Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Teresa's Nursing Home
Name of provider:	Cashel Care Limited
Address of centre:	Friar Street, Cashel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	07 February 2024
Centre ID:	OSV-0000293
Fieldwork ID:	MON-0042603

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Teresa's Nursing Home is centrally located in the town of Cashel, Co. Tipperary and is in close proximity to all facilities such as the church, shops and restaurants. The original premises dates back to the 1800's and was formerly a convent that had been refurbished and modernised. The centre originally opened to provide residential care in 2003 and caters for both male and female residents over the age of 18 years and is registered to provide care to 30 residents. Twenty four hour nursing care is provided with a registered nurse on duty at all times. The centre accommodates low, medium, high and maximum levels of dependency including residents that may be ambulant and confused. Communal accommodation in the form of dining and day rooms are on the ground floor and bedroom accommodation is on the first and second floors. There are three single bedrooms and six twin bedrooms on each floor. The registered provider is a limited company called Cashel Care Ltd and employs approximately 30 staff. Staff employed in the centre include registered nurses, care assistants, an activities co-coordinator, maintenance, laundry, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 7 February 2024	09:30hrs to 18:15hrs	John Greaney	Lead
Wednesday 7 February 2024	09:30hrs to 18:15hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Residents living in St. Teresa's Nursing Home told inspectors that the staff worked hard to support them have a good quality of life, and that they were kind and polite to them.

Inspectors arrived unannounced at the centre and were met by a member of nursing management. Following an introductory meeting, inspectors walked through the centre and met with residents and staff. There was a relaxed, but busy atmosphere in the centre as staff were observed responding to residents' requests for assistance.

St. Teresa's Nursing Home is a three storey premises located in the centre of Cashel town, County Tipperary and is registered to provide care for 30 residents. On the day of this inspection there were 26 residents living in the centre. The building was formerly a convent, dating back to the 1800s, and as a result it is a protected structure and there are restrictions on any structural changes that can be made to the premises. St. Teresa's was established as a nursing approximately 20 years ago and is family owned and operated.

The centre is located in the town of Cashel with good access to local amenities such as churches, restaurants and shops. There is a long gated driveway leading up to the centre with parking spaces immediately outside the main entrance. The main entrance door to the centre is keypad controlled and inspectors were informed that there were no residents that had access to the code for the keypad controlled lock and there were no residents assessed as being suitable to access the local amenities independently.

Immediately inside the main entrance, there is a carpeted stairwell leading up to the first and second floors. On a previous inspection the inspector noted that there was one emergency light midway up the stairwell to provide emergency lighting for all three landings. A new emergency light had been installed since that inspection. Inspectors noted that there was some comfortable seating in the stairwell. This does not comply with fire safety practices, as stairwells should be kept clear of obstructions in the event of the need to evacuate residents through this exit. There is a second door from the stairwell to a corridor, leading to the main part of the centre. The inspector noted that a new emergency light had also been installed on this corridor. A door off one side of this corridor leads to a sitting room, with an adjacent smaller room/library and a conservatory. The sitting room had been redecorated since the last inspection and had been furnished with a three piece suite of furniture and a computer terminal that was solely used by staff had been removed. Additional emergency lighting had also been installed here. There is a door from the conservatory leading to the external courtyard. The lock on this door was broken and the door could not be opened by staff. Inspectors were informed that maintenance staff could open the door. Even though this was not identified as an emergency exit, it does have some fire safety implications and management

were requested to arrange for the repair this door at the earliest opportunity. There was also a need to mitigate any fire safety risks with fire safety management practices to eliminate the risk of staff or residents getting trapped in this area in the event of a fire until the door is repaired.

A door to the right of the corridor leads to an office that was seen to be used by nursing management on the day of the inspection. A review of floor plans identified that this office was not included in the floor plans and was therefore not registered as part of the designated centre. On previous inspections it was found that the door from the corridor leading to the main sitting room was locked with a keypad controlled lock. This was not the case on the day of the inspection and residents had free access to all communal areas in the centre.

The main sitting room, also combines as a dining room. There is no nurses' office and residents' records are stored in a locked cabinet in the corner of the dining area. This is where staff write up their daily record of the care provided to residents. There were three calendars visible for residents in the sitting room, all of which had the wrong day and date. There is also no treatment room and the medication trolley is stored in this area, secured to the wall with a lock.

