



**Health  
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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:	Rochestown Nursing Home
Name of provider:	Brenda O'Brien
Address of centre:	Monastery Road, Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	29 March 2023
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0039574

## 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:	19
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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 29 March 2023	08:45hrs to 17:45hrs	Mary O'Mahony	Lead
Wednesday 29 March 2023	08:45hrs to 17:45hrs	Robert Hennessy	Support

## What residents told us and what inspectors observed

Overall, residents in Rochestown Nursing Home were happy in the centre. They praised the centre location and the accommodation. They said that the staff were kind and good to them. A resident stated they were "wonderful". Inspectors spoke with all residents throughout the day and with five residents in more detail. Inspectors spent periods of time observing the dining experience and the activity provision. In addition, visitors spoken with were happy with the care and the communication. Residents were seen to be kept occupied throughout the inspection day in communal areas and in their bedrooms.

Inspectors arrived unannounced to the centre and carried out infection control precautions including mask wearing and hand hygiene. Following an opening meeting with the assistant person in charge and the owner, who represented the provider, inspectors walked around the centre. On the day of inspection there were 19 residents living in the centre with four vacant beds. All residents were up and about. Inspectors observed that residents were well dressed. A number of residents were seen to walk to the dining room for breakfast. Inspectors saw that breakfast was a sociable occasion and residents stated that they were happy with the food and the portions on offer.

Residents spoken with told inspectors that they felt that their rights were respected. One resident said "it couldn't be better". They were happy with the new activity coordinator and enjoyed the art work, board games, exercises, quiz and bingo especially. Inspectors spoke with this member of staff who was enthusiastic about the role and the possibilities of it, in relation to improving residents' quality of life.

Inspectors observed that staff used PPE (personal protective equipment, such as gloves and masks) appropriately throughout the inspection day and there was a plentiful supply of this in stock. The laundry room had been upgraded since the previous inspection and this was now tidy and well equipped. The physical environment in the centre appeared clean and well maintained throughout. A new cleaning system was on order and staff were trained in the use of appropriate chemicals.

Residents were seen in the dining room at dinner time and told the inspector there was usually a choice available. Staff were observed to serve the food with care and to provide individual attention where required. The dining experience was described as 'very good' and residents said that alternatives were available if they didn't like the choice on offer.

Overall, there was a warm and welcoming atmosphere in the nursing home and inspectors saw that interactions with residents were respectful. It was apparent that staff knew the residents' daily routine and preferences. Visitors were plentiful throughout the day and they were observed to be welcomed by staff.

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

## Capacity and capability

Inspectors found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The management team had been proactive in responding to findings on previous inspections and a number of issues had been resolved. However, despite the good practice seen some additional actions were required to ensure more effective oversight of the service, to address fire safety management, record management and care planning, which were highlighted in this report.

This unannounced inspection was carried out to assess ongoing compliance with the Health Act 2007, (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2013, as amended.

Rochestown Nursing Home, which was set up in 1994, is operated by the owner as 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 assistant person in charge was the person in charge on the day of inspection and she was supported by administration staff and a team of medical, nursing, healthcare, kitchen, household and maintenance staff.

Inspectors found that the staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. The staffing roster was made available and this reflected the staffing levels on duty. Inspectors viewed the training matrix which indicated that staff had attended training in, safeguarding, dementia care, manual handling and infection control among other relevant aspects of care. All staff had the required Garda vetting clearance in place prior to taking up employment in the centre. Action which was required in relation to staff files was highlighted under Regulation 21: Records.

There was an ongoing programme of maintenance in place and maintenance personnel were on site daily. A comprehensive annual review of the quality and safety of care provided to residents in 2022 was completed. A quality management system, which included reviews and audits, was in place to support the provision of safe care. The recording and investigation of incidents and complaints were well managed according to records seen. Residents were aware of how to complain and they identified who they would talk with if they had any concerns.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies and documentation required under

Schedule 2, 3, 4 and 5 of the regulations were accessible and retrievable for inspection purposes. Other findings to be addressed in relation to record keeping were highlighted under Regulation 21: Records.

### Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications.

Judgment: Compliant

### Regulation 15: Staffing

Staffing on the day of inspection appeared to be adequate to meet the needs of residents.

There was a registered nurse on duty at all times over the 24 hour period.

Judgment: Compliant

### Regulation 16: Training and staff development

A staff training matrix was provided which indicated that staff had completed mandatory and appropriate training for their roles.

