



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

Issued by the Chief Inspector

Name of designated centre:	Rathkeevan Nursing Home
Name of provider:	Drescator Limited
Address of centre:	Rathkeevin, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 March 2023
Centre ID:	OSV-0000271
Fieldwork ID:	MON-0039586

About the designated centre

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

The centre was purpose built in 2001 and the premises is laid out in four parallel and interconnected blocks on a spacious site. The registered provider for the centre is called Drescator Limited and this centre has been managed by the provider since it opened 21 years ago. The centre is located in a rural setting approximately eight kilometers from Clonmel town. The centre provides care and support for both female and male residents aged over 18 years. The centre provides care for residents with the following care needs: frailty of old age, physical disability, convalescent care, palliative care, and dementia care. The centre can care for residents with percutaneous endoscopic gastrostomy (PEG) tubes, urinary catheters and also for residents with tracheotomy tubes. However, residents presenting with extreme behaviours that challenge will not be admitted to the centre. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. There is a qualified physiotherapist based on site who works as part of the management team. The centre currently employs approximately 54 staff and provides 24-hour.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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
Tuesday 14 March 2023	10:15hrs to 17:50hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector met with a number of residents during the inspection, to gather feedback and insights into their lived experience in Rathkeevan Nursing Home. Overall, residents were happy in the centre and voiced no concerns regarding their care in the centre. The inspector arrived to the centre in the morning and could freely access the centre via a coded keypad in the entrance hallway. There was clear signage on display to ensure that all visitors adhered to basic infection prevention and control procedures such as hand hygiene and the wearing of surgical face masks. A visitor's book was provided in this area to log all visits to the centre and it was evident that residents received many visits and that visits were encouraged.

The person in charge and general manager were met with the inspector for a brief opening meeting, followed by a tour of the premises. During this tour, the inspector observed that the management team were well-known by the residents, who stopped to chat to them. One resident was heard saying to the person in charge "you treat me so well". It was clear that there had been decorative improvements since the previous inspection, such as replacement of worn and scuffed flooring and repainting in day rooms. The centre was clean and bright throughout. The centre was warm, and the person in charge detailed that there was ongoing upgrades to the under floor heating system. An electrical contractor was on-site completing some of this work. Residents who spoke with the inspector confirmed that the upgrades had caused no disruption and they had no concerns regarding the heating in the centre.

During the previous inspection there had been a number of residents staying in their rooms for long periods of time. The person in charge outlined that there had been continued engagement with residents to encourage and motivate them to attend the communal areas and dining room. The inspector saw that the dining room was full at lunch time and that residents spent time in each of the day rooms in the centre at different times of the day. Additionally, a number of residents received visitors and went out with family during the day. There was a lively buzz around the centre and only a small number of residents chose to remain in their rooms.

The inspector observed that many residents required some level of assistance or supervision to mobilise safely in the centre. There was sufficient moving and handling aids such as hoists and wheelchairs provided, and staff were seen to encourage residents to mobilise according to their capabilities. Conversations between residents and staff during these interactions was supportive and discreet. Residents who were confident and capable to mobilise by themselves did so, and the design and layout of the centre allowed for this to be done safely. There were a number of external fire escape doors which were activated by pushing a bar on the door. This alerted an alarm and so that staff could respond quickly should a resident make their way out a door in error. The inspector observed a very fast response by staff to the alarm sounding. Throughout the day, staff supervised communal areas, and those residents who chose to remain in their rooms, or who were unable to join

the communal areas, were monitored by staff regularly. Staff who spoke with inspectors were knowledgeable about the residents and their needs

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was a schedule of activities in place, including exercise, bingo, quizzes and music. Residents told the inspector that they were free to choose whether or not they participated. On the day of the inspection, the inspector observed residents participating in a sing along, which they appeared to enjoy. One resident told the inspector they loved doing arts and crafts, and liked seeing their artwork displayed on the walls. Another resident like to play the piano which was located not far from their bedroom. The inspector observed that visitors were welcomed warmly into the centre and were greeted by name by staff. One visitor told the inspector "everyone is very friendly, we can phone or call in at any time, it's great that there are no restrictions". Mealtimes were seen to be enjoyed by residents and there was different menu options provided. Residents who spoke with the inspector were very happy with the choice, quality and quantity of food. Residents also said that they were happy with the timing of the meals.

To summarise, the inspector observed a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The following two sections of the report will describe the capacity and capability of the service, and how this impacts on quality and safety. Findings are outlined under each specific regulation.

Capacity and capability

The inspector found that the management systems in the centre supported staff to ensure that a good level of nursing and medical care was provided to residents. Improvements noted in the previous inspection in July 2022 continued to be sustained, despite a change in the management personnel. Some further strengthening of the centre's monitoring and audit systems were required, to ensure a consistently monitored and effective service.