All bedroom accommodation is on the first and second floors and all communal rooms are on the ground floor. Bedroom accommodation on each floor comprises 6 twin bedrooms and three single bedrooms. Three of the bedrooms on each floor, two twin and one single, are en suite with a shower, toilet and wash hand basin. Each of the other bedrooms share a bathroom with one other bedroom. Access to the upper floors is via a standard passenger lift located off the main sitting/dining room. There is also a large platform lift to the rear of the premises that is used by residents that have speciality seating. There are also two stairwells, situated at either end of the building. There are evacuation pads located on each of the landings should there be a need to evacuate residents down the stairs in the event of an emergency.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are closely linked. For example, inspectors observed that the décor in the centre was showing signs of wear and tear. Surfaces and finishes including wall paintwork, wood finishes and flooring in some resident rooms and hall ways were poorly maintained and as such, did not facilitate good cleaning. There was no dedicated clean utility or treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Clean and sterile supplies were stored in the nurses station on the first and second floor.The medication trolley was stored in the dining room. On each floor there was a communal drinking fountain for residents to access, one of which was dirty on the day of inspection which may cause a risk of infection spread.

Inspectors met with and observed residents throughout the day of inspection. They spoke with a number of residents in detail about their experience of living in the centre. Residents told inspectors that staff were responsive to their requests for assistance and that their call bells were answered promptly. Inspectors observed

that staff were allocated to the supervision of residents. Residents were seen to be supervised by staff in the main sitting room.

There were no visiting restrictions on the day of inspection. The centre was at the end of a COVID-19 outbreak that involved bith residents and staff. Staff were wearing face masks and face masks were available for visitors if they wished to wear them.

There was mixed feedback from residents about the food. While residents were complimentary about the quality and quantity of the food, it was evident that residents were not routinely offered choice at lunch time. When asked about what they would do if they did not like the option available for lunch that day, one resident responded that they weren't aware that there was any other option. On the day of the inspection the main course for lunch was bacon, cabbage and mashed potato. Discussions with catering staff indicated that all except one resident was having bacon for lunch. One resident was having lamb. When inspectors talked to another resident about lunch they said that they didn't like bacon. When asked what their preference would be, they said lamb. They confirmed that they were not offered a choice. Most residents attended the dining room for their meals while a small number of residents chose to remain in their bedroom. Staff were allocated to support and supervise residents with their nutritional care needs within the dining room and in their bedrooms. Inspectors observed residents being assisted with their meals in a respectful and dignified manner. There were adequate numbers of staff available to assist residents at meal-times.

Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).

Overall, the findings of this inspection were that action is required in relation to the governance and management of the centre. Adequate arrangements were not in place to ensure there was adequate oversight of the day to day operation of the centre. Areas in which action was required included governance and management, recruitment of a person in charge to meet the requirements of the regulations, staff training, and the complaints process.

St. Teresa's Nursing Home is a family run centre, owned and operated by Cashel Care Limited, the registered provider. The company is made up of two directors. One of the directors was previously the person in charge and responsible for the day to day operation of the centre. The provider submitted a notification on the 15 November 2023 proposing a new person in charge. A review of documentation submitted in support of the appointment and a review of other relevant documentation, such as Statement of Purpose and previous inspection reports, indicated that the proposed new person in charge did not have the required

managerial experience. The provider was informed that the new person did not meet the requirements of the regulations. Subsequently, the director resigned from the position of person in charge on 21 November 2023. This was the second occasion in 2023 when the provider sought to appoint a person to the role of PIC that did not have the required managerial experience. The previous notification, submitted in March 2023 was subsequently withdrawn.

Communication with the provider by way of a letter on 24 November 2023, sought assurances that the provider would appoint a person in charge that met the requirements of the regulations. The response from the provider did not provide adequate assurances and a cautionary meeting was held with the provider on 13 December 2023 as a first step in a process of escalation. At that meeting, the provider was advised that a plan to appoint a PIC who meets the criteria set out in the regulations will need to be submitted. Due to the continued absence of a PIC, further meetings were held with the provider on 12 January 2024 and 19 January 2024. The provider was informed that in the absence of a person in charge that meets the requirements of the regulations that a Condition would be attached to the registration of the centre as the next step in the escalation process.

