

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Rochestown Nursing Home
Centre ID:	OSV-0000275
Centre address:	Monastery Road, Rochestown, Cork.
Telephone number:	021 484 1707
Email address:	rochestownnursinghome@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brenda O'Brien
Provider Nominee:	Brenda O'Brien
Lead inspector:	Breeda Desmond
Support inspector(s):	John Greaney
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 January 2015 09:30	20 January 2015 17:30
21 January 2015 09:30	21 January 2015 17:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Non Compliant - Major
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection and it was the eleventh inspection undertaken by the Authority in Rochestown Nursing Home. The provider applied to renew their registration which will expire on 25 June 2015. This renewal of registration inspection took place over two days. At the time of this registration inspection, there was no person in charge; the deputy person in

charge was acting person in charge. As part of the inspection the inspectors met with the acting Person in Charge, the Designated Provider, centre manager, residents, and staff members. The inspectors observed practices and reviewed governance, clinical and operational documentation to inform this registration renewal application.

The provider, manager and acting person in charge displayed knowledge of the standards and regulatory requirements. However, the last inspection identified significant issues relating to staff files and this had not been remedied, that is, staff files remained non compliant with the Schedule 2 of the Regulations.

A number of questionnaires were received and the inspectors spoke with many residents during the inspection. The collective feedback from residents was one of satisfaction with the service and care provided.

Overall, staff were seen to be kind and respectful to residents and demonstrated good knowledge of residents, however, this was not reflected in some care plans examined by inspectors. A variety of social and recreational activities as well as community involvement was provided, however, this was not reflected in residents' care plans.

All staff had received training in elder abuse prevention and protection to safeguard residents in their care. Staff levels and skill-mix appeared adequate to meet the assessed needs of residents. Residents were encouraged to exercise choice and their views were sought informally on a daily basis and formally in the residents' committee, which was held monthly.

While there was some improvement in the accommodation provided for residents, overall, there were significant limitations within the physical environment which negatively impacted the freedom, choice, privacy, dignity and autonomy of residents along with infection prevention and control risk; these were identified in previous inspection reports and will be discussed under Outcome 12 Suitable and Safe Premises and Outcome 8 Health and Safety and Risk Management.

A current fire safety certificate was submitted to the Authority. However, on the day of inspection a fire check was performed and two fire doors did not operate appropriately to ensure safety. There was a visible gap by the protective seal around one fire door which appeared inadequate to ensure compartmentalisation. The centre manager gave assurances that this would be dealt with immediately.

The inspectors identified other aspects of the service requiring improvement to ensure compliance with the Regulations.

These improvements included:

- 1) some policies were not centre-specific
- 2) reviewing and improving the quality and safety of care
- 3) care planning
- 4) dignity concerns regarding bed screening in multi-occupancy rooms.

The action plan at the end of this report sets out the actions necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose was reviewed and updated in January 2015 to reflect the recent changes to the management structure regarding the absence of the person in charge and the deputy assuming the role and responsibility of the acting person in charge. All items listed in Schedule 1 of the Regulations were detailed in the statement of purpose and services and facilities were described.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

While audits were completed, a formal structure to ensure systems and processes were in place to effectively manage and implement an integrated programme of quality and safety was not embedded. That is, the quality and safety of care and the quality of life

for residents was not continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received. While quality data was gathered on a weekly basis (pain, pressure sores, physical restraint, psychotropic medication, falls, indwelling catheters, significant weight loss, complaints, unexplained absences, significant events, vaccinations and immobile residents), this data was not trended or evaluated to inform practice. Other clinical audits were not demonstrated to ensure suitable and safe care, for example, hand hygiene and environmental hygiene.

The policy on Quality Management Systems detailed 'quality improvement meetings' with a suggested agenda, however, these meetings were not in place to ensure an integrated programme of quality and safety.

