



**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:	15 August 2024
Centre ID:	OSV-0000293
Fieldwork ID:	MON-0044546

## 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:	28
--	----

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
Thursday 15 August 2024	09:00hrs to 18:00hrs	John Greaney	Lead
Thursday 15 August 2024	09:00hrs to 18:00hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in St. Teresa's Nursing Home. There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. The inspectors met most of the residents during the inspection and spoke with eight residents in more detail. The inspectors also met and spoke with two sets of visitors. Residents and visitors spoken with were complimentary of the staff and the care they provided. It was evident that staff knew the residents' needs and particular behaviours well and very person centered interactions were observed.

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.

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 28 residents living in the centre, one of whom was in hospital. Twenty four of the residents were long-stay, while four residents were admitted for periods of respite ranging from two to six weeks.

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.

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 six 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. Inspectors noted that some of the twin bedrooms were not configured in a manner that would support the privacy and dignity of residents living in these rooms. In two of these rooms, the beds were placed perpendicular to each other, with the foot of one bed in very close proximity to the head of the other bed. It was also noted that there was only one comfortable chair in some of the twin rooms, so both residents could not sit at their bedside at the same time, should they wish to do so. Some bedrooms shared a bathroom with the occupants of one other room, with a door providing direct access to the bathroom from each of the rooms. A number of the bathrooms did not have paper towel dispensers to allow residents to dry their hands to support good personal hygiene practices.

Access to the upper floors of the designated centre is via a standard passenger lift located off the main sitting/dining room; a large platform lift to the rear of the premises; and two stairwells, situated at either end of the building.

On the day of inspection the platform lift, the only means by which some residents who require large assistive equipment to mobilise, was out of order on the day of the inspection and had been out of order since 09 May 2024. Inspectors were informed that, after some difficulty, a replacement component was sourced and the lift would be repaired in the week following this inspection. There were two residents that required the use of speciality chairs in their bedrooms. On the day of the inspection there were two residents living on the upper floors who could not leave the upper part of the building owing to the broken lift. The inspectors spoke with the residents who said they used to come downstairs and go out into town but could not do so due to the platform lift being out of operation but said they accepted that and looked forward to getting out again.

Inspectors were also informed that for a period of time, 09 May to 14 June 2024, neither lift was functioning. A relative told inspectors that when the main lift was out of operation it was difficult for the residents and visitors to visit in residents bedrooms.

There are ski pads in place under all mattresses to evacuate residents that require the use of a hoist under normal circumstances. There are also evacuation pads located on each of the stairs landings, should there be a need to evacuate mobility impaired residents down the stairs in the event of an emergency.

All communal space is on the ground floor and comprises a sitting room that has an adjoining small library area; a conservatory adjoining the library; and separately, a large sitting/dining room. At the last inspection it was identified that the door leading to the outside from the conservatory was locked with a key and staff could not open it on the day of the inspection. Since then the lock had been replaced with a keypad controlled lock that was connected to the fire alarm system. An emergency release button was in the process of being installed for this door but was not complete and as a result there was some exposed wiring. Management were advised to address this as soon as possible.

The main sitting room, also functions 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 care provided to residents. Since the last inspection, some staff files are now also stored here. Inspectors noted that this cabinet was not always locked and attended by staff and as a result, personal identifiable information could be accessed inappropriately. Even if the cabinet is locked, staff files should only be accessible to designated members of the management team and it is not appropriate for staff to have access to each others' records. This was also notified to management on the day of the inspection.

As found on the last inspection, action is required in respect of premises and infection prevention and control, which are closely linked. 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.

Inspectors met with and observed residents throughout the day of inspection. Residents spoke positively about their experience of living in the centre and of the responsiveness of staff. This was supported by the observations of inspectors that saw kind and caring interactions between staff and residents. It was obvious that staff knew residents well and treated them with respect. Most residents spent their day in the main sitting room and were observed to be participating in activities over the course of the day.

