



**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 Martha's Nursing Home
Name of provider:	Elder Nursing Homes (Charleville) Limited
Address of centre:	Love Lane, Clybee, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	12 June 2024
Centre ID:	OSV-0000291
Fieldwork ID:	MON-0043400

## About the designated centre

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

St. Martha's Nursing Home is a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. The centre provides accommodation for up to 36 residents in twenty two single and seven twin bedrooms. Thirteen of the single bedrooms and two of the twin bedrooms are en suite with shower, toilet and wash hand basin. The remaining bedrooms are equipped with a wash hand-basin facility. The centre accommodates both female and male residents for long-term care and also facilitates short-term care for residents requiring convalescence, respite and palliative care. The centre caters for residents assessed as low, medium, high and maximum dependency. There is an internal courtyard which is accessible to residents that wish to spend some time in the open air.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	30
--	----

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 12 June 2024	08:50hrs to 16:45hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, residents in St Martha's Nursing Home were supported to have a good quality of life. Most residents spoken with on the day of inspection were content and complimentary of the service provided. The inspector spoke with both visitors and residents throughout the day of inspection and spoke with six residents in more detail. One resident told the inspector that "staff were as helpful as could be". One resident did comment on the premises and how they felt that they needed to be redecorated. From the observations of the inspector some action was required to improve the experience of the residents living there in relation to the premises, this is discussed further in the report.

The person in charge met the inspector at the start of the inspection, there was a opening meeting and then a walk around of the centre. St Martha's Nursing Home is a single storey building, located near Charleville town and is registered to accommodate 36 residents. Accommodation in the centre is in two units, side A and side B, with seven twin rooms and 22 single rooms. Thirteen of the single rooms and two of the twin rooms had en suite shower and toilet facilities while the remaining rooms had wash hand basin facilities only. The centre also had an assisted bathroom and toilet and two assisted shower rooms with toilet facilities. Bedrooms were seen to be personalised with residents personal items on display. Residents that required specialist equipment had them available to them in the room, such as slings, specialist mattresses and cushions. Two residents chose to lock their bedrooms while they were away from them and had the key on them at all times. The inspector saw there had been some work done on the premises since the last inspection but further action was required which is discussed later in the report.

Residents had access to two day rooms that were separated by an archway, a dining room and a bright sun room. Communal rooms were nicely decorated and had televisions, home style dressers and lamps that gave the rooms a homely feel. The inspector saw that the majority of residents used the two day rooms during the day. During the inspection, the inspector observed that a staff member was assigned to activities for the residents and was seen assisting and interacting with residents throughout the day. One residents spoke with the inspector about the activities they were supported to do outside of the centre and how much they enjoyed attending an art group.

The centre had a well maintained enclosed outdoor garden with seating and raised beds. Residents were seen to have free access to the gardens throughout the day with the doors open as the weather was warm on the day of inspection. A smoking shelter was available for residents who chose to smoke, and these residents were seen to freely access the smoking area. A resident had painted artwork on the exterior wall which added colour to the area. New garden furniture arrived at the centre on the day of inspection which was bright and colourful.

Staff were seen to interact in a positive and respectful manner with the residents.

The inspector found that staff knew the residents very well and the atmosphere in the centre was relaxed and friendly. Staff were seen to be respectful of residents' rights, including their right to privacy and choice. Staff were observed assisting residents in a kind manner and ensuring their dignity was maintained at all times.

The inspector observed the dining experience at lunch time. The menu and choices for these meals were available to residents in the dining room. The dining area was bright and the tables were well decorated. One the day of inspection the majority of residents used the dining area for their meals. A small number used the day room, while another small number of residents chose to have their meals in their rooms. It was evident to the inspector that staff serving the meals were aware of residents likes and dislikes and were seen offering the residents choice at meal times. Residents spoken with about the food were very complimentary. The lunch time meal was appetising with adequate portion size. The inspector was informed that tea time meals had been moved to a later time and there was a snack menu available later in the evening. Residents spoken with were happy with these arrangements.

There was evidence of residents being consulted on the running of the centre, through resident and family surveys and resident meetings that were held regularly in the centre. Residents surveys indicated that residents were very happy in the centre.