Residents were consulted on a daily basis. Formal residents' meetings were facilitated monthly and minutes of these meetings were evidenced. Residents spoken with described these meetings which were chaired by a resident and many issues were discussed. The activities co-ordinator offered a choice of group activities as well as one-to-one sessions. Residents spoken with gave positive feedback regarding the activities programme. Staff in conjunction with residents had completed a 'Key to Me' as part of their reminiscence therapy. While there was a 'meaningful activities' assessment completed for each resident, the supporting documentation of 'planned activity level' was not completed to ensure residents were involved in activities appropriate to their assessed capacity.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Contracts of care were maintained by the centre manager. The contracts detailed fees to be charged as well as additional fees. Contracts of care for residents were signed and dated by either the resident or their next of kin in line with best practice. They were securely maintained in the administration office.

A residents' guide was available for residents and their relatives. Each resident received a copy of the guide on admission. It contained all the items listed in the Regulations.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was no person in charge at the time of inspection. The deputy person in charge was acting in the position of person in charge. He had taken up the post the week previous to the inspection. He was a full time registered nurse, however, he did not have the required experience of nursing dependant people (as detailed in the Regulations) to fill the post of person in charge. He demonstrated some knowledge and understanding of the Regulations and National Standards.

Judgment:

Non Compliant - Major

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector was satisfied that the records required in Regulation 21 (provision of information to residents), Regulation 25 (medical records), Schedule 3 (residents' records), Schedule 4 (general records) of the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, some of the policies relating to Schedule 5 (operating policies and procedures) were not centre-specific; the policy for the maintenance of records was inaccurate for the duration of retention of documents; all information listed in Schedule 2 (staff files) was not in place for all staff and this is discussed further under Outcome 18 Suitable Staffing.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The deputy person in charge was acting in the position of person in charge. At the time of inspection the position of deputy person in charge was not filled. Senior nurses formed part of the nursing complement and they took responsibility for care and welfare of residents when they were on duty.

The Authority did not receive a timely notification of the absence of the person in charge as detailed in the Regulations. This was highlighted at feedback meeting with the provider and centre manager.

Judgment:

Non Compliant - Moderate

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Some measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and this training also formed part of the staff induction programme. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward.

Feedback from residents was positive and many stated they felt 'safe and secure' in the centre. Completed questionnaires stated that 'staff were kind' and visitors were 'welcome' to visit.

There was an up-to-date policy for adult protection and the deputy person in charge was aware of his legal obligations relating to reporting issues. He adequately described protection of residents as well as actions to be taken if an allegation was made.

Residents' had individual safes in their bedrooms to keep their valuables and most residents were responsible for their own finances. Documentation regarding residents' finances was examined. The manager was responsible for cash of four residents' and individual ledgers were evidenced with dual signatures for debit and credit transactions. Some residents had their fees paid directly to the centre's bank account and these records were examined. As there was no separate accounts for individual residents it was difficult to establish transactions. A more robust system was necessary to safeguard residents and management.

One resident had a substantial amount of money returned to his next-of-kin, however, the appropriate documentation to support the decision to give the money to the next-of-kin was not evidenced. In addition, this resident did not have cognitive impairment and had not been asked to sign any of the documentation relating to the finances. These issues were highlighted at the feedback meeting.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

While there was a health, safety and risk management policy in place which contained

details on how to identify and assess risks, a comprehensive risk assessment with measures and actions to control risks was not evidenced. The risk matrix contained within the policy had been applied to residents rather than the environment, for example, falls risk; the assessment of falls within this policy was not evidence-based for falls. The specific risks identified in the Regulations were detailed, however, the measures and actions to control these risks were not documented.

The emergency plan was available with alternative accommodation detailed, should the need arise.

There was a policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over some sinks hand-wash sinks. There were hand hygiene gel dispensers available throughout the centre. Advisory signage for best practice use of hand hygiene gels was displayed and the inspectors observed that opportunities for hand hygiene were taken by staff. Staff, including household staff, had completed training in hand hygiene and infection prevention and control.