Residents were complimentary of the food provided. Choice was available and catering staff spoken with had a good insight into each residents needs and preferences. 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. Inspectors visited the dining area at 16:25hrs and noted that most residents had finished their tea and staff were clearing away the dishes and cutlery. This was very early for evening tea. Inspectors were informed that that tow further rounds of snacks and drinks would be provided to the residents later in the evening.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## 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).

Similar to the findings of the previous inspection conducted in February 2024, action is required in relation to the overall governance and management of the centre and the centre had not appointed a person in charge that met the requirements of the regulations. Arrangements for the oversight of the quality and safety of care delivered were not adequate. There was also a failure to satisfactorily address issues identified for improvement at the last inspection. Areas where action is required are specified in more detail under the relevant regulations of this report.

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. The provider had submitted two notifications in 2023 proposing new persons in charge (PIC). The first notification was submitted on 23 March and the second on the 15 November. On both occasions it was determined that the proposed new persons in charge did not meet the requirements of the regulations in terms of managerial experience. Following communication with the provider about the suitability of the proposed PIC, the first notification was withdrawn on 09 May 2023 and the director resumed as person in charge of the centre. The second notification, submitted on 15 November 2023, identified that the director resigned as PIC on 01 November 2023. Even though the provider was informed that the second person proposed for the role also did not have the required managerial experience, a person meeting the requirements of the regulations has not been appointed and the centre is operating without a person in charge in contravention of the regulations.

A series of meetings were held with the provider in December 2023 and January 2024, during which the provider was advised of their regulatory responsibilities and planned escalation. A Notice of Proposed Decision was issued to the provider on 20 February 2024 that a restrictive condition would be attached to the registration of the centre should a suitable person in charge not be appointed. The proposed condition stipulated that the registered provider shall cease all admissions to St Teresa's Nursing Home until such time that there is a Person in Charge of the designated centre that meets the requirements of the regulations. The provider made representation to the NOPD on 23 March 2024 stating that the proposed person in charge met the requirements of the regulations. A further meeting was held with the provider on 23 April 2024 advising them that their representation made against the NOPD had been reviewed and that in light of the failure to appoint a suitable person in charge who met the regulatory requirements, an NOD would be issued attaching a condition to the registration of the centre to stop admissions. A Notice Of Decision was issued on 09 May 2024 and the provider had 28 days within which to appeal the decision to the District Court. No appeal was made and the Condition came into effect on 07 June 2024.

On arrival to the centre inspectors were met by one of the assistant directors of nursing (ADON). The second ADON was scheduled to be off duty on the day of the inspection but arrived to the centre later in the morning to provide support for the inspection. An opening meeting was held with the ADON during which the inspection process was outlined. Management were also advised that there would be a closing meeting at the end of the inspection at which high level findings of the inspection would be discussed. During the opening meeting the ADON provided an overview to inspectors of the services and facilities available to residents in the centre. Inspectors were informed that nursing management were aware that an NOD had been issued to cease admissions and this had been complied with in the months of June and July. However, nursing management stated that admissions had recommenced in August and since then four residents had been admitted for respite. Inspectors noted that the certificate of registration was on display inside the main entrance of the centre in which Condition 5 specified that the registered provider should cease all new admissions to St. Teresa's Nursing Home. Inspectors



advised that the provider was in breach of the conditions of registration and no further admissions should be accepted.

Within the centre, care is directed by two ADONs, both of whom work predominantly on a supernumerary basis. The ADONs are supported by a team of nursing, healthcare, domestic, activity, maintenance, and catering staff. Monthly management meetings are held with one of the directors and both ADONs usually in attendance. There are regular staff meetings during which day to day operational issues, clinical care and findings of audits are discussed. Despite this structure, it was not clear which member of nursing management had ultimate responsibility for the clinical care delivered to residents.

The complaints procedure had been updated in response to the changes in legislation, however, some further amendments were required to ensure that the procedure displayed was in an accessible format for residents and visitors and clearly identified the complaints process. Nonetheless, the complaints log examined showed timely responses by management to issues raised with actions taken to mitigate recurrence, and to the satisfaction of the complainants. A number of staff had access to training in accordance with their role and responsibility, however, a number of staff were outstanding mandatory training and refresher training as identified on the training matrix supplied to the inspectors.