This unannounced inspection was triggered following receipt of unsolicited information which raised concerns about the safeguarding and rights of residents, the quality of care and poor communication with families. Some of this information was also submitted to the office of the Chief Inspector via the notification process from the centre. The inspector examined the information received during the course of the inspection by reviewing a number of records and talking to staff and residents. The inspector did not find evidence to support the concerns raised, with the exception of one instance of a lack of communication with family in relation to a fall sustained by a resident. This was discussed with the person in charge during the inspection and a plan had been put in place to communicate this finding to all staff, with the aim of promoting learning and improving on communication systems with families in the future.

Drescator Limited, a limited company, is the registered provider of Rathkeevan Nursing Home which is a 61-bedded privately-run nursing home. The company has four directors, two of whom are engaged in the operational oversight of the centre in administrative and management roles. The day-to-running of the centre is carried out by the general manager, who is also a registered physiotherapist providing moving and handling and physiotherapy support to the service, and the person in charge. Both were engaged in the oversight of a number of key areas, with identified roles and responsibilities. These roles were clearly-defined and staff were aware of the reporting structures and lines of authority in the centre. The person in charge was appointed to the role in September 2022. She was actively engaged in the governance and day-to-day operational management and administration of the service and proactive in the management of the service. She was responsive to issues identified during the inspection. There are two clinical nurse managers who are part of the daily nursing staff. Twelve of hours of supernumerary time a week is allocated to the clinical nurse managers to attend to administrative and monitoring duties. The complement of staff providing support and care to the residents is made up of teams of nurses, healthcare assistants, activity staff, domestic and catering staff.

The management team were maintaining a schedule of audits in the centre, focusing on areas such as privacy and dignity, the premises and infection control, dining experiences and restraint. For the most part, these audits provided evidence of good monitoring of the service, and in most instances an action plan was documented to address poor findings. However, important clinical areas such as falls sustained by residents were not subject to thorough audit. Data on falls was gathered regularly, however this information was not analysed. This is discussed under regulation 23: Governance and management.

A review of worked and planned staff rosters identified that there were a sufficient number of staff in the centre daily, to meet the needs of the 46 residents being accommodated at the time. There was evidence that staffing levels were reviewed to ensure that they met the needs of the service, for example, the housekeeping staffing levels had been increased to three staff each day, given the large footprint of the centre. There were 15 vacant beds on the day of inspection and the person in charge outlined the plan for staffing when the centre reaches full occupancy.

All staff had received up-to-date training in safeguarding vulnerable adults, moving and handling techniques and management of behaviours that challenge. Registered nurses undertook annual medication management training. Additional training courses were provided specific to a staff member's role, for example, domestic staff had specific training in cleaning procedures, and nurses had additional training such as venepuncture and collection of COVID-19 swab samples. Staff were seen to be well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach.

Regulation 14: Persons in charge

The person in charge had the necessary qualifications and experience to fulfil the requirements of the role, as outlined in the regulation. She worked in a full-time capacity in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff available on the day of the inspection, having regard for the size and layout of the centre and the assessed needs of residents. The person in charge discussed staffing levels and explained that this was kept under constant review in relation to the changing needs of residents, and the occupancy of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, and mandatory training was up to date for all staff. Staff were appropriately supervised in their roles to ensure residents received safe and quality care. Staff demonstrated awareness of individual residents needs

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. A sample of staff personnel files were reviewed by inspectors. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor and improve the quality of the service

required action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example, while incidents such as falls were recorded in the centre, analysis and trending of incidents was not taking place. The inspector was provided with a breakdown of falls sustained in centre in a graph format, however the information gathered was not reviewed. This is a missed opportunity to share learning from the incidents and implement quality improvement plans to address any findings from the review of incidents.

The person in charge was in the process of completing the annual review of the quality and safety of care delivered to residents in 2022. This was viewed by the inspector in draft format.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre, containing all information as set out in Schedule 1 of the regulations. This was revised at intervals of not less than one year.

Judgment: Compliant

Regulation 31: Notification of incidents

The incident and accident records were examined and these correlated with the notifications submitted to the office of the Chief Inspector, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that rights of the residents living in Rathkeevan Nursing Home were promoted, and the residents, where possible, were encouraged to live their lives in an unrestricted manner, according to their own capabilities. The inspector observed that staff and management adopted a person-centred ethos of care and as a result, residents had a good quality of life in a centre that met their needs. The registered provider had committed to the actions set out in the centre's compliance plan following the previous inspection in July 2022. The inspector found that the vast majority of actions had been progressed to completion, with the exception of

the resident assessment and care planning system in place, which continued to require some improvements.

Overall, the systems in place to prevent abuse occurring in the centre were strong. The person in charge had notified the Chief Inspector of a number of safeguarding incidents which were followed up in detail prior to the inspection. The assurances provided were validated during the inspection, through a review of associated records, and the inspector found that there had been prompt investigation into each occurrence with appropriate referral to specialist services and external agencies for assistance in managing these incidents. Staff had completed safeguarding training and were knowledgeable on the procedures to follow in the event of suspected abuse in the centre.