Current relevant fire certification for maintenance and servicing was evidenced. A fire safety register was in place, with daily, weekly and monthly fire safety checks evidenced, in line with best practice guidelines. Staff had completed their mandatory fire training. Fire drills were completed six-monthly and this was evidenced by fire training records reviewed. It was identified at the start of the inspection that fire safety notices were not in an accessible format for residents. These were changed before the end of the inspection whereby the procedure to follow in the event of a fire was easily read; these notices were placed throughout the centre and positioned alongside floor plans indication 'where I am' to highlight the nearest fire exit. A current fire safety certificate was submitted to the Authority. However, on the day of inspection a fire check was performed and two fire doors did not operated appropriately to ensure safety. There was a visible gap by the protective seal around one fire door which appeared inadequate to ensure compartmentalisation.

All staff had completed their mandatory training in moving and handling of residents. However, the residents' assessments were not completed appropriately to ensure safe and suitable moving and handling practices, for example, they did not inform the type of sling to use appropriate to the resident's needs or how many staff were required for the safe movement of the individual resident; documentation comprised of verbal instructions for staff in the movement of residents.

A current insurance policy was demonstrated.

A record was maintained of incidents and accidents and these were reviewed by the deputy person in charge. However, they did not appear to be part of the quality and safety management system which would inform practice.

Laundry was segregated at source and staff described best practice regarding safe handling of unclean laundry with the use of alginate bags were appropriate. However, the sluice and laundry were co-located, making this a serious infection control risk. This was identified in previous inspections.

The kitchen was reviewed. There was some advisory signage indicating designated areas for preparation of different foods to ensure safe food preparation practices and mitigate risk of cross contamination. Placement of food in the fridge was compliant with food safety. Food was stored appropriately in the 'dry goods' store. Issues which were identified in the last inspection were remedied.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

While there was a medication management policy describing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines, however, it was not centre-specific as it did not direct staff in the centre-specific practices for medication management. Photographic identification was in place for residents as part of their prescription/drug administration record chart, as described in best practice professional guidelines. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely maintained. Twice daily records were maintained for the medications fridge, which was securely kept in the nurses' office.

A sample of prescriptions was reviewed and they were largely in compliance with professional guidelines, the maximum dosage was included in those reviewed. Quarterly medication reviews were undertaken by the doctor.

Medication errors and near misses were recorded. These were examined and the inspectors concluded that the errors documented had not been investigated adequately to ensure safe and suitable practices. The inspectors requested that these be investigated immediately and appropriate actions taken to prevent such recurrence.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Notifications received by the Authority were reviewed upon submission and prior to the inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely and comprehensive. Issues identified relating to notifications was discussed under Outcome 6 Absence of the Person in Charge.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

A sample of residents' assessments and care plans were reviewed by the inspectors. While there were evidence-based risk assessments demonstrated, some were duplicated; residents care plans did not describe in detail suitable and safe care for tube feeding or catheter care, for example, the regime for administration of a tube feed or the care of the tube was not included in the care plan. The care of the syringes used for flushing the tube was not detailed and the container with cleaning solution was not dated; the container marked 'sterile water' was not dated so it was difficult to establish if the solutions were in-date; this practice was not in keeping with best practice professional guidelines. The provider informed the inspectors that the dietician advised that syringes could be reused but the regime to support this was not evidenced. The resident was discharged from the acute care setting with inflammation around a wound site but the care plan did not describe current care practice.

General practitioners (GPs) from different practices routinely attended the centre with out-of-hours cover when necessary. A sample of medical records reviewed

demonstrated that residents were reviewed on a regular basis. Specialist medical services were also available when required. Reviews and on-going medical interventions as well as laboratory results were evidenced.

Residents had access to dental, optical, psychiatry, occupational therapy, chiropody, dietician, physiotherapy, speech and language therapy (SALT).

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were limitations within the physical environment which negatively impacted the freedom, choice, privacy, dignity and autonomy of residents and these have been described in detail in previous inspection reports. Previous inspection reports detailed that appropriate screening was not in place in multi-occupancy bedrooms to ensure dignity of residents; suitable private area, separate from the residents' own private rooms was not available to residents; comfortable chairs could not be accommodated alongside residents' beds in multi-occupancy rooms. Conditions attached to the registration certificate for this centre outlined that when one resident vacated room 10, then that room will be converted to single occupancy, however, this room remained twin occupancy. Twin bedroom number 11 had very limited space to accommodate two residents; the television in this room was practically inaccessible for residents because of its location. Bedroom 12 was multi-occupancy with three residents occupying this room; there was limited space between the two beds to the left of the room, where only bedside lockers could be accommodated.

