



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

Issued by the Chief Inspector

Name of designated centre:	Rochestown Nursing Home
Name of provider:	Brenda O'Brien
Address of centre:	Monastery Road, Rochestown, Cork
Type of inspection:	Announced
Date of inspection:	06 December 2023
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0041844

About the designated centre

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

Rochestown Nursing Home is a residential centre registered to provide care to 23 dependent people over the age of 18. The premises is a single-storey detached building. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two shared rooms have en-suite facilities. There is one assisted bathroom and three assisted showers. The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting, providing views of the surrounding countryside. It provides long-term, short-term, convalescent and respite care. Residents with various levels of needs and dependencies are admitted to the centre including residents with dementia and acquired brain injuries. The centre provides 24-hour nursing care with nursing and care staff on duty at all times. Residents' healthcare needs are met through good access to medical and allied health professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 6 December 2023	09:00hrs to 17:30hrs	Robert Hennessy	Lead

What residents told us and what inspectors observed

Overall, the registered provider provided residents with a good quality of life. Residents who spoke with the inspector were content living in the centre. Some of the residents spoken with were extremely complimentary of the staff working there saying they were patient and very good to the residents. The inspector spoke to all residents throughout the day and spoke with five residents in more detail. The inspector also spoke with two sets of visitors during the day of inspection.

This was an announced inspection. On arrival to the centre the inspector met with the management team for an opening meeting, to discuss the centre, the current residents and to outline the plan for the inspection. Following this meeting the inspector was guided on a tour of the premises with the person in charge. The centre was registered to accommodate 23 residents. There were 21 residents on the day of inspection with two vacancies. The bedroom accommodation consisted of seven double rooms, two treble rooms and three single rooms.

Rochestown Nursing Home is a single-storey building on an elevated sight. The bedrooms in the centre were homely and well decorated. The residents had personal items on display in their rooms. Recent renovations in the centre included new flooring throughout and tiling in some of the bathrooms. The centre is a non smoking residence. There is a large outdoor area which residents use during finer weather and they also assist in maintaining the garden. The fire location maps were seen to have been clarified since the previous inspection with compartments and zones clearly identified.

There were fire evacuation maps on the walls throughout the centre, which had been clarified regarding the compartments in the centre since the last inspection. There was an area of ceiling in the sluice room that required fire stopping. This was completed on the day of inspection. A fire detection device was not present on the day of inspection in the sluice room this is discussed further under regulation 28.

There was an activities co-ordinator in place for the residents which provided a wide range of activities. A member of the management team was also involved in activities when the activities co-ordinator was not on duty. Residents spoken with were happy with the activities available to them in the centre. Some residents undertook activities outside the centre that had been arranged with an organisation which had been sourced by the management team of the centre. The residents involved in this were very happy with these activities and one resident spoke very enthusiastically about this with the inspector.

Mealtimes appeared to be a social occasion for residents. Residents that required assistance were given this by staff on the day. Residents had a choice of sittings for lunch which meant the dining area was not as busy for the residents. The residents reported that the food was very good with one resident saying, jokingly, "that they were too well fed". Another resident said they were a picky eater but always had

something they liked prepared for them and that they were always catered for.

Throughout the day of inspection, the inspector observed staff interacting with residents in a positive and respectful manner. Staff were seen supporting residents during the day, during meal times, with personal care and to help them with activities. Residents and visitors spoke very positively about the staff in the centre.

This was an announced inspection and as part of this, residents and visitors were provided with questionnaires to complete, prior to the inspection. The aim of this was to obtain their feedback on the services provided and the care they received. There was a poster on display, in the entrance hallway, to let people know that the inspector would be present on the day of inspection. Four questionnaires were completed and given to the inspector, while two visitors requested to speak to the inspector during the inspection. The two visitors gave a very positive view regarding the service received by their loved ones. One of the visitors said "any issues were addressed immediately", while the other explained the centre "had good activities and interaction". All residents that completed the questionnaires were very happy overall with the service and activities available to them. One resident did identify that they felt they were too young to be living in a nursing home. An appropriate day service had been sourced for this resident and the resident was very happy with this.