Contracts of care were reviewed and they had the specified requirements as detailed under the regulations. A sample of Schedule 2 records of staff files were examined and these required action to ensure all the information specified in Schedule 2 of the regulations was maintained.

### Regulation 14: Persons in charge

The centre did not have a person in charge that met the requirement of the regulations on the day of the inspection. The post has been vacant since 01 November 2023.

Judgment: Not compliant

### Regulation 15: Staffing

Based on a review of staff rosters and the observations of inspectors, there were adequate numbers and skill mix of staff to meet the needs of residents living in the centre on the day of the inspection. Residents told inspectors that the night time staffing levels enabled them to receive care when they needed it.

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, some staff required training and other staff were overdue attendance at training in all mandatory areas. For example:

- four staff required manual handling training
- five staff required fire safety training and three staff required refresher training
- three staff required training in safeguarding residents from abuse
- eight staff required training in responding to challenging behaviour

This deficit in training is a repeat finding from the previous inspection.

Judgment: Not compliant

### Regulation 19: Directory of residents

The directory of residents was not updated to reflect one resident that had been recently admitted to the centre.

Judgment: Substantially compliant

### Regulation 21: Records

Documents to be held in respect of each staff member were not always obtained in accordance with the requirements of Schedule 2 of the regulations and in a timely : For example:

- Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were not always obtained prior to the staff member commencing employment in the centre. While vetting disclosures were available in the sample of files reviewed, the date on some disclosures indicated that the search was conducted after the person had commenced employment
- the personnel record for one staff member only contained one reference instead of the required two

- the references for one staff member were from colleagues rather than the person's most recent employer.

Records held in accordance with Schedule 2, 3 and 4 were stored in a cupboard in the corner of the sitting room and were not secured from unauthorised access. For example, the cupboard was found to be unlocked and not attended by staff. Additionally, personal records for some staff were stored here and could be accessed by persons other than senior management.

Judgment: Not compliant

## Regulation 23: Governance and management

The provider was not operating in accordance with the conditions of registration. A restrictive condition had been attached to the registration of the centre requiring the provider to cease admissions until a person in charge had been appointed that met the requirements of the regulation. The condition became effective on 07 June 2024, however, four residents were admitted to the centre in August 2024.

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

- the centre was operating without a person in charge since 01 November 2023
- the management structure and reporting relationships within the centre were unclear. There was not a clear delineation of duties between members of nursing management and it was not clear who was in charge
- there were repeat findings on this inspection that had been identified in the report of the inspection conducted in February 2024. These particularly related to infection control and included the inappropriate decanting of bedpans, the non-availability of safety needle devices and unclean wash hand basins.
- there was a lack of a system of audit and oversight of the premises as the flooring and some equipment were not maintained in a good state of repair and bedrooms were not laid out in a manner to meet the needs of the residents.
- there was a lack of oversight of staff recruitment as a number of staff had commenced without satisfactory vetting and references which is further detailed under Regulation 21: Records
- there was a lack of oversight of staff training as outlined under Regulation 16: Training and staff supervision
- there was no annual review of the quality and safety of care delivered to residents conducted for 2023

Judgment: Not compliant

## Regulation 24: Contract for the provision of services

A sample of contracts of care were viewed by the inspectors and were found to meet the requirements of regulation. They stipulated the fee to be paid, what is included in the fee and fees for additional services. The contracts also included the room to be occupied and the number of occupants of the room.

Judgment: Compliant

## Regulation 34: Complaints procedure

The notice on display did not identify for residents or visitors the procedure for managing complaints, such as the complaints officer or the review officer.

Judgment: Substantially compliant

## Quality and safety

Overall, residents expressed satisfaction with the service provided. Inspectors observed kind and caring staff treating residents with dignity and respect, however, the systems for oversight of the centre's quality and safety were not sufficiently robust. Action was required by the provider in respect of a number of areas, including the premises, infection control, medication management, and fire precautions. These are outlined in more detail under the relevant regulations of this report.