There was a programme of audits in key areas such as medication management, falls management, fire safety and care planning. Some of the audits, such as infection prevention and control and care planning showed a high level of compliance, which did not correlate with the findings of this inspection..Additionally, the last infection prevention and control was completed in September 2023. On the day of the inspection, a person meeting the requirements of the regulations had not been appointed to the role of PIC. However, there were two nurses working predominantly in a supernumerary capacity managing the centre. Further clarity was required in relation to who had ultimate oversight of the day to day clinical operation of the centre. This is discussed further under Regulation 23.

Inspectors found that the provider did not comply with Regulation 27 and the National Standards for Infection Prevention and Control in community services (2018). Weaknesses were identified in infection prevention and control governance and the implementation of infection prevention and control standard precautions. Details of issues identified are set out under Regulation 27.

A review of training records showed that staff were up to date in their hand hygiene training and staff said they were supported to attend training suitable to their role. However, not all staff had up to date training relevant to their role. This is outlined further under Regulation 16.

Records and documentation required by Schedule 2, 3 and 4 of the regulations were made available on the inspection day. A review of a sample of staff files found that the requirements of Schedule 2 of the regulations were met and adequate recruitment practices were in place with respect to Garda Vetting, employment references and employment histories.

Regulation 14: Persons in charge

A notification had been submitted by the provider of the proposed change of person in charge on 01 November 2023. The proposed new person in charge did not meet the requirements of the regulations in terms of managerial experience.

Judgment: Not compliant

Regulation 15: Staffing

As identified on the previous inspection there was adequate staff rostered for the assessed needs of residents during the day. At night, there was one nurse and one healthcare assistant (HCA) on duty from 20:00 – 08:00. Staffing had been enhanced since the last inspection with the addition of one HCA from 9am – 9pm and another HCA from 6pm to 12 midnight to support supervision and care to residents during twilight and early night time.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required in relation to staff training to ensure that staff had the necessary skills to perform their roles. Based on a review of the training matrix provided to inspectors, staff were overdue attendance at training in all mandatory areas. For example:

- while all nursing staff had up to date training in manual handling, 30% of other staff were overdue attendance
- 42% of staff were overdue attendance at fire safety training
- 27% of staff were overdue attendance at training in safeguarding residents from abuse
- 23% of staff were overdue attendance at training in responding to challenging behaviour

The person nominated to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre had not completed the required link practitioner training course.

Judgment: Not compliant

Regulation 21: Records

While nursing and medical records were stored in a cupboard in the corner of the sitting room, they were in a locked cupboard and secured from unauthorised access. A sample of staff files were examined and they had the requirements as specified in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

While the provider had insurance in place, evidence was not available on the day of the inspection that the policy covered injury to residents and loss or damage to a resident's property.

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required by the provider to ensure there was adequate oversight of the quality and safety of care delivered to residents. For example:

- a notification submitted to the Chief Inspector on 01 November 2023 proposing a new person in charge. Based on documentation submitted in support of the notification, a review of previous inspection reports and a review of Statement of Purposes, the proposed new person in charge did not meet the requirements of the regulations in terms of managerial experience. This is the second occasion in 2023 when the provider proposed appointing a person in charge that did not meet the requirements of the regulations
- the management structure and reporting relationships within the centre were unclear. There were two nurses responsible for operational and clinical oversight of the centre, however, they could not confirm to inspectors what their current job titles were
- commitments given in the compliance plan following the previous inspection were not implemented. For example, the floor covering on the corridor of the first floor remained in a poor state of repair and residents did not have lockable space in their bedrooms

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care did not clearly identify the room to be occupied by each resident or the number of other residents, if any, in that room. Further detail was required in relation to fees for additional services, such as the hairdresser.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The written Statement of Purpose was not reviewed annually as required by the regulations.

An office used by nursing management was not included in the Statement of Purpose or floor plans.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the accident and incident log. Indicated that notifications required to be submitted to the Office of the Chief Inspector were submitted in accordance with the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

The policy and procedure on the management of complaints was not updated to reflect the requirements of S.I. No. 628/2022 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2022.

