



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

Issued by the Chief Inspector

Name of designated centre:	St. Theresa's Nursing Home
Name of provider:	Ormond Healthcare Ltd
Address of centre:	Dublin Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0000434
Fieldwork ID:	MON-0039780

About the designated centre

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

St. Theresa's Nursing home was established in 1980 and is located on the outskirts of the town of Thurles in close proximity to shops, restaurants and other facilities. It is a two-storey premises with bedroom accommodation on both floors and communal accommodation on the ground floor only. Accommodation on the first floor comprises ten single bedrooms. Two of the bedrooms on the first floor have full en suite facilities with toilet, shower and wash hand basin and all of the other bedrooms have a wash hand basin. Access to the first floor is by stairs and chair lift.

Accommodation on the ground floor comprises 16 single bedrooms. There are three assisted bathrooms on the ground floor, each of which have an assisted shower, a toilet and a wash hand basin and a separate toilet with hand basin. There is a dining room adjacent to the kitchen on the ground floor. Communal space consists of two sitting rooms and a separate room that can be used by visitors. There is also a nurses' office on the ground floor that is located in close proximity to the communal living rooms. The provider is a company called Ormond Healthcare Limited. The centre provides care and support for both female and male residents aged 18 years and over. Residents 50 years and over with dementia and or a physical disability can also be accommodated. Care is provided for residents over age of 50 years requiring convalescent, respite and palliative care. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and / or the acute hospital, staff in centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. There is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 19 April 2023	09:30hrs to 18:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that St. Theresa's Nursing Home was a nice place to live and that staff were kind and considerate. On the day of the inspection, the inspector observed that staff interactions were kind and caring towards residents. The inspector heard positive comments such as 'the staff are the finest' and 'the carers are great here, they're as good as the nurses'.

This was an unannounced inspection, which was carried out over the course of one day. On arrival to the centre, the inspector was greeted by the clinical nurse manager 2 (CNM 2). The person in charge (PIC) was unexpectedly absent on the day of the inspection but the CNM 2 said that the PIC would be available over the phone for any queries and would try to come to the centre prior to the end of the inspection. A second recently recruited CNM 2 was also on duty but was still on induction.

The inspector took a tour of the premises, initially on his own but later in the afternoon reviewed all bedrooms in the company of the CNM 2. St. Theresa's Nursing Home is a two storey premises, located on the outskirts of Thurles, Co. Tipperary. The centre was recently purchased by a new provider. There is bedroom accommodation on both floors. The centre comprises 26 single bedrooms, sixteen of which are on the ground floor and ten are on the first floor.

All communal space is on the ground floor and comprises two sitting rooms, a visitors' room and a dining room. The first floor can be accessed via stairs and chair lift. There is no elevator and as a result, only residents assessed as being low to medium dependency can be accommodated on the first floor. Once on the first floor, there are two additional steps leading to a wing containing four bedrooms. Two of the bedrooms on this wing have en suite shower and toilet facilities. The remaining eight bedrooms on this floor share a bathroom containing a shower, toilet and wash hand basin. The sixteen bedrooms on the ground floor share three bathrooms, each with shower and toilet facilities.

Throughout the morning, residents were seen to arrive in the sitting room and the dining room and have their breakfast after having their personal care attended to. Residents were well dressed and it was clear that staff made every effort to support residents with their appearance.

Overall, the premises was generally clean and well maintained. Some residents' bedrooms were personalized with photographs and personal memorabilia. Residents had adequate space in their bedrooms for a comfortable chair at their bedside. A number of bedrooms only had single wardrobes in which to hang their clothes. All residents had a minimum of one chest of drawers and some had three chest of drawers in their rooms. Residents did not have bedside lockers and some residents used the slim chest of drawers in place of lockers. The inspector was informed that a full review had taken place of the furniture in each of the bedrooms and additional

storage space was being provided to those residents that had single wardrobes. The inspector was also informed that bedside lockers were on order.

The inspector spoke with a number of residents throughout the day of the inspection. Discussions with residents indicated that they were familiar with the new person in charge. Residents told the inspector that they could talk to her or any member of staff if they were worried about anything or were not satisfied with any aspect of the service. Residents that spoke with inspector were complimentary of the service provided.

The inspector observed staff interacting with residents during the inspection. Residents were seen to be relaxed and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise around the premises.

The provider had taken steps to enhance the activities programme. There was one staff member recruited for the purpose of providing activities to residents. A second staff member was due to commence in this role in the weeks following this inspection so that activities would be provided over seven days of the week.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider in response to areas of non-compliance found on the last inspection in August 2022. The inspector also reviewed new governance arrangements that were put in place following a new provider taking over responsibility for the operation of the centre.