Staff spoken with were knowledgeable about this training.

Completed staff appraisals and induction forms were seen in the sample of staff files reviewed.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was made available to inspectors.

This contained the details required under the regulations.

Judgment: Compliant

### Regulation 21: Records

Record management required action to ensure compliance with the requirements of the regulations:

Similar to previous inspection findings staff records were not fully maintained to meet Schedule 2 of the regulations. One staff member did not have photo ID on file and one staff member had only one written reference on file.

Some documents with personal information on residents was kept in communal areas which were not secure in respect of data protection legislation.

Judgment: Substantially compliant

### Regulation 22: Insurance

Proof of insurance for the designated centre was provided and a copy was made available to inspectors.

Judgment: Compliant

### Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored. More robust systems were required to ensure additional oversight. The outstanding issues referenced below, were described further under the specific regulations.

- Fire safety management issues: Oversight of fire safety issues required action as identified under Regulation 28.
- Oversight of maintenance of records: as identified under Regulation 21.
- Care plans: Additional information was required to ensure care plans had all the required information to direct safe care as highlighted under Regulation 5.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose for the centre required some minor amendments.

The whole time equivalents (WTE), that is the number of staff, in the statement of purpose, did not correspond with the staff numbers listed on the roster.

This was reviewed and amended during the inspection.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre and had been updated within the required three year timeframe.

Judgment: Compliant

## Quality and safety

Overall, residents in Rochestown Nursing Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation processes in place. Residents' needs were being met through timely access to healthcare services and social interaction. Nonetheless, findings related to the quality and safety dimension of this inspection were that some improvements were required, in relation to care planning, protection and fire safety.

The premises was well maintained, clean and comfortable. Communal rooms were furnished with suitable seating and large TVs for residents' use. A small private visitors' room was located off the sitting room. Two double bedrooms were equipped with full en suite facilities including shower, while the remaining residents shared communal toilets and three showers. Bedrooms were seen to be personalised and homely with photographs, personal items and good quality soft furnishings. Improvements had been undertaken since the previous inspection such as the laundry room upgrade, repair of tiled areas and a new sink for staff hand washing.

Residents' records were maintained on a computer based system. Residents' needs were assessed using clinical assessment tools. Following these assessments, for example on nutritional status or skin integrity, care plans were developed to meet any identified needs. Inspectors reviewed a sample of five care plans during this

inspection. Some care plans were found to required review however, as further highlighted under Regulation 5: Care planning and assessment.

The health of residents was promoted and residents were reported to have good access to general practitioners (GPs). Residents had access to pharmacy services and medicine reviews, Records of pharmacy audits seen indicated good practice. Medicines were generally well managed and staff spoken with had received up to date training. Staff signed for all medicines administered and there were prescriptions in place for nursing staff.

Inspectors observed that residents were provided with a choice of meals at mealtimes. Residents had high praise for the meals and said that the chef spoke to them about their individual needs such as modified diet requirements. Minutes of residents meetings and survey results seen confirmed this.

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 such as choking or absconsion. 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 when required and records . Daily, weekly and three monthly fire safety checks were recorded. Fire evacuation drills were carried out and areas for improvement were recorded at each drill. Additional findings in relation to fire safety which required action were outlined under Regulation 28.

In relation to activity provision residents were seen to have access to radios, television, mobile phones and daily papers. Bingo, music sessions, quiz, and art work formed part of the interesting and varied activity programmes. Residents spoke with inspectors about how much they enjoyed the sessions and were seen to actively participate on the day of inspection. Residents' meetings were held three monthly which provided opportunities for residents to express their opinion on various aspects of care. As regards visitors all residents had been afforded a choice of nominated visitor who would have access to the resident even in the event of an outbreak, once the required precautions were followed. Mass was facilitated monthly in person and alternatively by video link to the local church.

In summary, good systems had been established to support residents' rights and their safety. For example, there was no restraint, such as bedrails, in use, there was access to external advocacy services and staff maintained good communication with residents and their families.

## Regulation 17: Premises

There were some aspects of the premises that required action:

Privacy curtains in one twin room were not adequate to maintain privacy as they did not fully screen off the bed. A portable screen was in use.

Some rooms did not have an individual chair for each resident.

Paintwork required attention in some areas. There was painting work in progress at the time of inspection.

