependencies. All care
staff were involved in social activities with residents and staff took responsibility for residents exhibiting aspects of responsive behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD). Several staff had completed training such as imagination gym, aromatherapy and massage, sonas programme to activate communication potential and residents and staff gave positive feedback regarding these activities.

The inspector observed that the provider and person in charge were committed to providing a quality service for all residents including people with a diagnosis of dementia. The provider had submitted a completed self-assessment on dementia care to the Health Information and Quality Authority (HIQA) along with policies requested prior to the inspection. The judgments of the self-assessment and the inspection findings are stated in the table above. The self-assessment questionnaire had highlighted the need for improved monitoring of the quality of the service provided through satisfaction surveys. The inspector concurred that the audit programme required attention to enhance the positive findings of the inspection. This oversight would facilitate improvements and further advance positive outcomes for residents.

The inspector met with residents, relatives and staff. She reviewed the assessed care needs of residents and tracked the journey of a sample of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observational tool. The inspector also reviewed documentation such as care plans, policies relating to dementia care, medical and nursing records and staff files. While all polices were in place as required in the regulations, they did not reference the appropriate regulations and national standards.

The inspector found that residents’ healthcare needs were met. Residents had access to general practitioners (GPs) and support services such as psychiatry, physiotherapy, speech and language therapists and community health services were also available.

Residents were accommodated on both floors of the nursing home. The design and layout of the centre met its stated purpose to a good standard and provided a comfortable, homely, pleasant and safe environment for residents with dementia. While there was some signage to orientate residents, additional signage would enhance the setting and allay the possibility of disorientation and confusion. There was keypad egress from the first floor, however, residents didn't have access to the code to enhance their independence.
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:
The inspector tracked the journey of residents with dementia and also reviewed specific documentation of care such as nutrition, end-of-life care and management of responsive behaviours.

There were systems in place to optimise communication between residents and families, the acute hospital and the centre. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant information and appropriate information was readily available and shared between services, and this was observed on inspection.

Throughout the inspection the inspector observed good, kind and appropriate care and interactions with residents and visitors. It was evident that staff knew the life stories of residents and used this to encourage and positively engage with residents. Life stories were undertaken with families for those residents who wished to complete these. These life-story books were used as part of reminiscence as well as during conversation throughout the day. Pre-admission assessments were completed by the person in charge. Documentary evidence showed that residents and their families were involved in planning care and assessing care needs. Assessments were carried out on admission of all residents, including those people with a diagnosis of dementia. Validated assessment tools were used to support assessments and care, however, of the sample viewed, these were not always comprehensively completed. This resulted in an underscoring of dependency and had the potential to negatively impact the quality and safety of care. While care plans were in place, they did not reflect the person-centred approach observed, and the information available. Occasionally, information gleaned on pre-admission did not inform the care planning process, for example, residents with a diagnosis of diabetes. Nonetheless, frequent blood glucose monitoring was evidenced and residents received their specific dietary requirements.

Good practice and positive engagement was observed for residents with communication needs and residents exhibiting aspects of responsive behaviours which were related to
the behavioural and psychological symptoms of dementia (BPSD). Staff were observed to draw out the abilities of residents to participate in the activities and encourage socialisation; and to transform situations of potential concern and provide positive honest reinforcement to residents needing reassurance. However, care plans did not reflect the effective behavioural strategies observed by the inspector.

Following review of healthcare records and residents’ feedback, residents had timely access to health care services including GP services, psychiatry, physiotherapy, speech and language, dental, ophthalmology and chiropody. Medication was regularly reviewed in conjunction with the pharmacist; vital signs and weights were recorded monthly; blood samples were taken routinely when clinically indicated. Residents had access to palliative care services and staff had received training regarding end of life care. Positive health and wellbeing was promoted, for example, with regular exercise as part of the activation programme, imagination gym which promoted sensory awareness, reminiscence therapy that promoted the value and importance of each individual.

Arrangements were in place to meet the nutritional and hydration needs of residents including people with a diagnosis of dementia. The menu of the day was displayed on the dresser in the dining room. The inspector observed staff kindly explaining menu choices to help residents make decisions about their meals. Appropriate assistance was given to residents at meal times.

Staff spoken with relayed a sound understanding of the principles underpinning good end-of-life care. The inspector reviewed practices and documentation relating to medicines management in the centre and these were compliant with professional best practice guidelines. There were written policies relating to the ordering, prescribing, storing and administration of medicines to residents. This was updated on inspection to reflect practice in relation to transcribing. There were procedures for the handling and disposal of unused and out of date medicines.