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, Rochestown nursing was a well-managed centre where residents received good quality care and services. The inspection was an announced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre. Areas of action required which were identified during the inspection were fire safety and notifications to the regulator, which will be discussed later in the report under the relevant regulations.

Rochestown Nursing Home, which was set up in 1994, is operated by the owner who is a sole trader. The owner of the centre was the registered provider. The owner attended the centre regularly and liaised with management staff and residents. The person in charge was well known to staff and residents and was aware of their responsibilities under the regulations. Staffing as seen on the day of inspection and viewed on the staff roster provided for appropriate levels of staff with a suitable skill mix also. The person in charge was supported by nursing, health

care, administration, kitchen, household and maintenance staff.

Records were well and securely managed in the centre. All records required on the day of inspection were made available to the inspector. The statement of purpose had slight adjustments made to it on the day of inspection to include the latest information on complaints. Contracts for provision of service for the residents had all the information required by the regulations. The insurance policy in place for the centre was suitable.

There was ongoing works taking place in the centre, maintenance personnel were on-site on the day of inspection. An annual review had taken place to review the quality and safety of the care provided to the residents. An audit system was in place to support the provision of safe care. Complaints in the centre were well managed, documented and complaints were addressed appropriately.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

There was ample evidence that there was sufficient staffing to meet the needs of the residents. There was a staff nurse present in the centre both day and night supported by health care assistants.

Judgment: Compliant

Regulation 21: Records

Records were managed in a comprehensive and secure manner to ensure compliance. A sample of staff files were examined and contained all information required under Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The insurance policy for the centre was found to be appropriate for the centre and a copy was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

Action was required for the following to ensure the service provided by the centre was safe, appropriate, consistent and effectively monitored:

- there was a lack of oversight of the submission of notifications to the regulator as further outlined under Regulation 31
- there was a lack of oversight of the fire systems in the centre, with evidence of quarterly maintenance of the emergency lighting system not available and a lack of fire detection equipment in the sluice room, as further outlined under Regulation 28.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts were made available to the inspectors 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 for the centre required some minor changes to take fully into account the latest regulation on complaints, these amendments were made on the morning of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents and complaints in the centre showed that there was an incident that should have been notified to the office of the Chief Inspector, under Schedule 2 of the regulations, within the required time frames. The person in charge submitted these notifications during the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were logged and dealt with in an appropriate manner. The complaints policy was on display in the hallway of the centre for residents and visitors to view.

Judgment: Compliant

Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. Action was required in relation to fire safety in the centre which will be discussed under regulation 28.

Visitors were seen arriving in and out of the centre throughout the day. Visitors who spoke with the inspector were very happy with service provided.

The premises was being upgraded and had works completed since the previous inspection. Bathrooms had been renovated and painting had been completed throughout the centre. Communal rooms were furnished with suitable seating and large televisions for residents' use. Bedrooms were seen to be personalised and homely with photographs, personal items and good quality soft furnishings. The centre provided enough space for residents' personal possessions and also allowed adequate access to their possessions. The centre was clean, with a full cleaning schedule in place, which was monitored by the person in charge. There was a qualified infection control lead identified in the centre.

The food available to residents appeared nutritious with adequate portions sizes. Residents were very complimentary of the food on offer in the centre.

A risk register was in place which included assessment of risks, such as risks related to residents' care and the controls in place to minimise risks. Fire fighting equipment

was located throughout the building. Fire safety systems were supported by a fire safety policy. The fire safety alarm and extinguishers were serviced. Daily, weekly and three monthly fire safety checks were recorded. Fire location maps in the centre had been updated and fire compartments and fire zones were clearly displayed. Some action was required in relation to fire safety which is further discussed under regulation 28.