The notice on display outlining the complaints procedure identified people no longer working in the centre as being part of the complaints process and did not include adequate level of detail, such as timelines.

Judgment: Substantially compliant

Quality and safety

Overall, residents expressed satisfaction with the care provided and with the responsiveness and kindness of staff. However, deficits in the governance and management in the centre were impacting on the overall quality and safety of the service provided. Ares of required improvement included, choice of food at mealtimes, the premises, infection control and the provision of adequate storage space for residents' belongings.

There was on-going review and evaluation of the use of restraint in an effort to reduce its use. There were six residents using bedrails and four residents using lap belts when in their wheelchairs. Inspectors reviewed a number of care plans in relation to physical restraints. Care records showed that when residents had a restrictive practice in place such as bed rails, there was a risk assessment in place for it's use. There was a need, however, for management to recognise environmental restraint, such as door locks. This is discussed under Regulation 7 of this report.

There were arrangements in place to protect residents from abuse. Staff were familiar with the types and signs of abuse and with the procedures for reporting concerns, suspicions and allegations of abuse. Staff who spoke with inspectors reported that they would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team.

Residents' weights were routinely monitored and residents' individual dietary needs and requirements were assessed. The dining experience observed by inspectors was seen to be relaxed and unhurried. There was, however, no menu on display. And while inspectors were informed that there was an alternative option available should residents not like ham and cabbage, this was not offered as a matter of routine. Inspectors were informed that one resident was having lamb but other residents were not aware of this option. This was confirmed by a number of residents. Food appeared to be wholesome and nutritious and was available in sufficient quantities. There were adequate numbers of staff to provide assistance and ensure a pleasant experience for residents at meal times.

Care plans were in place for each resident. There were template care plans for identified needs with some pre-printed guidance. There was also a section for free text to allow the care plans be personalised. Inspectors found, however, that care plans generally lacked personalisation and did not provide adequate detail on an individual basis of each resident's specific needs and preferences.

Residents has access to newspapers, televisions, and radios. There was a varied recreational and occupational programme facilitated by a dedicated activities staff member. While the activity staff member finished at 2pm each day, inspectors observed other staff members facilitating activities throughout the day. Action was

required in relation to consultation with residents as, based on the records made available to inspectors, the last residents' meeting was held in May 2023.

Significant action was required in relation to infection control. Barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there were insufficient numbers of alcohol hand gel dispensers. A ratio of one alcohol hand gel dispenser to four resident' beds was observed in one area. National guidelines recommend that alcohol hand gel be readily available at point of care to promote good hand hygiene.There was a hand hygiene sink on the first and second floor at the nurses station both sinks did not meet the HBN-10 standards of a clinical hand hygiene sink. The needles used for injections and drawing up medication lacked safety devices. This increases the risk of needle stick injuries which may leave staff exposed to blood borne viruses. A sharps box stored on a shelf beside the lift in the dayroom which did not have the lid attached and was sitting a dirty tray, this was an immediate action on the day of inspection.

Evidence of multi-drug resistant organisms (MDRO) and antibiotic consumption surveillance was available and recorded monthly.There was a low level of prophylactic antibiotic use within the centre, which is good practice. More education required in appropriate antibiotic usage for example use of urine dipstick and the green and red antibiotic table.

There was a sluice room on each floor, the sluice on the first floor had a bed pan washer, to the left of the bed pan washer the sink area was covered in dirty items ten urinals, wash bowls and bedpans. The racking system installed as a plan from the last inspection was not suitable to hold clean items.These and other areas of required improvement are further discussed under Regulation 27.

The fire procedures and evacuation plans were displayed throughout the centre. Staff spoken with were knowledgeable of what to do in the event of a fire. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly basis by an external company. While fire drills were held regularly and a variety of scenarios were simulated, the fire drill records did not contain adequate detail to provide assurance that residents could be evacuated in a timely manner. As all bedroom accommodation was on the first and second floors, there was a need to incorporate vertical evacuation into the fire drill scenarios simulated. Additional emergency lighting had been installed following the last inspection. There was a need, however, for a survey of emergency lighting to confirm that there was adequate emergency lighting based on the design and layout of the centre. These and other issues in rlation to fire safety are outlined under Regulation 28.

