

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St. Theresa's Nursing Home
<b>Centre ID:</b>	OSV-0000451
<b>Centre address:</b>	Leadmore East, Kilkee Road, Kilrush, Clare.
<b>Telephone number:</b>	065 905 2655
<b>Email address:</b>	sttheresaskilrush@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sundyp Limited
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	18
<b>Number of vacancies on the date of inspection:</b>	22

## **About Dementia Care Thematic Inspections**

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

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

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

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

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

From:	To:
11 June 2018 09:00	11 June 2018 16:00
12 June 2018 09:00	12 June 2018 15:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

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

While this centre does not have a dementia specific unit, the inspector focused on

the care of residents with a dementia during this inspection. Ten residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which was submitted prior to inspection.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services.

Staff continued to strive to improve the type and variety of activities to ensure that meaningful and interesting activities were provided for all residents. All staff fulfilled a role in meeting the social needs of residents and the inspector observed that staff connected with residents as individuals.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with a dementia were particularly caring and sensitive.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around as they wished. Some improvements were required to further enhancing the enclosed garden area to ensuring that the area was more attractive, inviting and provided with suitable furniture.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

*Outcome 01: Health and Social Care Needs*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medications were regularly reviewed, and individually prescribed. The inspector was satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications).

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents' notes.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The person in charge advised the inspector that the pre-admission assessment would consider if the centre would be able to meet their needs. When considering admissions to the nursing home, they would consider if the residents needs would be met in that environment.

Comprehensive up-to-date nursing assessments were in place for all residents. A range

of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling and continence.

The inspector noted that care plans were in place for all identified issues. A comprehensive and informative daily needs care plan was in place for all residents which outlined clear guidance for staff in areas such as personal cleansing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling temperature, social, mental and emotional state, sleep and rest, medication and end of life care. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative and resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. The inspector reviewed the transfer letter which allowed for appropriate information regarding the health needs, medications and residents specific needs. Nursing staff confirmed that residents with a dementia were always accompanied by either family or a staff member when needing transfer to hospital.

The inspector was satisfied that residents' weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There was a large menu board which clearly displayed what food choices and dishes were available for each meal. Mealtimes in the dining room were social occasions in a domestic style setting. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. The inspector noted that staff assisting residents with advanced dementia were caring and sensitive. A variety of hot and cold drinks, as well as snacks were offered and encouraged throughout the day.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment was in use. There was one resident with a wound at the time of inspection. The inspector noted adequate wound assessment and wound care charts in place indicating that the wound was healing well. Staff had access to support from the tissue viability nurse if required and nursing staff had recently completed training on vac-therapy.

The inspector noted that there was a low level of falls in the centre. The inspector

reviewed the file of a resident who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. Nursing management reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds and crash mats were in use for some residents. The inspector noted that the communal areas were supervised by staff at all times.

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Staff provided end of life care to residents with the support of their GP and the homecare palliative team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. The person in care had completed a Higher Diploma in end-of-life care and all care staff had completed the end-of-life module as part of their FETAC level 5 training. Residents were accommodated in a single bedroom if available. Religious sacraments were available to all residents as desired. Families were facilitated to stay overnight and were provided with refreshments and food.

The social care needs of each resident were assessed, details of residents' interests and hobbies were recorded and recreation and social interaction care plans were documented. Staff continued to provide meaningful and interesting activities for residents. Both group and one to one activities took place. The daily and weekly activities schedule was displayed. Staff were observed interacting with residents as they performed their work duties and facilitating planned activities. The inspector observed residents enjoying a bingo session using large playing cards and celebrating weekly mass with the local priest, staff played traditional Irish music instruments and sang hymns with the residents during the mass. Other activities that took place regularly included exercise class, card playing, quizzes, hand care, music sessions and sing a longs. Many of the staff were talented musicians and singers and regularly performed for the residents. An external musician visited monthly as well as regular visits from young Irish dancers. Residents spoken with told the inspector that they enjoyed the variety of activities taking place. Some residents liked specific activities such as gardening and these were encouraged and facilitated. One resident told the inspector how he enjoyed gardening and looking after the plants and had planted many different variety's of vegetables and herbs. Two staff members had completed Sonas training (therapeutic programme specifically for residents with Alzheimer's disease) and had attended an activities training course. The centre had its own pet dog which many of residents enjoyed. Some residents attended a local day care centre on a weekly basis and many residents went on day trips with family members and friends. There was an activity plan for 2018 which included day trips to places of local interest as well as baking and flower arranging demonstrations.