Other issues relating to the premises included: there was a door was missing from the wardrobe in bedroom number 4; the protective surface was eroded from many bedside lockers making effective cleaning difficult. The showers in bedrooms 7 and 8 had a step into them and were not suitable for dependant residents. The toilet on the main corridor was quite narrow and not wheelchair accessible. The tiles and flooring in toilet/shower room alongside bedroom 12 were in poor condition and unclean; the only internal

access to the sluice/laundry room was through this toilet/shower room. The view from the bedrooms located to the rear of the centre was that of dustbins and metal fencing.

In addition, the building posed significant challenges for staff to adhere with best practice procedures and guidelines due to inadequate sluicing facilities and limited space in multi-occupancy bedrooms to safely operate assistive equipment.

The centre had installed circuit-television cameras (CCTV). All cameras were in public areas. There was a sign to inform residents, staff and visitors that CCTV was in operation. The inspector identified that one CCTV was inappropriately placed in one sitting room.

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, clinical monitoring equipment and specialist seating provided for residents' use. There was a functioning call-bell system in place.

The external courtyard was well maintained and residents stated they enjoyed this during the summer; this space was partially covered and provided a secure comfortable smoking area for those residents wishing to smoke.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The complaints procedure was displayed prominently at main reception, as described in the Regulations. The complaints policy contained all the details listed in the Regulations. The complaints log was reviewed and complaints were generally recorded in line with the Regulations, however, the outcome of whether the complainant was satisfied with the outcome was not always documented.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity

and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a policy in place for end-of-life care and this was in date. Care plans reviewed demonstrated that end of life care wishes were discussed with residents. Their policy indicated that this care plan would be started within three months of admission and this was evidenced.

Spiritual needs were facilitated with Mass held weekly in the centre; other denominations were facilitated upon request. Residents had organised their own prayer session at 5pm each evening and this was lead by one of the residents.

Residents had access to consultant palliative care and the hospice services. Staff had completed professional development regarding end of life care. Care practices observed would suggest that residents would be cared for appropriately with dignity and respect.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors reviewed a menu on offer and noted that a varied choice was available and alternative options were available on request. Inspectors sat with some residents during lunch and residents spoken with gave positive feedback regarding food. Residents who required assistance at lunch time were accommodated at the first sitting. Inspectors observed staff assisting residents with their meals in a respectful and discrete manner. Meal times were changed from the previous inspection and were at a more appropriate time.

There was a policy in place for food and nutrition which included a recognised food and nutrition risk assessment, monitoring and documentation of nutritional status evidenced in care plans reviewed. Catering staff discussed nutritional needs including specialist diets with the inspector and demonstrated their knowledge regarding specialist diets and consistency for residents. Staff had completed training in modified consistency food preparation. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted; dietary intake was recorded when necessary and residents were prescribed supplements when their condition necessitated. Residents had access to fresh water and other fluids throughout the day.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre operated an open visiting policy. Completed relatives questionnaires commended staff on how welcoming they were to visitors. The manner in which residents were addressed by staff was seen by inspectors to be appropriate and respectful.

Minutes of residents' meetings held in 2014 were demonstrated and many residents attended these meetings. Positive feedback was relayed regarding the residents' meetings and one of the residents' chaired it. Many items were discussed including the change in meal times which residents were happy with.

Residents had access to an independent advocacy service and details of this were included in the statement of purpose.

Residents had access to radio, television, newspapers, information on local events and access to the community and several residents were accommodated to attend day services of their choice.