There was a programme of preventive maintenance for equipment such as hoists, beds, the boiler, bedpan washer and lifts. The prenmises was generally suitable for its stated purpose. There were restrictions on what structural changes could be made to the premises due it being a protected structure. This presented a challenge and impacted on issues such as the non-availability of a treatment room, the small

size of the laundry and limited storage. Areas identified for improvement in relation to the premises are outlined under regulation 17.

Residents had good access to GP services, including out of hours. There was good access to allied health professionals to assess, recommend supports and meet resident care needs.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 12: Personal possessions

Action was required to ensure that residents have access to and retain control over personal possessions. For example:

- in most shared bedrooms residents shared a large double wardrobe and a chest of drawers. In some bedrooms, the wardrobe was located in the bed space of the second resident in the room and would not be accessible when the curtain is drawn around that bed
- at least one resident stated that they could do with additional wardrobe space in which to store their clothing

Judgment: Substantially compliant

Regulation 17: Premises

Action required in relation to the premises included a number of actions that were not addressed following the last inspection even though commitments had been given in the compliance plan response to do so. Actions required included:

- residents did not have lockable space in the bedrooms in which to store personal possessions
- surfaces and finishes, including wall paintwork, wood finishes and flooring in some resident rooms and hallways were poorly maintained and as such, did not facilitate good cleaning

- the housekeeping room on the ground floor was not large enough to store the housekeeping trolleys, therefore trolleys were stored in a general storeroom alongside equipment, and supplies
- there was no dedicated clean utility or treatment room for the storage of medications, clean and sterile supplies and dressing trolleys

Judgment: Not compliant

Regulation 18: Food and nutrition

Action was required to ensure that all residents were offered choice of food at mealtimes. For example:

- the menu was not on display and residents were not aware of what was on offer for lunch on the day of the inspection
- while the inspectors were informed that residents were offered choice at mealtimes, a record was not maintained to identify that residents had chosen the option they were served. Some residents spoken with stated that they had not been asked what they would like for lunch and were not aware that they could have asked for an alternative. One resident stated that they would have chosen lamb over bacon, if they had known that it was available.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- staff showed limited awareness of the "Skip the Dip" campaign, which focuses on avoiding the improper use of urine dipstick tests. These unnecessary tests can lead to over prescribing antibiotics, which does not help the resident and could lead to harmful outcomes like antibiotic resistance
- staff had no access to safety engineered devices on needles in line with best practice guidelines. For example, needles did not have the safety device attached to prevent the risk of a blood borne virus if a needle stick injury occurred
- no IPC audits had been completed since September 2023. This prevents management from addressing gaps in practice and monitoring compliance to national standards

- the housekeepers and maintenance person had no knowledge or records of, regularly running water through infrequently used taps and showers. This lack of flushing increases the risk of Legionellosis for residents
- two residents with a multi-drug resistant organism did not have a care plan to guide their care. This may prevent staff using extra precautions if required and cause infection to spread to other residents.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- one sluice room had no waste bins to dispose of dirty items
- a domestic cleaning product was used to clean the environment. Staff confirmed this product was used for disinfection during an outbreak. There was no instructions on how this product should be made up or any safety data sheets
- clean items were stored in the "dirty" section of the Laundry and the main laundry room was untidy with no easy access to the hand wash sink
- lack of alcohol gel dispensers at point of care to reduce the risk of spreading infection between residents
- wash hand basins and sinks were dirty and sterile items were stored in a wipeable container very close to the taps, which may contaminate the products stored there
- there were two communal drinking fountains, one of which was dirty. These had the potential to cause the spread of infection.

Equipment was not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example:

- two hoist slings were hanging on a hook in the hallway alongside a staff cardigan. Sharing slings between residents can increase the risk of inspection spread
- cleaning equipment was stored in the sluice rooms. This posed a risk of cross-contamination
- staff confirmed that they decant bedpans in residents toilets instead of putting bedpans straight into the bedpan washer. This practice may contaminate surfaces causing infection spread
- a very rusty raised toilet seat in the toilet was observed on the ground floor in a toilet that is used by residents and visitors. Equipment in poor repair is not easily cleaned and can be an infection risk to users
- the racking system in the sluice room was too small to accommodate all the clean bedpans
- the sinks in the housekeeping store room and at the nurses' station were dirty and may cause infection spread.