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 were also available to the residents. Care planning took place in a timely manner and care plans were comprehensive. Clinical assessment tools were used to assess residents' needs

Residents' finances were managed in a transparent manner. Residents' had a wide range of choice when it came to mealtimes and activities. Residents spoken with on the day and those that submitted questionnaires voiced how happy they were with the running of the service. Residents had opportunities to voice their concerns through residents meetings and informally while chatting with staff and management.

Regulation 11: Visits

Visitors were seen coming and going freely to the centre on the day of inspection and a number of visitors spoken with were complimentary of the service their family members received.

Judgment: Compliant

Regulation 12: Personal possessions

The centre ensured that residents had control over their personal property, possessions and finances. There was adequate space given in the residents' bedrooms to store clothes and personal possessions.

Judgment: Compliant

Regulation 17: Premises

Work had been completed in relation to the premises. Flooring had been replaced and bathrooms had been re-tiled. Painting had been completed throughout the

centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Mealtimes was a social occasion for the residents and the food served appeared to be of good quality. Residents had good choice at meal times and the personal choice of residents' was catered for.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy identified hazards, assessed risks and had control measures in place. The specified risks in the regulations had actions in place to control these risks.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean on the day of inspection. There was a cleaning schedule in place for all rooms and privacy curtains in the rooms. An infection control lead had been appointed and provided training for the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety to ensure that adequate precautions had been taken against the risk of fire:

- the fire detection system of the centre did not extend into the sluice room
- some records in relation to quarterly checks on the emergency lighting system were not available on the day of inspection to provide assurance that quarterly checks were taking place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The care plans were comprehensive, person centred and reviewed every four months or as required.

Judgment: Compliant

Regulation 6: Health care

The health care needs of the residents were met. The general practitioner attended the service regularly. The residents had access to a tissue viability nurse, dietitian, speech and language therapist and physiotherapist as required.

Judgment: Compliant

Regulation 8: Protection

Residents' money was managed in a transparent manner, with minimum amounts of residents' money kept on site. All residents receipts were catalogued and transactions were accounted for using double signatures.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that the residents had meetings facilitated where they could share their voice on the running of the centre. There was a good choice available to residents with regards to activities and mealtimes. Residents reported that they felt happy in the centre. Residents and relatives were positive in their comments regarding the centre and the supports provided.

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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0041844

Date of inspection: 06/12/2023

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:

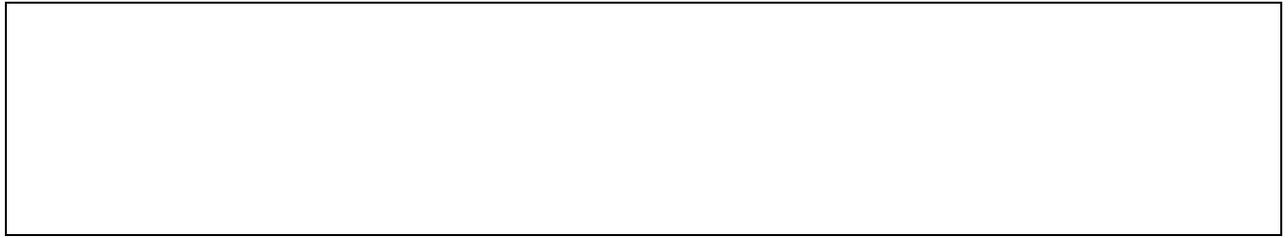
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will ensure that all appropriate notifications are submitted to the Authority in accordance with regulatory requirements.</p> <p>The Registered Provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC will review all adverse events, incidents and complaints and will ensure that all notifiable incidents are reported to the chief inspector in accordance with regulatory requirements.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Heat detector and fan installed in the sluice room on 13-12-23.</p> <p>Records of Quarterly emergency lighting was updated and completed on the 08-12-23.</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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	13/12/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	08/12/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	13/12/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give	Substantially Compliant	Yellow	06/12/2023

	the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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