A small number of residents were identified as displaying behaviours that challenge. From a review of residents' records and from observations during the course of the inspection, it was evident that the centre were managing these behaviours well, with a planned multidisciplinary approach involving psychiatry and gerontology services. Behavioural support plans were in place for these residents which contained sufficient detail regarding the triggers to the behaviour and the de-escalation techniques that worked well. Medications were seen to only be used as a last resort, once all non-medical alternatives to managing the behaviour had been trialled.

Residents were provided with regular access to general practitioner (GP) services. Residents also had access to social and health care services, either privately or through referral to community services including dietitian, speech and language therapy, dental, chiropody and occupational therapy. The in-house physiotherapist (the general manager of the centre) provided regular reviews of residents' mobility and function. While the overall system for clinical assessment was good, and included a range of evidence-based assessment of risks such as malnutrition, falls, and pressure-related skin damage, further oversight was required to ensure that all clinical risks were identified on admission to the centre. From the sample of care plans reviewed, these were seen for the most part to be personalised, and individual to the resident, describing the actions required to meet their needs. In the absence of robust clinical assessment for some residents, an appropriate plan of care was not formalised. This is discussed further under regulation 5: Individual assessment and care plan.

Improvements were seen with regard to the system of consultation with residents. A finding from the last inspection in relation to a lack of consultation with residents around mealtimes had been taken on board by the management team, and a series of engagements with residents and their representatives had been undertaken to determine residents' preferences around mealtimes and the overall dining experience. Residents' meetings were held regularly and "food and meal time" was a standing agenda item. Additionally, representatives of all residents, including residents with a diagnosis of dementia or other cognitive disorders, were invited to partake in satisfaction surveys to gather feedback on the service provided. The provided a forum for residents' loved ones to offer their views and suggestions, in

the absence of the resident having capacity to do so.

For the majority of residents, their hobbies and preferences were captured in social assessments which informed their individual recreation and occupation care plans. Not all residents had this assessment completed, as outlined under regulation 5 above. The activities programme in the centre covered a range of diverse, interesting and appropriate activities, and activities took place over seven days. On weekdays, dedicated activity staff were rostered on duty to lead the activities programme. Activities were planned in advance for the weekend, and the staff on duty were responsible for their implementation. There was adequate space and facilities for residents to undertake activities in groups, and in private. Residents had access to individual copies of local newspapers, radios, telephones and television. Notice boards in the centre prominently displayed details of available advocacy services and some residents were engaged with external advocacy and disability services. Residents were supported to access services appropriate to their needs.

Regulation 11: Visits

The registered provider had arrangements in place for residents' to receive visitors. On the day of the inspection, visits were unrestricted.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans. This review provided evidence that not all individual assessments and care plans were updated within the required 48-hour timeframe, on admission to the centre. For example,

- one resident had no dependency level score or malnutrition screening tool completed.
- some residents did not have social care assessments and care plans completed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their GP and the person in charge confirmed that GPs were visiting the centre as required. Residents were provided with timely referral and access to a range of health and

social care professionals such as physiotherapy, occupational therapy, dietitian, speech and language therapy, tissue viability nursing expertise, psychiatry of later life and palliative care services.

There were clear nursing pathways in place to prevent and manage wounds in the centre and the inspector found that timely nursing intervention, referral and engagement with healthcare professionals resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Restrictive practices, such as bedrails, were managed in the centre through ongoing initiatives to promote a restraint free environment and assistive equipment was available and trialled in order to minimise the use of bedrails in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Safeguarding training was up-to-date for all staff and a centre-specific safeguarding policy provided guidance to staff in recognising and responding to allegations of abuse. Staff files showed that Garda (police) vetting disclosures were in place for all staff prior to commencing employment.

The registered provider was not a pension agent for residents. There were systems in place to safeguard resident's monies and possessions which had been handed in for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their

daily lives. Interactions between residents and staff were observed to be kind, dignified and respectful. Residents were provided with opportunities to participate in large and smaller group activities, and to pursue their own interests and hobbies.

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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	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 Rathkeevan Nursing Home OSV-0000271

Inspection ID: MON-0039586

Date of inspection: 14/03/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A monthly review of all incidents, including falls, will be completed by the PIC. From the findings of these reviews, quality improvement plans will be created and implemented accordingly.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A systematic approach has been adapted and implemented to ensure all relevant documentation is completed within 48 hours of admission. The PIC will have overall governance of the systems in place and will ensure completion of documentation. A named nurse concept has been implemented to ensure documentation is reviewed at regular intervals.	

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	31/05/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	08/05/2023
Regulation 5(3)	The person in charge shall	Substantially Compliant	Yellow	08/05/2023

	prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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