The centre is laid out over three floors, with all communal space on the ground floor and all bedrooms on the first and second floors. The premises was a former convent and hence was not designed to accommodate residents requiring a high level of assistance. For example, corridors are narrow, making it difficult to manoeuvre large speciality chairs. The care environment was observed to be generally in a poor state of repair. There was a programme of preventive maintenance for equipment such as hoists, beds, the boiler, bedpan washer and lifts. However, there were general maintenance issues, such as scuffed paintwork and damaged floor covering in bedrooms and on hallways that could be addressed. There was also a need to review the layout of some of the twin bedrooms as in their current configuration, they did not support the privacy and dignity of residents living in the rooms. Areas identified for improvement in relation to the premises are outlined under Regulation 17: Premises.

Inspectors found that the provider did not comply with Regulation 27 and the National Standards for Infection Prevention and Control in community services (2018). Issues identified at the previous inspection in relation to the implementation of infection prevention and control standard precautions were repeated on this inspection. Details of issues identified are set out under Regulation 27.

Inspectors were informed that there were no residents presenting with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The use of restraints, however, in the centre was high. Of the 26 residents living in the centre on the day of the inspection, 10 had bed rails in place when they were in bed. This represents over 38% of residents. While residents had a full risk assessment completed prior to any use of restrictive practices such as bedrails, a review was required to ensure that the least restrictive measure was at all times put in place.

Residents' records were paper-based. Residents care and support needs were assessed using validated assessment tools that informed the development of care plans. Care plan reviews were carried out at regular intervals. There was an adequate degree of personalisation in the care plans to guide care delivery. There was a referral system in place for residents to access allied health and social care professionals, such as dietitians, tissue viability specialists, and speech and language therapists, for additional support and expertise.

### Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in one of the quieter sitting rooms. A number of visitors were seen visiting during the inspection and one family member was taking a resident out.

Judgment: Compliant

### Regulation 12: Personal possessions

In a number of shared rooms residents did not have easy access to their personal belongings as many wardrobes and chests of drawers were in the bedspace of one of the residents only. If personal care was being delivered or the residents screens were closed residents would be unable to access their clothing or belongings

Judgment: Substantially compliant

## Regulation 17: Premises

Action was required to ensure that the premises promoted a safe and comfortable living environment for all residents in line with the criteria stipulated under Schedule 6. For example:

- the platform lift was out of service since 09 May 2024. This lift is required by some residents that use large speciality chairs that cannot be transported in the small passenger lift. This meant that two residents residing upstairs were unable to access the communal area or go outside.
- the flooring in the corridors and a number of bedrooms was badly marked and torn in places
- residents' bedside lockers, wardrobes and bed frames were damaged with the wood veneer badly marked and lifting, exposing the wood underneath
- there was insufficient storage in the centre and equipment was seen inappropriately stored on corridors in toilets and day rooms.
- Inspectors were not assured that the floor space allocated to residents in a number of the twin bedrooms provided the residents with an acceptable area of floor space. Due to the layout of the rooms inspectors were not assured that the rooms could provide a sufficient amount of personal space of at least 7.4m<sup>2</sup> to include the space occupied by a bed, a chair and personal storage space, for each resident of that bedroom. The space allocated to one resident didn't even allow for a bedside locker to be beside the bed. In two of these rooms, the beds were placed perpendicular to each other, with the foot of one bed in very close proximity to the head of the other bed which did not provide space or protect residents privacy and dignity.
- there was only one chair in a number of twin rooms, meaning that both residents could not sit at their bedside simultaneously, should they so wish
- there were holes in bathroom walls and wall tiles where screws had been removed. This was also the case on the walls of corridors in the upper floors
- there was no handle on the door leading from the conservatory area to the outside. Additionally, the emergency green open door device was only partially installed resulting in exposed wiring

Judgment: Not compliant

## Regulation 18: Food and nutrition

Mealtime was seen to be a social occasion. Most residents had their meals in the dining area and social interaction was observed between residents and staff. There

were adequate staff to supervise and provide assistance to residents during meal time. Residents were offered choice and those spoken with reported that the quality of food was really good.