Judgment: Not compliant

Regulation 28: Fire precautions

While additional emergency lighting had been installed in both stairwells, the entrance corridor and the sitting room, a review was required by a competent person that there was adequate emergency lighting throughout the centre, particularly on both stairwells.

There is seating in the main stairwell at the front of the premises . This is an evacuation route and should be kept clear of all obstructions.

Residents continue to smoke in the back stairwell. Even though there is fire fighting equipment readily accessible, this is an emergency escape route and should not be used as a communal space as it may result in an obstruction in the event of an emergency evacuation.

Action required in relation to fire drills included:

- while there were regular fire drills involving full compartment evacuation, further detail was required in the drill record, such as the time it took to evacuate the compartment
- the record of a night time fire drill did not include details of the mode of evacuation or the time it took to evacuate residents
  fire drills did not include vertical evacuation. Given that all bedroom accommodation is on the first and second floors there is a need for staff to practice vertical evacuation as a component of fire drills
- personal emergency evacuation plans for residents identified that some residents required wheelchair evacuation. It was not clear from the record if this only referred to daytime evacuation from the ground floor or what evacuation aids the residents required should they need to be evacuated downstairs in the event of a fire on the first and second floors

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were predominantly generic and did not provide enough detail on the care to be delivered to residents on an individual basis. For example, care plans did not reference foot care for a resident with significant needs in that regard. Additionally, not all residents had care plans in place for multi-drug resistant organisms.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by GP. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Incidents of responsive behaviour were recorded in nurses' narrative notes. Records were not maintained in a manner to support the assessment of events prior to the behaviour (triggers) as well as the consequences to the behaviour (what happened and to whom). This would support the development of a personalised care plan to support staff to care for the resident and minimise the risk of future events.

The front door was keypad controlled and it was not recognised that this was a restrictive practice and was not included in the restraint register.

Judgment: Substantially compliant

Regulation 8: Protection

Residents spoken with by the inspector stated that they felt safe in the centre. All interactions by staff with residents were observed to be courteous and respectful. The provider was not pension agent for any residents and did not hold any money on behalf of residents for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

Records provided to inspectors indicated that the last residents' meeting was held in May 2023. The input of residents should be sought more frequently to ensure that the service is meeting their needs and to identify areas of required improvements, if any.

There were three calendars visible to residents in the sitting room, all of which had the wrong day and date

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Teresa's Nursing Home OSV-0000293

Inspection ID: MON-0042603

Date of inspection: 07/02/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents

using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: ***The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations*** The Provider has been appointed a suitably qualified nurse who meets all Regulations as per Health Act.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training has been reviewed and for the new staff we have arranged trainings. Manual handling practical course has been completed. Fire training practical has been booked on 24/04/24. Challenging behaviour course we have asked the new staff to complete on before 15th of April 2024	

Management team will continue to provide the induction training for all the employee by developing a targeted training and development plan.

Regulation 22: Insurance	Substantially Compliant

Outline how you are going to come into compliance with Regulation 22: Insurance:
We have checked with the insurance and as per policy no SORPM8243880 it will cover accidental bodily injury and financial loss or damage to property owned by residents.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

All residents will be offered a lockable space in their bedroom and management will assess residents' capability of managing a lockable devise dependent on their specific needs. We did offer it, a few of the residents accepted and some refused.
The flooring on the first floor will be replaced after the new lift is installed. It will be in 6 months' time

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
We have updated the contract of care which clearly identified the room to be.
Occupied by each resident.
Additional fees are included in the contract of care such as Hairdresser and Chiropodist.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