The registered provider is of St. Theresa's Nursing Home is Ormond Healthcare Limited, a company comprising two directors. The provider is involved in the operation of one other designated centre and both directors are also involved in the operation of a third designated centre. One of the directors is also the person in charge of this centre. The governance structure comprises a person in charge, a clinical nurse manager 2 (CNM 2) and a clinical nurse manager 1 (CNM 1). The provider had taken over operation of this centre eight weeks prior to this inspection. Management are supported by a team of registered nurses, healthcare assistants, activities staff, catering staff and housekeeping staff.

Overall, this was a well-managed centre, where the quality and safety of services provided to residents were of a good standard. The findings of this inspection were that the provider had taken a number of actions to address the issues found on the last inspection. However, the inspector noted that further action was required in relation to recruitment practices

There was a person in charge of the centre that demonstrated a clear understanding of their role and responsibility. Most residents spoken with were familiar with the person in charge and confirmed that she was approachable should they have any concerns.

On the day of the inspection, staffing levels and skill-mix were appropriate to meet the assessed needs of residents. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The person in charge provided clinical supervision and support to all staff. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. Staff, with whom the inspector spoke, demonstrated an understanding of their roles and responsibilities. Teamwork was evident throughout the day.

Staff had access to education and training appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training. Required improvements in relation to staff training are identified under Regulation 16 of this report.

The provider had management systems in place to ensure the quality of the service was effectively monitored. A range of audits had been completed by the CNM 2 which reviewed areas such as falls management, care planning, and infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed. A review of a sample of staff files found that staff commenced employment prior to obtaining all of the information required by the regulations. This is outlined under regulation 21 of this report.

There was evidence that there was effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as health and safety, training, suggestions for improvements and other relevant management issues.

Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. It was evident from interactions with the person in charge that she was involved in the day to day operation of the centre and was familiar with individual residents care needs. The person in charge had the required experience and qualifications as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and there was an appropriate skill-mix of staff to meet the needs of all residents, taking into account the size and layout of the designated centre. Staff members were knowledgeable of individual residents needs and all interactions with residents were noted to be respectful.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff were overdue attendance at responsive behaviour training.

Judgment: Substantially compliant

Regulation 21: Records

Records in accordance with Schedule 2 of the regulations were not available for all staff. Of a sample of four personnel records reviewed, for one recently recruited staff member the provider did not have a Garda vetting disclosure, an employment history or references from a previous employer. The employment history for a second staff member only contained the start dates for each employment, so it was not possible to ascertain if there were gaps in employment. For third staff member, the employment references had not been verified.

Judgment: Not compliant

Regulation 23: Governance and management

The centre was adequately resourced to ensure that residents were supported to have a good quality of life. There was a quality assurance programme in place that effectively monitored the quality and safety of the service. There was an annual review of the quality of the service provided for 2022 which included input from residents. There was a quality improvement plan in place for 2023.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Quality and safety

The inspector noted that residents living in this centre received care and support to feel safe and could enjoy a good quality of life. Residents told the inspector that they were happy with the level of care and the responsiveness of staff. Notwithstanding this positive feedback, findings from the inspection found that action was required to ensure full compliance with the regulations in relation to premises, fire safety management and the dining experience.

The inspector observed that the centre was clean and tidy on the day of the inspection. However, while the centre was generally well maintained and provided a homely environment for residents, some actions were required in respect of the premises. This will be discussed further under Regulation 17: Premises.

Each resident had a comprehensive pre-admission assessment completed prior to admission to ensure the centre could meet their needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes of these assessments were used to develop care plans for each individual resident. The provider was in the process of moving from paper-based records to an electronic system but this was not yet completed. The inspector reviewed a sample of these records and found that care plans were sufficiently detailed to guide care, and that the information was holistic and person-centred. Daily progress notes demonstrated good monitoring of residents' care needs. Some action was required to ensure that recommendations made by allied health care professionals were incorporated into residents' care plans and was implemented in practice.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed needs.

Overall residents' rights were upheld. They were seen to have choice in their daily living arrangements and had access to occupation and recreational activities. There was a programme of activities available to residents and there was a good level of participation by residents. There were opportunities for residents to meet with the

management team and provide feedback on the quality of the service. Minutes of resident meetings reviewed by the inspector showed that relevant topics were discussed including mealtimes, staffing, and activities. The inspector observed the meal time experience both at lunch time and tea time and saw that residents had choice in what they had to eat and drink. Residents also had choice about where they dined. However, mealtimes were seen to be functional rather than an experience to be enjoyed. The provider stated that efforts had been made to entice residents to have their meals in the dining room. However, the inspector observed that many residents had their dinner in the sitting room from a tray table or side table placed beside the chair where they sat all day. A small number of residents did go to the dining room for their meals. The provider was requested to continue with efforts to enhance the mealtime experience.