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

## Capacity and capability

In general, St Martha's Nursing Home was a well-managed centre where residents received good quality care and services. St. Martha's Nursing Home is a designated centre that is owned by Elder Nursing Homes (Charleville) Limited who is the registered provider. Operational management of the centre lies with Complete Healthcare Services which is part of the Mowlam Group. There was a clearly defined management structure in place at an operational level, with clear lines of authority and accountability. The person in charge had been recently appointed and reported to a healthcare manager and director of care services who provided support and met regularly with person in charge to oversee the quality and safety of care to the residents in the centre. Action was required in relation to the available of sufficient resources to fund capital projects for the upkeep of the centre and in relation to communication pathways between the registered provider and the operational management team which will be discussed further in the report.

This was an unannounced inspection of the centre to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The person in charge was relatively new to

the role was well known to staff and residents. There was a schedule in place for staff and residents' meetings, which occurred regularly throughout the year.

Staffing levels were suitable to the size and layout of the centre and for the needs of the residents. Staff were seen throughout the day of inspection to interact well with residents and were aware of their needs. Training provided to staff was appropriate to their role and was up to date.

Records as requested were made available to the inspector on the day of the inspection. Records were stored in a secure manner. One staff file viewed did not have all the information required under schedule 2 of the regulations, this is discussed under regulation 21. The statement of purpose had the information required, it was reviewed and updated within the last 12 months. Schedule 5 policies in the regulations were in place and were reviewed in a timely manner and available to staff.

An auditing system was in place to monitor the quality and safety of the service being provided. Areas for service improvement were identified and action plans were created to achieve these improvements. Residents' meetings were taking place regularly where residents' concerns were identified. An annual review had been completed for 2023 which also identified areas of improvement for the centre.

An improvement in the centre was noted in relation to incidents and the notifying of same to the Chief Inspector following the previous inspection. From the records of incidents viewed it was apparent that notifications were submitted in a timely manner and were investigated in a proper manner.

The complaints log was viewed and complaints were managed and dealt with. The outcomes of the complaints and the satisfaction levels of the complainant were also recorded.

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre. They held the required qualifications under the regulations. They were well known to staff and residents, and were aware of their responsibilities under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There was evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the

staff levels were suitable for the size and layout of the centre.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
A training matrix was made available to the inspector. Staff training was completed in areas appropriate to the staff members' roles and refresher training had been scheduled for staff as required.
Judgment: Compliant
<b>Regulation 21: Records</b>
A sample of staff files and one of these did not contain a current address for the staff member as required by Schedule 2 of the regulations this was addressed during the inspection. All other files viewed met the requirements of the regulations.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
<p>There were concerns with regards to the designated centre having sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose:</p> <ul style="list-style-type: none"> <li>the provider had not made resources available to address the premises issues identified on the previous inspection and outlined under Regulation: 17</li> </ul> <p>Some of the systems in place did not support effective governance and management of the centre:</p> <ul style="list-style-type: none"> <li>the registered provider was not responsive to the operational management team in particular with regard to capital projects for the upkeep of the centre's premises.</li> </ul>
Judgment: Not compliant



### Regulation 24: Contract for the provision of services

Contracts were available to the inspector and contained the fees, terms of service, room number and additional service costs to residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the information required by Schedule 1 of the regulations. The statement of purpose had been reviewed in the previous 12 months.

Judgment: Compliant

### Regulation 31: Notification of incidents

An improvement was noted here with incidents now being notified to the Chief Inspector as required and in a timely manner.

Judgment: Compliant

### Regulation 34: Complaints procedure

A comprehensive complaints policy was in place. Actions were taken on complaints and the outcome of complaints recorded along with the satisfaction of the complainant. Information regarding advocacy services was available to residents in the centre who could assist on the complaints process.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies listed under Schedule 5 of the regulations were available on request and were reviewed in a timely manner to keep them up to date.

Judgment: Compliant

## Quality and safety

In general, the inspector found that residents had a good quality of life in the centre with their health care and well-being needs being met by the management team. The inspector found that action was still required in relation to the premises as identified on a number of previous inspections, there had been a lack of investment by the provider into the upkeep of the premises and capital works. There was evidence that the operational management had identified these issues to the registered provider but there had been no response from the registered provider at the time of the inspection. The operational management team maintained the premises of the centre to a certain level, with issues such as replacing fire safety devices on fire doors. Further action is required in relation to the premises as is detailed under regulation 17.

The action required with the premises also created infection control concerns with much of the furniture in the centre being old and worn. Thorough cleaning of these items could not be fully assured.