Judgment: Compliant

### Regulation 27: Infection control

Improvements were required to ensure the registered provider was in compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018), for example:

- the process for how staff were decanting human waste required review. Staff confirmed that they continued to 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 first floor in a toilet that is used by residents. Rusty commodes and radiators were also observed by the inspectors. Equipment in poor repair is not easily cleaned and can be an infection risk to users
- the wash hand basin in the laundry was dirty and may cause infection spread
- there was incontinent wear stored in a cabinet in a communal toilet on the ground floor. This poses a risk of cross contamination and is not a suitable place for storing personal hygiene items
- inspectors were informed that staff arrive to work in their uniforms
- large waste bins in the yard at the back of the centre were overflowing and the lids could not be closed
- paper towel dispensers were not functioning in the sluice room on the first floor. Also, there were no paper towels in some of the shared bathrooms. This did not support good hand hygiene practice by either residents or staff
- there were wash basins and urinals sitting in the sink of the sluice room and it was unclear if they had been washed

Judgment: Not compliant

### Regulation 28: Fire precautions

While there were records available of the preventive maintenance of fire safety equipment, the interval between servicing extended beyond the quarterly intervals required by relevant fire safety standards.

Action was required in relation to fire safety management systems to ensure that all staff working in the designated centre are aware of the procedure to be followed in the event of a fire. For example:

- while fire drills were conducted on a regular basis, night time scenarios were not simulated, when staff was at its lowest level and when most residents would be in bed
- a record of attendance at fire safety drills was not maintained so that management were aware of what staff were due to participate in a drill

The personal emergency evacuation plan (PEEP) for one resident required review as it specified the use of a hoist when the resident had an evacuation sheet under their mattress and this would be a more appropriate means of evacuation.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medications were not being administered in accordance with the directions of the prescriber and could lead to errors.

- nurses were transcribing prescriptions. While the prescription was checked by a second nurse to verify that it was accurate, it was not signed by a medical practitioner in accordance with the provider's own medication management policy.
- crushed medications were being administered by nurses to residents with a swallowing impairment. These were not prescribed as being suitable for crushing by a medical officer as is required.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Assessments were completed using validated tools and these assessments were updated as the needs of the residents changed and in compliance with the requirements of the regulations.

A sample of care plans were viewed and these were found to be person centered and sufficiently detailed to direct care.

Judgment: Compliant



## Regulation 6: Health care

Overall there was good standards of evidence-based healthcare provided to residents. Inspectors were told that residents could access services such as dental, opticians, audiology and the national screening programme as required.

Would care was well managed in the centre with scientific assessments completed at dressing change to identify improvement or deterioration. The centre had easy access to tissue viability specialist nurses, dietitian and speech and language therapy which was evident in resident records and staff were implementing the advice and care prescribed.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There was a high level of bed rail usage, with over 38% of residents having bed rails in place when they were in bed. This is an increase in bed rail usage from the previous inspection.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents reported to feeling safe in the centre and there were no safeguarding concerns evident at the time of the inspection. Staff spoken with confirmed that they had received training and knew how to report if they saw or heard any safeguarding concerns.

The centre was not acting as a pension agent for any resident and residents/families received monthly invoices for services received. Items and monies handed in for safekeeping were securely maintained and well documented

Judgment: Compliant

## Regulation 9: Residents' rights

Action was required in relation to residents rights. For example:

- there was no structured process for consulting with residents, such as through residents meetings, to ascertain their feedback on the operation of the centre
- there were summaries of residents' care needs on display in bedrooms, which does not support the privacy and dignity of residents
- there was insufficient space for residents to carry out activities in private

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	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-0044546