The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal emergency evacuation plans were in place for each resident. There were adequate means of escape, all escape routes were seen to be unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Remedial works had been conducted following the completion of a fire safety risk assessment (FSRA), however, now all works identified in the FSRA had been completed. Action required in relation to fire safety management is outlined under Regulation 28 of this report.

Adequate Infection Prevention and Control measures were in place. Staff had access to appropriate training. Household staff who spoke with the inspector were knowledgeable with regards to cleaning products and systems. The centre was generally clean throughout.

All bedrooms are single occupancy and two of these have en suite facilities. There are adequate communal sanitary facilities available for the residents that do not have en suites. Bedrooms were generally personalised with residents' memorabilia and photographs. Communal space was suitably decorated and furnished. While the general environment was clean, further work was required to ensure that the premises conformed to the matters specified in Schedule 2 of the regulations. These are outlined under Regulation 17 of this report.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the day of the inspection. Residents that spoke with the inspector confirmed that they were supported to have visits from families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Action was required to ensure that residents had adequate space to store personal possessions and clothing. For example:

- residents in a number of bedrooms only had had single wardrobes in which to hang their clothes
- there were no bedside lockers in most bedrooms

Judgment: Substantially compliant

Regulation 17: Premises

Action was required in relation to the premises to ensure that it adequately met the needs of residents. For example:

- there was broken hand rail in one of the communal bathrooms
- the hot water thermostat required adjusting as the water from the hot taps posed a risk of burns to residents
- the outdoor area was in need of work to make it a more pleasing environment to spend time outside when the weather was suitable. Required actions including new garden furniture and clearing the surface of moss and other weeds

Judgment: Substantially compliant

Regulation 27: Infection control

The provider was requested to risk assess the availability of clinical wash hand basins to determine if there were adequate hand washing facilities in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate medication management practices were seen to be in place in the centre on the day of inspection. Nurses transcribed prescriptions. A review of a sample of prescriptions indicated that transcription practice was in accordance with recommended guidance.

There were procedures in place for the disposal of unused and out-of-date medicines, including controlled drugs. There was also appropriate storage

arrangements in place, including medicinal refrigeration and storage of controlled drugs.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
A review of a sample of residents records found that there was a need to ensure that information contained in a discharge letter following an admission to an acute care facility was incorporated into the resident's care plan.
Judgment: Substantially compliant
Regulation 6: Health care
Residents had timely access to medical assessments and treatment by their general practitioners (GP). The person in charge confirmed that GPs were visiting the centre as required.
Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage. There were no residents in the centre using bed rails.
Judgment: Compliant
Regulation 8: Protection
The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what constitutes

abuse and the appropriate actions to take should there be an allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to choice, privacy and dignity were respected in the centre and this was confirmed through the observations of the inspector and discussions with residents. Residents' social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities. Residents' meetings were held regularly, which provided opportunities for residents to express their opinion on various aspects of care and life in the centre. Information was available on how to access the services of an advocate should one be required.

Judgment: 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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Theresa's Nursing Home OSV-0000434

Inspection ID: MON-0039780

Date of inspection: 19/04/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Our training matrix reviewed. All staff training which is due has been scheduled for the remaining of the year by an external training company and through an online platform.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A complete review of staff files has been undertaken. Any gaps in employment history, references, garda vetting have been corrected and updated.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A complete review of the resident's furniture in their bedrooms was undertaken by the provider after purchase of the nursing home in February 2023. A schedule of works was submitted to HIQA then. As indicated on this document, additional wardrobes and lockers will be purchased by September 2023. However, this date has been reviewed and all furniture which is required will be in place by the end of June 2023.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The grab handrail in the communal bathroom replaced.</p> <p>The hot water thermostat fixed by the plumber.</p> <p>The outdoor area has been completely revamped. All garden landscaped, new garden furniture purchased.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A review for the need of clinical handwash basins was carried out. It has been deemed that one clinical handbasin is required for best IPC practices.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All residents care plans are under review. An electronic care planning system has been introduced. This will allow easy, transparent access to all care plans and assessments for all residents. This will enhance the overall monitoring of care delivered at St. Theresa's Nursing Home and will provide a monitoring system to prevent any gaps in the documentation from the time the resident is admitted to the date they are discharged.</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(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	24/05/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	24/05/2023

	provide premises which conform to the matters set out in Schedule 6.			
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	30/06/2023
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.	Substantially Compliant	Yellow	31/08/2023
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	30/06/2023