There were written policies and procedures relating to matters as set out in Schedule 5 of the regulations. However, they referenced the 2009 regulations and the 2009 best practice national standards rather than the most up-to-date versions. While staff had signed they had read policies, they were not dated, consequently, it could not be determined if staff had read and understood the most up-to-date version of the policies.

**Judgment:**
Non Compliant - Moderate

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily
Findings:
Policies were in place for safeguarding vulnerable adults; policies relating to responsive behaviours referenced validated assessment tools, however, these were not included in the policy to direct staff, in particular, new staff. This was remedied on inspection whereby assessment tools, behavioural support charts and restraint recording charts were inputted to the policy documents to ensure their comprehensiveness.

Records demonstrated that regular staff training on safeguarding was provided. Practices observed by the inspector demonstrated respect and kindness. The person in charge and provider were well known to residents and residents reported that they could raise any concerns or issues with management.

A risk assessment was completed prior to using bedrails. Signed consent was obtained from the resident and there was documentary evidence in the restraint register to show that the person in charge and GP discussed restraint with relatives in the event that the resident was unable to discuss it. The consent form was amended on inspection to reflect best practice and legislative requirements pertaining to consent. At the time of inspection there were 11 residents with bedrails in place. There was evidence of trialling alternatives prior to using bedrails. Records were maintained of checks when bedrails were in use.

There was keypad egress from the first floor, however, residents did not have access to the code to enhance their independence. The inspector acknowledged the health and safety aspect of the key pad access, however, it was a restrictive practice for those residents with the wherewithal and did not have the code to come and go independently. This was discussed on inspection and the provider gave assurances that the code would be given to pertinent residents.

Training records indicated that all staff had up-to-date training related to protection, but not all staff had training in managing behaviour that was challenging. Nonetheless, observations during the inspection demonstrated that staff responded in an appropriate manner that was respectful and mindful of the dignity of residents.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

There were no restrictive visiting arrangements. Residents' privacy and dignity was respected, including receiving visitors in private. The inspector observed guests visiting in the conservatory, lounge and quiet blue room. Since the last inspection the blue room was created and residents reported how much they 'loved' the room as it was 'quiet, peaceful and relaxing'.

All care staff were involved in activation. There was a daily programme of activities as well as special events, outings and celebrations. Staff had completed training in a variety of matters including dementia-specific activation. Imagination gym facilitated sensory activation and the inspector observed the new sensory garden being used as a behavioural strategy to facilitate positive outcomes for residents. Resident-specific photograph albums were available and residents were observed browsing through them. Memory boxes were created for residents in conjunction with their families and the inspector observed positive connective care being delivered to involve people in activities mindful of their ability. Residents reported that activities were based on their request and choice, and they participate if they wished and their right to not participate was respected.

The residents' committee met approximately every two months and the relatives council was held quarterly. Residents' questionnaires were last completed in 2015. The self-assessment questionnaire identified that more regular residents' surveys would be carried out to enhance care.

The PIC reviewed all aspects of end-of-life care following the passing of a resident to enable improvement in care, attention and welfare for residents and their families. This resulted in the establishment of the 'blue' room which was a haven of peace and tranquillity for residents and relatives. This room was used for residents' meeting, receiving visitors in private as well as place for families to gather during end-of-life care.

Throughout the inspection the inspector observed good, kind and appropriate care and interactions with residents and visitors. It was evident that staff knew the residents well and the life stories of residents were used to support staff to connect on a personal level and positively engage with residents. Life stories were undertaken with residents and families and these life-story books were used as part of reminiscence as well as during conversation throughout the day.

The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observational tool was the quality of interaction schedule (QUIS). These observations took place in day rooms and the dining room. Each observation lasted 30 minutes. Most interactions observed were positive, where staff positively engaged with residents and adapted their approach to reflect the individuality of each residents. However, the inspector observed that there were occasions that staff did not avail of opportunities to socially engage with residents.

There was a communication policy in place. Communication aids and devices such as the 'portable talker' were accessed for residents and residents reported to the inspector that this greatly enhanced their quality of life and ability to socially engage with people.
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:
Residents spoken with were aware of their ability to raise concerns and relayed they had no barriers to reporting any issues to the person in charge. Complaints were recorded in accordance with the regulations and they were found to be resolved in a timely manner.