The inspector found that residents health care needs were met to high standard. Residents had access to GP services both regularly and as required, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, and physiotherapy services. Care planning took place in a timely manner and care plans were comprehensive.

The fire safety management folder was examined. Fire safety training was up-to-date for staff. There was clear signage displayed to direct staff and residents in the event of a fire. Residents had personal emergency evacuation plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment and of the fire detection system. The provider had undertaken fire safety drills and evacuations of compartments with simulated night time staffing levels regularly at the centre and these evacuations were conducted in a timely manner.

The risk management policy viewed was found to be appropriate for the centre. There were minimal restrictions in place for residents and the centre was working towards becoming a restraint free environment. Care plans in relation to working with responsive behaviours were now comprehensive and offered guidance to staff on how to support these particular residents.

Residents were seen to have choice throughout the day when it came to food, where they would spend their time and the activities they undertook. There was an activity co-ordinator employed to support residents throughout the day. The meal time had improved for residents especially in the evening, with greater choice and

later meals now available.

### Regulation 17: Premises

Further deterioration in some aspects of the premises was noted in this inspection. The following needed to be addressed by the registered provider and were repeat findings from the previous inspections:

- safe floor covering was not available in a number of areas of the centre, as the floor was worn and torn in areas and some areas had been covered over using heavy duty tape which could be a trip hazard and also prevented effective cleaning.
- some areas of the centre required redecoration with painting flaking off some surfaces and walls
- doors, including residents' bedroom doors, in the centre were marked and scuffed
- furniture throughout the centre was worn and torn and required repair or replacement
- older bedroom furniture had become warped in parts and was unsightly in some residents bedrooms
- one room did not have privacy curtains that surrounded the resident's bed to ensure privacy, however these were in place at the end of the day of inspection.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents who spoke with the inspector were complimentary regarding the quality, quantity and variety of food. Food was attractively presented, and residents requiring assistance were assisted appropriately. Drinks and snacks were provided to residents throughout the day of inspection.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy met the requirements of the regulations and contains measures and actions to control the risks specified in the regulations.

Judgment: Compliant

### Regulation 27: Infection control

The following items needed to be addressed to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented:

- furniture throughout the centre was worn with exposed surfaces which meant effective cleaning could not be assured
- chair coverings in the centre were also torn, which would impede effective cleaning.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills regularly in the centre with evidence of learning from same.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of care plans reviewed found that care plans were comprehensive and used validated risk assessments to assess clinical risks. Care plans were person centred, reviewed in a timely manner and gave detailed information on the care provision for the centre's residents.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to GP services, speech and language therapy, dietetic services,

occupational therapy services, tissue viability nurse, and physiotherapy services. Residents were reviewed regularly and as required by general practitioners.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Minimal restrictions were used in the centre. Staff had been provided with training in responsive behaviours. Care plans provided guidance to staff on how to manage residents particular needs in relation to this.

Judgment: Compliant

### Regulation 9: Residents' rights

There was a full time person to coordinate activities for the residents. Some residents availed of activities and social groups outside of the centre. Residents had a range of activities available and also had a good choice for mealtimes.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Martha's Nursing Home OSV-0000291

Inspection ID: MON-0043400

Date of inspection: 12/06/2024

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>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.</p> <p>The completion of required works to restore compliance with Regulation 17: Premises is contingent on confirmation from the Registered Provider that there are sufficient resources available.</p> <p>The operator of the home will schedule and complete the works upon receipt of confirmation from the Registered Provider.</p> <p>At the time of submission of the Compliance Plan, the Registered Provider has not confirmed that there are resources available to complete these works but has indicated that there will be a response to this query by 01/08/2024.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>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.</p> <p>The operator of the home will ensure that a comprehensive refurbishment plan is in place to address:</p>	



- Flooring throughout centre which requires repair/replacement.
- Furniture to be replaced in resident rooms and soft furnishings in communal areas.
- Bedroom doors to be repaired/repainted.
- Upgrade to décor throughout centre.

The plan will be implemented as a priority when the Registered Provider has confirmed that resources are available to complete the required works.

Regulation 27: Infection control	Substantially Compliant
----------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 27: Infection control:

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

The Registered Provider will ensure that:

- The PIC will remove damaged or torn items of furniture is removed from the centre

## 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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	01/08/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	01/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	01/08/2024

	consistent and effectively monitored.			
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	01/08/2024