Judgment: Substantially compliant

## Regulation 26: Risk management

Risk assessment was well managed:

- The health and safety statement was kept up to date and an emergency incident management policy was developed.
- Individual risk assessments for residents were in place to underpin care planning and address the identified needs.

Judgment: Compliant

## Regulation 27: Infection control

There had been incremental improvements made in infection control processes. A number of the issues identified on the previous inspection relating to infection control had been addressed.

A new laundry room had been fitted out.

Broken tiles had been repaired.

A new sink for staff hand washing had been installed.

A rack had been installed in the sluice room for bedpans and urinals.

The national transfer document had been updated to include information on MDROs (multi-drug resistant organisms) to ensure that residents received appropriate antibiotic treatment on admission to the acute sector.

An antimicrobial stewardship record was maintained to ensure the judicious use of appropriate antibiotics.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had not taken adequate precautions against the risk of fire as evidenced by:

While personal emergency evacuation plans (PEEPS) were in place for residents all staff on duty were not familiar with them or their location. Additional training was required for staff, in particular senior staff assigned as fire wardens.

Evacuation aids, that is ski sheets, required for two specific residents were found to be absent from the beds at the time of the inspection.

This was rectified immediately.

Compartments and zones on the fire location map required clarification.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Medication management records were maintained on a computerised system and all records were completed on this.

Medicines were generally well managed and there were signed records available for any medicine returned to pharmacy.

Minor amendments were required to ensure that all record books for controlled drugs were updated in a timely manner in line with information in the pharmacy "returns book".

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Care planning required additional input and action to ensure that the needs of residents were identified and set out for staff.

In the sample of care plans reviewed additional information was required for epilepsy management, responsive behaviour planning and end of life care planning decisions.

Judgment: Substantially compliant

### Regulation 6: Health care

The health care needs of residents were met:

The GP attended the service regularly.

Wound care was carried out with the intervention and support of the tissue viability nurse (TVN) and those at risk of malnutrition had access to the dietitian and the speech and language therapist (SALT).

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff had received training in the management of behaviour changes as the result of dementia.

Bedrails and other restraints were currently not used.

Judgment: Compliant

### Regulation 8: Protection

Training in safeguarding residents had been undertaken by staff.

The centre was not a pension agent for any resident. All financial records were kept up to date and receipts given.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected.

Residents said they felt safe and had access to activity, an external garden area,

religious services, external and internal celebrations with family.

Residents felt that they could raise concerns about the centre and they told inspectors that their opinion would be listened to.

Resident and relatives made positive comments about the accommodation, the staff and the support 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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 Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0039574

Date of inspection: 29/03/2023

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The provider shall ensure that all records are kept in accordance with schedule 2 and that all staff will have an up-to-date photo and a 2nd reference on file.</p> <p>Documents with personal information on residents shall be kept in such a manner as to be safe and accessible.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The areas identified during inspection have all been painted. Due to the high level of wear and tear in a busy home the maintenance team will do a weekly walk about around the home to ensure high standards are maintained and this will be monitored at monthly</p>	

management meetings. Painting is ongoing weekly.  
 There is an individual chair for each resident in their rooms, but these were not allocated correctly on inspection day. Some rooms had extra chairs and there were more in the day rooms which were removed and never returned to the correct bedroom. There are plenty of chairs in both sitting rooms also. All staff have been informed of same to return chairs to each resident's correct room.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 All staff have up to date Fire Training completed. Senior Staff including provider, admin, senior nurse and senior HCA completed extensive fire training by a fire officer with Skillnet in November & December 2022.

Compartments & Zones are clarified as per fire training.

Zones are aligned to layout of the building.  
 Compartments are aligned with the layout in the attic.

Evacuation drills were completed on 3rd of April with two staff on duty which is best practice going forward in order to mimic the worst-case scenario. The drills in these compartments/zones will be repeated in line with our ongoing program of fire drills with the focus of improving the time taken to evacuate and reinforcing the procedures with staff.

PEEPS are now updated, and the PIC will ensure they are reviewed and updated as required.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 The person in charge shall formally review the care plans at intervals not exceeding 4 months and any additional information will be added to the care plans.



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Substantially Compliant	Yellow	26/04/2023
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.	Substantially Compliant	Yellow	13/04/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	04/04/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	26/04/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	25/04/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	03/04/2023
Regulation 5(4)	The person in	Substantially	Yellow	24/04/2023

	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.	Compliant		
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