The complaints policy and procedure relating to complaints did not correlate, and access to the office of the ombudsman was not identified. This was remedied on inspection whereby the complaints procedure displayed reflected the policy.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
Adequate resources were in place with the appropriate skill mix to meet the assessed needs of residents. The person in charge worked full time and the provider was full time in the centre as well; this enabled supervision and oversight of care delivery. The inspector observed that residents and relatives were familiar with the provider and person in charge and conversed freely with them. Staff were observed to be confident and well informed in their roles to provide care that supported residents.

A sample of staff files was reviewed and they demonstrated compliance with the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for staff including two new staff
members. There were no volunteers attending the centre.

**Judgment:**
Compliant

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

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

**Findings:**
The design and layout of the centre was suitable for its stated purpose and appeared to meet the needs of residents. It was well maintained and suitably decorated. The provider discussed the premises and outlined the on-going updating and refurbishment works in the centre. For example, flooring was being replaced; bedrooms and en-suite bathrooms were upgraded; the quiet 'blue' room was a sanctuary of peace and tranquillity; residents were delighted with the new enclosed sensory garden and this could be viewed from several aspects of the centre. The external garden by the front of the centre had seating areas and lots of space for walking about. The provider was in the process of upgrading the overflow car park to the side of the centre. The statement of purpose was discussed on inspection and the provider outlined that this was in the process of being updated for registration renewal purposes to include the recent upgrading of the premises.

Residents had access to adequate private storage space including secure storage. Bedrooms were personalised in accordance with individual preferences. Hand rails and grab-rails were available throughout. Overall, the premises was homely, warm and bright and pleasantly decorated.

**Judgment:**
Compliant

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
**Findings:**
While staff had completed training in hand hygiene and infection prevention and control as well as receiving information pertaining to cleaning products, staff had not undertaken training specific for cleaning to minimise the risk of cross infection. Practices observed suggested that the centre and staff would benefit from additional training to safeguard residents, visitors and staff from the risk of cross infection.

Best practice was not always adhered with regarding hand hygiene and the five moments of hand hygiene as described by the world health organisation to minimise the risk of cross infection to residents and staff.

Inappropriate storage was noted in the laundry and sluice room that did not comply with best practice guidelines.

**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:**

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**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:**
There were written policies and procedures relating to matters as set out in Schedule 5 of the regulations. However, they referenced the 2009 regulations and best practice national standards rather than the most up-to-date versions.

1. **Action Required:**
Under Regulation 04(3) you are required to: Review the policies and procedures

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
Policies and Procedures to be updated to the most recent Regulations and Standards.

**Proposed Timescale:** 31/10/2018

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Validated assessment tools were used to support assessments and care, however, of the sample viewed, these were not always comprehensively completed. This resulted in an underscoring of dependency and had the potential to negatively impact the quality and safety of care. While care plans were in place, they did not reflect the person-centred approach observed, and the information available. Occasionally, information gleaned on pre-admission did not inform the care planning process, for example, residents with a diagnosis of diabetes.

Care plans did not reflect the effective behavioural strategies observed by the inspector.

**2. Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The Waterflow Score was amended accordingly – This was an oversight on admission.. however the Care – Plan for that Resident included all details of their Diabetic Care.

**Proposed Timescale:** 18/07/2018

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff did not have up-to-date training relating to managing behaviour that is challenging.

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

**Please state the actions you have taken or are planning to take:**
3 further staff members to update their training in managing behaviour that is challenging... all other staff members have recently updated their training.

**Proposed Timescale:** 31/10/2018

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**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:**
The inspector observed that there were occasions that staff did not avail of opportunities to socially engage with residents.

**4. Action Required:**
Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

**Please state the actions you have taken or are planning to take:**
Staff advised at all times to socially engage with residents during personal care procedures.

**Proposed Timescale:** 30/09/2018

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**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:**
Staff had not undertaken training specific for cleaning to minimise the risk of cross infection.

Practices observed suggested that the centre and staff would benefit from additional training to safeguard residents, visitors and staff from the risk of cross infection.

Best practice was not always adhered with regarding hand hygiene and the five moments of hand hygiene as described by the world health organisation to minimise the risk of cross infection to residents and staff.
Inappropriate storage was noted in the laundry and sluice rooms.

5. 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:
Further specific training to be arranged for ancillary staff to minimise the risk of cross infection.
All other staff to update their training in infection control.

Proposed Timescale: 30/09/2018