Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Foxrock Nursing Home</th>
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</thead>
<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>11 March 2020</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-0025143</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 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.

| Number of residents on the date of inspection: | 40 |
How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 11 March 2020</td>
<td>09:30hrs to 17:30hrs</td>
<td>Deirdre O'Hara</td>
<td>Lead</td>
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</table>
What residents told us and what inspectors observed

The inspector met with some residents, both individually and in small groups. The inspector also spoke with some relatives, who were in the centre, on visits.

Residents and their families who spoke with the inspector reported high levels of satisfaction with the care and services provided to them in the designated centre. Residents said that the premises met their needs and that they were warm and comfortable and they were happy with their rooms.

Residents told the inspector that staff were kind and approachable and that they felt safe in the centre. This was verified by families, who said that they were made very welcome when they visited. Families told the inspectors that they were kept informed about any changes to their relatives' health or well-being and that they were encouraged to be involved in the resident's day to day life in the centre.

Residents were complimentary about the food and the menu choices that were available. Drinks and snacks were served during the day, and the catering teams worked with nursing and care staff to ensure that residents' nutritional needs were met.

Residents also said that they enjoyed the recreational activities that were on offer in the centre. Residents were seen to be engaged in activity groups, which were running in the different locations at the same time. The Inspector observed residents moving freely throughout the centre and had access to an enclosed, outside garden.

Capacity and capability

The registered provider representative and person in charge worked to ensure that residents received a high standard of care through the processes and systems they had in place. There was comprehensive and proactive governance in the centre.

The management structure was clearly defined, and all staff were aware of their roles and responsibilities. The centre was well-managed and there were arrangements in place to monitor the quality and safety of care and the service delivered to residents. Residents' quality of life in the centre was monitored and the provider and management team were committed to ensuring residents enjoyed meaningful lives.

The outcome of audits and review of complaints and other key clinical data such as falls, use of restrictive practices, wounds, complaints, and medication management,
informed continuous quality improvements in the centre.

Sufficient resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. The provider ensured that all staff records set out in Schedule 2 were in place before staff started work in the centre. Following a review of the staff rosters, residents' care records including dependency needs, and feedback from residents, the inspector was satisfied that there were sufficient staff on duty to meet residents' needs.

Having reviewed the training records, the inspector was satisfied that a culture of learning was promoted through training and professional development.

**Regulation 15: Staffing**

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and the safe delivery of services.

Judgment: Compliant

**Regulation 16: Training and staff development**

The inspector noted that a detailed training schedule was in place. Staff were provided with training in safeguarding, infection control, fire safety awareness, moving and handling, medication management, wound and pressure area care, dementia awareness, nutrition, food hygiene and basic life support. Mandatory training was up to date.

Staff were appropriately supervised in their role. There were staff appraisals and performance plans in place for staff. Supervision arrangements were in place to ensure safe delivery of care to residents. Staff who spoke with the inspector, were clear about the standards that were expected of them in their work.

Judgment: Compliant

**Regulation 21: Records**

The Inspector viewed a sample of personnel files for different categories of staff members which were stored safely and were accessible in the centre. They were found to contain all documentation required under Schedule 2 of the regulations. This included vetting by An Garda Síochana and evidence of active registration with
the Nursing and Midwifery Board of Ireland.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The structure identified the lines of authority and accountability and specified staff roles and responsibilities. The centre's quality assurance systems ensured that the service was monitored effectively and reviewed regularly in order to provide safe and appropriate care for residents.

There was an annual review of the service completed each year. Feedback from residents and their families were included in the review.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had information for making a complaint displayed prominently in the centre. The policy and procedures in place regarding the management of complaints met the requirements of the regulations. There was evidence from records and discussions with residents and relatives that complaints were managed in accordance with the policy. Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate. Complaints records showed the outcome and learning from complaints and the satisfaction status of the complainant.

Judgment: Compliant

### Quality and safety

Overall, the findings showed that on the day of inspection, the provider was delivering good quality care and support. The inspector was satisfied that residents’ health and social care needs were met to a good standard. Care planning documentation was available for each resident, based on individualised assessment, and it reflected a person-centred approach to care. However, an area that required improvement was the recording of recommendations in care plans by specialists and assessment and care planning for the use of a sensor mat.
Staff who spoke with the inspector knew residents’ well and were knowledgeable regarding their individual needs. There were dedicated activity staff, who were supported by care staff to provide residents with a range of activities. Residents were safeguarded by effective procedures in the centre.

The premises provided residents with a comfortable and accessible environment. The premises were tastefully decorated. There were facilities available for residents to meet guests or relatives in private or in communal areas. Residents spoken with commented on the homely atmosphere in the centre. The centre was well maintained, with arrangements in place for cleaning and equipment maintenance.

The centre had access to a range of health care services and had established effective links with an allied health providers for the dietician input, occupational therapy, speech and language therapy and palliative care services, while physiotherapy support was provided in house.

There were safe and effective medication management and administration systems in the centre.

**Regulation 29: Medicines and pharmaceutical services**

There were comprehensive policies and procedures in place for the handling of medicines, including controlled drugs. Policies and procedures were safe and in accordance with current professional guidelines and legislation. Staff had been trained on the policies and procedures. Nursing staff followed safe and appropriate practices when administering medications to residents.

One oxygen cylinder was not stored safely but was removed from this location and moved to a safe storage area during the inspection.

There were appropriate processes in place for the handling and disposal of unused and out-of-date medicines.

Judgment: Compliant

**Regulation 5: Individual assessment and care plan**

The Inspector found that the nursing and medical care needs of residents were assessed on admission and reviewed at intervals not exceeding four months. A wide range of assessment tools were being used to monitor resident’s needs. There was also evidence that residents and their relatives where appropriate, were consulted in the development of the care plans.

Residents care records were stored on an electronic system. Care plans that were
viewed, were person centered, and staff who spoke with the inspector knew the residents well. Recommendations made by specialists were not always reflected in the care plans. For example, instruction following discharge from hospital for one resident and recommendations for two residents following review by a physiotherapist. While one resident had a sensor mat in place, the relevant assessment and care plan were not in place for this. Records showed that both the resident and family had been consulted before this mat was put in place.

There was good documentation in the activity care plans, which showed residents choices and preferences and how they enjoyed or participated in activities.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence available at the time of the inspection to show that resident’s health and well-being were maintained by a good standard of evidence based care and appropriate medical care intervention.

Residents had access to medical officers of their choice. There was evidence of access to specialist and allied health care professionals to assess, recommend supports and meet the care needs of residents. The centre provided the services of a physiotherapist 24 hours a week. Residents had appropriate access to optical, dental and chiropody services and upon referral could access palliative care specialists, dietitians, occupational therapy, and speech and language professionals.

The national screening program was offered to residents that were eligible.

Judgment: Compliant

Regulation 8: Protection

Measures to protect residents from being harmed or suffering abuse were in place. Staff who communicated with the inspector confirmed that they had received training on safeguarding vulnerable adults and were familiar with the reporting structures in place.

The registered provider representative was not a pension agent for any resident. The Inspector saw evidence that money was held for one resident. There were systems in place to safeguard this residents’ money.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Substantially Compliant</td>
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All Care plans are viewed at least every four months or if there is a change in the residents needs. Care plans that were reviewed by the inspector during inspection were corrected on the day. Following the inspection on the 12/03/20 all care plans were reviewed to ensure that they reflected recommendations made by any specialist. All Care plans now reflect recommendations made.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
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<tbody>
<tr>
<td>Regulation 5(1)</td>
<td>The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>12/03/2020</td>
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