Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Foxrock Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Costern Unlimited Company</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Westminster Road, Foxrock, Dublin 18</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08 May 2018</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005238</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0023874</td>
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About the designated centre

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

This centre is a custom-built facility which can accommodate 41 residents in single or twin (5) bedrooms that have en-suite facilities. It is a mixed gender facility catering for dependent persons aged 18 years and over, but the majority of residents are 65 years and over. It provides long term care, respite and convalescence service. Care is provided for residents with a range of needs and abilities: low, medium, high and maximum dependencies. It does not provide a day care service. There are nurses and care staff on duty covering day and night shifts. The centre is situated in a rural location on the outskirts of Foxrock village. It is constructed over three floors and five levels. Access between floors and levels is serviced by a lift and stairs.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>27/09/2018</th>
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<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>41</td>
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How we inspect

To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 May 2018</td>
<td>12:00hrs to 15:30hrs</td>
<td>Sonia McCague</td>
<td>Lead</td>
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</table>
Views of people who use the service

Residents who spoke with the inspector were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told the inspector about their daily routines, activity plans and interactions with the community.

All of the residents expressed satisfaction regarding food and mealtimes, with their accommodation and with the health and social care available to them. In particular, residents were happy with the support and assistance provided by staff. Residents were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Capacity and capability

This was a well organised and managed service. The provider, management team and person in charge have developed a range of systems and processes to ensure they had appropriate oversight and governance in place to evaluate and improve the quality of care delivered to and received by residents. The improvements required from the previous inspection were implemented.

There was a culture of learning and development within the centre as evidenced in the training opportunities, staff appraisal and supervision arrangements. A low turnover of staff was reported and confirmed. Staff understood their role and responsibilities and clear lines of management were evident. Good reporting structures were in place to enhance accountability. Assurance frameworks and monitoring systems were in place to promote good governance and best practice, mitigate risks, promote and maintain resident confidence and trust.

The senior management team reviewed the on-going performance of the service and conformance with policy and legislative requirements. A system of audits of key performance indicators was maintained monthly and reviewed periodically during each governance and management meeting. Action plans were developed based on areas identified for improvement and from key stakeholders feedback. The management team were responsive to all areas in need of improvement in a timely and effective manner. An annual review of the quality of the service in 2017 was complete and the improvement plan was being implemented.

The use of resources was planned and managed to provide a person-centred,
Registration Regulation 4: Application for registration or renewal of registration

An application for the renewal of registration of this centre has been completed to include the prescribed information.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who has authority in consultation with the provider representative and is accountable and responsible for the provision of the service. There has been no change in the person in charge since the previous registration.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents and staff at the time of inspection it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and refresher training was on-going. For example training in safeguarding, fire safety, moving and handling, infection prevention and control, responsive behaviour, cardio pulmonary resuscitation (CPR), dementia and medicine management were available to staff relevant to their role and responsibility.

Staff were appropriately supervised.
### Regulation 21: Records

Accurate records were maintained safely and were accessible. In follow up to the previous inspection the inspector reviewed staff files which complied with Schedule 2 requirements and confirmed that all residents had been allocated an appropriate unique identifiable number.

### Regulation 22: Insurance

The provider had a contract of insurance in place for the centre and residents. The insurance certificate was seen on display in the entrance hall.

### Regulation 23: Governance and management

An effective governance and management structure was in place with clear lines of accountability. Systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of performance and conformance.

The leadership and management ensured that the service fulfilled its statement of purpose and achieved its objectives. The deployment of necessary resources through informed decisions and actions facilitated the delivery of good quality, effective and safe residential services, supports and care to residents.

An annual review of the quality and safety of care delivered to residents in 2017 was prepared in consultation with residents and their families via satisfaction surveys. It contained a quality improvement plan that was being implemented.

### Regulation 3: Statement of purpose

The provider maintained a statement of purpose which contained the required
information which was subject to an annual review.

Judgment: Compliant

**Regulation 30: Volunteers**

The inspector confirmed with management that there were no volunteers at this time. They were aware of the requirements necessary should they recruit any volunteers.

Judgment: Compliant

**Regulation 31: Notification of incidents**

The provider and person in charge have demonstrated compliance in relation to their requirements to notify incidents and events, and changes.

Judgment: Compliant

**Quality and safety**

Residents in this centre were valued, well cared for, and the quality and safety of care provided was of a good standard, and as outlined in their Statement of Purpose.

The centre was homely and residents' preferences were facilitated and they influenced their day-to-day routine. Residents had good access to medical and allied healthcare professionals and had a supportive staff team.

Residents bedrooms were personalised with items, objects and furniture from home. They had aids, equipments and transport to promote independence and opportunities for social engagement and recreation. Activities indoors and outdoors were available, privacy and choices were respected.

There was evidence of on-going investment in the maintenance of the physical environment. Fires safety precautions and risk management procedures were in place and the management of residents finances had improved since the previous inspection.

The governance and management arrangements in place provided sufficient
assurance that there was processes in place to ensure a quality safe service.

**Regulation 11: Visits**

Arrangements for visiting the centre were communicated to and known by residents and relatives. A record of visitors was maintained. Residents were satisfied that they were able to meet visitors and family members at times that suited them.

Judgment: Compliant

**Regulation 12: Personal possessions**

Residents had space to store their belongings and clothing, including lockable storage and use of a safe. Residents were satisfied with the arrangements in place and had opportunity to bring in personal belongings. Some had seats, pictures and furniture brought in from home.

Judgment: Compliant

**Regulation 17: Premises**

The premise was appropriate to the number and needs of the residents and it conformed to schedule 6 of this regulation.

The centre was homely, bright, clean, warm and comfortable. The privacy and dignity of residents was respected. A pleasant calm atmosphere existed throughout this inspection. Residents and staff carried out their daily routines as normal. Free access via a large conservatory room lead to a spacious outdoor garden and gazebo area. The garden, colourful flower beds and planted areas were well maintained, as was the decor and all of the internal building.

Judgment: Compliant

**Regulation 20: Information for residents**

A range of information was available to resident about the centre and of the services available and to be provided. For example, contracts of care, a residents guide, home brochure, notice boards and the display of operation procedures such
as complaints was available.

**Judgment:** Compliant

### Regulation 26: Risk management

Risk management arrangements were in place supported by a policy. Systems and audits to identify, assess and control identified risks was in place. The management group along with the health and safety committee met frequently to discuss and oversee the risks registered.

**Judgment:** Compliant

### Regulation 27: Infection control

Staff implemented procedures for the prevention and control of healthcare associated infections.

The standard of cleanliness was excellent throughout the centre. Personal protective equipment, hand sanitisers and hand washing facilities were available and used appropriately.

**Judgment:** Compliant

### Regulation 28: Fire precautions

Staff had attended fire safety training, practiced simulated evacuation procedures (fire drills) and were familiar with the emergence response procedures. The directional signage, emergency exits and evacuation procedures were displayed throughout the building and on each floor.

Fire fighting equipment and evacuation aids were available throughout the centre. Escape routes, the fire alarm system, extinguishers and emergency lighting were tested and serviced on a regular basis.

**Judgment:** Compliant

### Regulation 6: Health care
The areas for improvement that were identified on the previous inspection in relation to completing a care plan to reflect allied healthcare recommendations, ensuring staff had good knowledge of medicines they administered and choices at mealtimes were addressed.

Judgment: Compliant
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