The person in charge had recently purchased new equipment, games, including sensory board games, playing cards, DVD's and a new multi- sensory reminiscence activity book which included a 52 week group session plans for working with older adults. She hoped that new equipment and session plans would enhance the activity programme for residents.

The inspector observed staff encouraging residents to move around, having conversations, and engaging with different activities. During this time the staff were

seen to interact with residents positively, speaking directly to people, responding to any verbal communication, kneeling by people and getting eye contact and some physical contact. Other staff spent time sitting and chatting with residents.

**Judgment:**

Compliant

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse.

The inspector reviewed the policies on meeting the needs of residents presenting with challenging behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there were two bed rails and one lap-belt in use at the time of inspection. Alternatives such as low low beds and crash mats were in use for some residents. The inspector reviewed the files of residents using bedrails and noted adequate risk assessments, care plans, consent and regular checks were carried out in line with national policy.

Nursing staff advised that inspector that there were no residents who presented with behaviours that challenged at the time of inspection. The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, quieter environment for some residents and the inspector observed this taking place in practice. There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services. Nursing staff stated that there were no residents prescribed PRN 'as required' psychotropic medications at the time of inspection.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of



restraint. Further training on the management of responsive behaviour was scheduled later in June 2018.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoken with told the inspector that they felt safe in the centre and relatives spoken with felt their relatives were being supported by excellent staff and receiving good care.

The inspector was satisfied that robust systems were in place for the management of residents' finances. The person in charge told the inspector that residents' finances were not managed in the centre, however small amounts of money were kept for safe keeping on behalf of a number of residents. The inspector saw that these accounts were managed in a clear and transparent manner. Separate account books were kept for each resident detailing all transactions. Two signatures were recorded for each transaction. Regular audits were carried out by a nurse manager.

The inspector reviewed a sample of staff files and noted that safeguarding measures such as Garda vetting were in place. The person in charge confirmed that Garda vetting was in place for all staff and persons who provided services in the centre.

**Judgment:**

Compliant

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents' were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Residents' committee meetings were held on a regular monthly basis and were facilitated by the administrator. Minutes of meetings were recorded, issues discussed included activities, upcoming events, and residents discussed and contributed to the monthly newsletter. GDPR (general data protection regulations) and what it means for the nursing home was discussed at the most recent meeting. The facilities for voting in-house on the recent national referendum were discussed at the previous meeting. The provider had recently issued resident satisfaction questionnaires and continued to complete feedback surveys with all respite residents. The inspector reviewed recently received questionnaires and surveys and noted high satisfaction with the service provided.

Residents had access to advocacy services, the appointed advocate visited and spoke with residents regularly.

The inspector noted that the privacy and dignity of residents was well respected. All residents were currently accommodated in either single or twin bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly and some residents told the inspector that they enjoyed availing of the service.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals at their preferred location.

Some residents and relatives spoken with told the inspector that they found the breakfast time of 7.30am and lunch time of 12.00 noon too early, while other residents spoken with confirmed that they had lunch at their preferred later time of 13.00. The person in charge told the inspector that she regularly discussed meal times with residents but undertook to discuss and review it again.

Residents' religious and political rights were facilitated. The local priest visited and celebrated Mass weekly. Residents stated that they enjoyed attending mass and reciting the rosary each evening. Ceremonies from the local church were available by video link and some residents told the inspector that they enjoyed joining the daily mass. Residents had access to a small oratory should they wish to spend quiet reflective time alone. Residents were facilitated to vote in-house and some at voted during the recent referendum.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home. Residents had many visitors during the inspection and relatives spoken with were complimentary of the service provided. Some residents spoken with told the inspector that they regularly went on day trips and outings with family members.