Date of inspection: 15/08/2024

## 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
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The provider has interviewed some candidates, it is not easy to find someone who meets all the requirements as per the health act, we will endeavour to get a PIC as soon as possible.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training has been reviewed and for the new staff we have arranged the mandatory training to be completed this month. Staff training will be audited on a regular basis. Fire training practical was completed on 03/10/24</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The management team will continue to ensure that the directory of residents is checked in a daily basis.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:  <b><i>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</i></b></p> <p>The management team will ensure the garda vetting will be obtained prior from the staff member before commencing the employment in the center. We will continue to ensure the references will be obtained from the two previous employers.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:  <b><i>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</i></b></p> <p>The provider has interviewed a few candidates and hope to secure a PIC as soon as possible</p> <p>The management structure has been reviewed. Both members of the management team have documented duties to carry out to ensure no area of care or general management is missed in the future.</p> <p>The Maintenance check list is complete and has been discussed with the maintenance staff. It is also attached to the review folder.</p> <p>The annual review of the quality and safety of care delivered to the residents has been completed.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  The complaints procedure has been reviewed and updated and is on display for residents and relatives</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  The storage within the home is tight due to it being a protected building. The management team has reviewed the storage and changed the position of the wardrobes and beds. We will continue to monitor and review the storage of each resident and family to optimize to the best capacity.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  <b><i>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</i></b></p> <p>The management team had a meeting on 1/10/24 with an external contractor and they have informed that some of the parts has been delivered but still waiting for the rest of the parts. They did not give us a date to start the repair of the Lift.  Any areas of flooring that was worn has been replaced.  The equipment has been stored in the appropriate storage place.  The twin rooms have been reviewed and we changed the position of the beds to make more space.  All maintenance issues have been dealt with.</p>	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:  
 Staff have been informed to dispose of all waste in the nursing home in an appropriate manner and into the bedpan washer as per IPC guidance. The toilet seats and commodes have been replaced. Laundry staff have been reminded of the importance of IPC guidelines and ensure cleaning. The incontinence wear storage cabinet in the communal toilet on the ground floor has been removed. All staff have been reminded re IPC guidelines and wearing of uniforms outside of the nursing home. We have increased the number of the waste bins in use outside. Towel dispensers from the resident's bathrooms were removed because the residents discharged the paper into the toilet after drying their hands. Therefore, the residents are encouraged to use their own hand towels provided each day. The staff has been informed to separate any personal items in use for residents for self-care on the racks.

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
***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***

Management team reviewed fire safety and during the fire training practical nighttime scenario took 4 minutes to evacuate the compartment and will continue to practice day and night scenarios and will attach a list of what staff attend the drill.

Regulation 29: Medicines and pharmaceutical services	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 The management team spoke to the GP's regarding signing of the Kardex's and 3 monthly reviews. Some of the GP's agreed to sign Kardex's and 3 monthly reviews but 1 GP refused to sign the Kardex's. We will liaise with the residents and their families to try and ensure that the GP of their choice will come in to see them while they are living in the nursing home as if they will not come in, we cannot be compliant with the regulations. To support that document, we will attach original scripts to Kardex's as needed. We have reviewed our medication audit and updated it with the same. All the residents who need their medications crushed have been reviewed and signed off by the GP.



Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>We will endeavor to limit the use of bed rails in the nursing home. We will risk assess every resident as before and only use bed rails for their safety as has always been the policy of the nursing home. We will discuss crash mats and document all discussions between staff, residents and their family members as appropriate.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p><b><i>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</i></b></p> <p>Resident's meetings will take place monthly, and minutes will be documented. The display in the resident's room has been removed. The activity coordinator will take the residents in the room for private activities if they request this.</p>	

## 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	30/11/2024
Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	30/11/2024
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	30/11/2024

	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	15/12/2024
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	30/01/2025
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	10/10/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/11/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	30/11/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that	Not Compliant	Orange	15/12/2024

	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	30/11/2024
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	07/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Not Compliant	Orange	15/01/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	15/01/2025
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 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.	Substantially Compliant	Yellow	15/01/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	15/01/2025

	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.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	22/10/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	15/12/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review	Substantially Compliant	Yellow	16/08/2024

	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 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	30/11/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	07/10/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	07/10/2024