The management team will continue to ensure and review the statement of purpose as required by the regulations.
In the Office, we do not keep any documents which belong to the residents, kept it in the sitting room and nurse's station.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
We have updated the complaint procedure and renewed the notice on display.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The management team has reviewed storage and changed the position of the wardrobes. Storage within the home is tight due to the nature of the building structure. The team will continue to review storage of each resident and family to optimize to best capacity.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All residents will be offered a lockable space in their bedroom and management will assess residents' capability of managing a lockable devise dependent on their specific needs. We did offer it, a few of the residents accepted and some refused. The flooring on the first floor will be replaced after the new lift is installed. It will be in 6 months' time and the rooms will be painted in the summertime as more feasible and more comfortable for residents. Housekeeping room is tight due to the nature of the building structure, has been reviewed and therefore trolleys were kept in the general storeroom. In our center we have 2 nurses' stations on each floor which are dedicated for storage of medications, needles, sterile supplies, and dressing materials which is locked.Housekeeping Cart will not be kept in this room in future.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The management team reviewed and implemented a daily choice menu which is kept in the dining room and kitchen, also all residents have been asked their choices every day after breakfast.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• The management team reviewed and implemented a new plan to reduce unnecessary tests. • We ordered the needles with safety device. • IPC audit reviewed and completed. • The daily running of water through In frequently used taps and showers has been implemented in our center and is recorded. • The care plan has been made for those 2 residents and is in situ. • Waste bin has been replaced in the Sluice Room • Cleaning products have been changed and staff cleaning continues to be monitored all the time. • All the laundry staff have been asked to keep the laundry clean and tidy, and also continue to store as per IPC guidelines. • Plan to increase the alcohol dispensers on each floor. • Management team will reiterate with all staff the importance of IPC guidelines and ensure the cleaning. • The toilet seats have been replaced. • New Racking system has been added in the sluice room. • The Management team reviewed the slings, and all our residents have individual slings. On the day of inspection that two slings were hanging on a hook because they were ready to go to laundry, also informed the staff to keep their belongings to allocated area to reduce the cross contamination.

• Cleaning equipment will not be kept in the sluice room in future . • Management team will reiterate with all staff the importance of IPC guidelines and we have advised the staff to put the bedpan directly to the bed pan washer to prevent contamination of the surfaces.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Emergency lights have been reviewed by a competent electrician and are waiting for a certificate. Main stairwell at the front kept clear as an evacuation route. Residents can smoke in the garden when the weather permits, and in the meantime two residents can smoke at times in the area. The fire drill simulation for the staff will be conducted and documented to ensure the staff level can evacuate the residents in a timely manner in the event of a fire and time recorded. PEEP `s has been updated with necessary evacuation aids. Action is taken under review by the management team to protect the residents in the event of a fire. Residents can smoke in the garden when the weather permits, and in the meantime, we have reduced the numbers of the smoking residents in the designated area that will reduce the risk in the event of fire evacuation. Management team reviewed the fire drill, plan to do fire drill every month including day and night and will be documented with time. The record of fire drill simulation for the night shift will be documented clearly with time and mode of evacuation. Fire drills will be conducted on different floors every month to ensure the staff to practice vertical evacuation as a part of fire drill.	

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Named Nurse was allocated to each resident care-plan. These also include an overview care-plan chart encompassing the residents care-plan within. Management will review each file with the named Nurse to enhance residents' personalisation details within the care-plan.	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Management team reviewed and commenced a behaviour chart for the residents who has challenging behaviour. The sitting room door keypad will be added to the restraint register again and renewed regularly	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Activity coordinator has conducted Residents Meeting in February and will continue monthly.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	22/03/2024
Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	22/03/2024
Regulation 14(6)(a)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have not less than 3 years experience in a management	Not Compliant	Orange	22/03/2024

	capacity in the health and social care area.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/08/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	01/09/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	22/03/2024
Regulation 22(1)	The registered provider shall effect a contract of insurance against injury to residents.	Substantially Compliant	Yellow	22/03/2024
Regulation 22(2)	The registered provider may insure against other risks, including loss or damage to a resident's property and where such insurance is effected the resident shall be advised accordingly.	Substantially Compliant	Yellow	22/03/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management	Not Compliant	Orange	22/03/2024

	structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/09/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	22/03/2024
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre	Substantially Compliant	Yellow	22/03/2024

	concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	22/03/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	01/09/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire	Substantially Compliant	Yellow	01/09/2024

	alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	22/03/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/09/2024
Regulation 03(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	01/09/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and	Substantially Compliant	Yellow	22/03/2024

	effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/04/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	22/03/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and	Substantially Compliant	Yellow	22/03/2024

	participate in the organisation of the designated centre concerned.			