Residents had access to information and news, daily and weekly local newspapers, the farmers journal, the weekly parish newsletter, notice boards, radio, television and Wi-Fi were available. The person in charge told the inspector that they were currently in the process of putting systems in place to boost the existing Wi-Fi signal throughout the centre.

**Judgment:**  
Compliant

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***Outcome 04: Complaints procedures***

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

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

**Findings:**  
The inspector was satisfied that complaints were managed in line with the centre complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process.

The inspector reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

**Judgment:**  
Compliant

***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

**Findings:**  
The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents.

The inspector found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents. On the days of inspection there were 18 residents including two residents assessed as independent, five residents assessed as low dependency, four as medium dependency, three as high dependency and four as maximum dependency. There was normally one nurse and three care staff

on duty during the morning and afternoon, one nurse and two assistants on duty in the evening time and one nurse and one care assistant on duty at night time. The person in charge and the assistant director of nursing were normally on duty Monday to Friday during the day time.

The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included catering, housekeeping and administration staff. There was low turn over of staff in the centre, residents spoken with stated that they knew the staff well. The centre did not use agency staff as it had sufficient numbers of staff to provide cover.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with behaviours that challenge, infection control, hand hygiene, medication management, end of life care, wound management, cardiac pulmonary resuscitation and stoma care. There was a training plan in place for 2018 and further training was scheduled. The person in charge had previously undertaken a Higher Diploma in Palliative Care, trained as a Sonas licensed practitioner and completed a European certificate in holistic dementia care.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction, orientation received and training certificates were noted on staff files.

**Judgment:**  
Compliant

### *Outcome 06: Safe and Suitable Premises*

**Theme:**  
Effective care and support

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

**Findings:**  
The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. The design and layout promoted the dignity, well being and independence of residents with a dementia, however, further enhancements were required to ensuring that the enclosed garden area was more attractive, inviting and provided with suitable furniture.

The centre was purpose-built, well maintained and nicely decorated. It was warm, clean and odour free throughout.

There was a variety of communal day spaces including day room, dining room, sun rooms, smoking room, oratory and front reception area. The communal areas had a variety of comfortable furnishings and were domestic in nature.

Bedroom accommodation met residents' needs for privacy, leisure and comfort. The inspector found that bedrooms were clean, bright and had ample personal storage space. There were call-bell facilities, specialised beds, screening curtains in shared rooms and armchairs in all bedrooms. Televisions were provided in some bedrooms at the request of residents. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Residents were currently accommodated in single and twin bedrooms.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs. Seating areas were provided in alcoves on corridors.

Appropriate signage was provided on bathroom doors, there was a sign with a word and a picture for bathrooms and the person in charge was in the process of enhancing signage throughout the building to assist residents find their way more easily.

The building was secure. The entrance door was fitted with a numerical key pad and all fire exit doors were alarmed.

Residents had access to a secure enclosed paved courtyard which was easily accessible off the dining room. However, this area required enhancements in order to provide a more inviting and attractive space. Residents spoken with confirmed that they had spend time outside during the recent warm spell of weather but preferred sitting in the garden areas to the front of the building. Staff confirmed that they accompany residents when seated outside of the building.

**Judgment:**  
Substantially Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St. Theresa's Nursing Home
<b>Centre ID:</b>	OSV-0000451
<b>Date of inspection:</b>	11/06/2018 and 12/06/2018
<b>Date of response:</b>	13/07/2018

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 06: Safe and Suitable Premises

##### Theme:

Effective care and support

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

Further enhancements were required to ensuring that the enclosed garden area was more attractive, inviting and provided with suitable furniture.

##### **1. Action Required:**

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

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

designated centre.

**Please state the actions you have taken or are planning to take:**

Part of our planning for 2018 was to improve the enclosed courtyard to the back of the building as part of our continued improvements.

This area had altered after the completion of building work to the Nursing Home and is next on the agenda for improvements to maximise the area for Residents use. It was not possible to work on this area prior to this summer due to building work and weather.

The design has been and is being discussed with Staff & Residents and will hopefully be completed by end of the summer 2018, though improvements will be addressed by July 2018 as the weather allows.

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