Judgment:

Compliant

<p><i>Outcome 17: Residents' clothing and personal property and possessions</i> <i>Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a policy on residents' personal property and possessions which directed staff regarding maintaining residents' personal property to enable them to retain control over their personal possessions. Personal property lists were retained in residents' notes and were seen to be updated every four months.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 18: Suitable Staffing</i> <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.</i></p>
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: It was outlined in the last inspection that it was difficult to determine if the numbers of staff on duty during evening and night shifts were adequate to meet the assessed needs of residents, as there was no twilight shift and a reduction of staff levels over weekends. This remained the case, nonetheless, if residents became more dependent, the provider gave assurances that staffing levels would be reviewed to ensure quality care.</p>

There was evidence of staff education programme and staff had attended a wide range of training, for example, end of life care, prevention of elder abuse, manual handling, food safety, hand hygiene, fire safety, infection prevention and control.

Current registration with regulatory professional bodies was in place for all nurses. A sample of staff files were reviewed and while some of the information listed in Schedule 2 was available in staff files, all of the regulatory requirements were not. For example, full employment histories, evidence of application of vetting disclosure, evidence of a person's identity and verification of references were not evidenced. These issues were identified in previously inspection reports, in particular, the issue of verification of references, which was not evidenced on this inspection.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Rochestown Nursing Home
Centre ID:	OSV-0000275
Date of inspection:	20/01/2015 & 21/01/2015
Date of response:	22/04/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While audits were completed, a formal structure to ensure systems and processes were in place to effectively manage and implement an integrated programme of quality and safety was not embedded.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

The QMS will collect all adverse data, analysis it and decide on a course of preventative action to eliminate the problem and prevent a reoccurrence. This will be applied to any adverse issues pertaining to medication. Management. An extensive Policy and procedure is in place to inform this practice.

Nursing Staff have been advised of this requirement

Proposed Timescale: 22/04/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy on Quality Management Systems detailed 'quality improvement meetings' with a suggested agenda, however, these meetings were not in place to ensure an integrated programme of quality and safety.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

The QMS is now collecting data for review by management with the intention of developing a continuous improvement process. This will be facilitated by Quality Improvement meetings attended by the provider, the manager and the PiC.

Proposed Timescale: 22/04/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Medication errors and near misses were recorded. These were examined and the inspectors concluded that the errors documented had not been investigated adequately to ensure safe and suitable practices.

3. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Incidents and near misses will form part of the QMS improvement meeting.

Proposed Timescale: 22/04/2015

Outcome 04: Suitable Person in Charge

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no person in charge at the time of inspection (the deputy person in charge was acting in the position of person in charge). He was a full time registered nurse, however, he did not have the required experience of nursing dependant people (as detailed in the Regulations) to fill the post of person in charge.

4. Action Required:

Under Regulation 14(3) you are required to: Ensure the person in charge is a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years, where residents are assessed as requiring full time nursing care.

Please state the actions you have taken or are planning to take:

Please state the actions you have taken or are planning to take: New PiC Mrs Vijayalakshmi Dhanasekaran selected & confirmed with required experience of nursing older persons.

Proposed Timescale: 24/04/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy for the maintenance of records was inaccurate for the duration of retention of documents and non-compliant with timelines defined in Regulation 21 (2), (3), (4), (5).

5. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:

The policy and procedure requires that all records are retained for 7yrs. The regulations state that a number of records need only be kept for 4 years as 4 years is

less than 7 years this does not constitute an inaccuracy. However this matter will be clarified in the Policy as requested by the inspector.

Proposed Timescale: 30/04/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While all the policies listed in Schedule 5 were in place, some were not centre-specific, that is, they did not accurately describe practices in the centre.

6. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:

Our practice of continuous auditing will identify non compliances including where the actual activity is not reflected in the Policy and procedure or visa versa. Corrective action will be taken to rectify any non compliance. This is a function of the QMS.

Proposed Timescale: 23/04/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there was a medication management policy describing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines, it was not centre-specific.

7. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:

Medication Management policy has been reviewed and updated to reflect actual practice at the centre.

Proposed Timescale: 22/04/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While some of the information listed in Schedule 2 was available in staff files, all of the regulatory requirements were not. For example, full employment histories, evidence of application of vetting disclosure, evidence of a person's identity and verification of references were not evidenced. These issues were identified in previously inspection reports, in particular, the issue of verification of references, which was not evidenced on inspection.

8. Action Required:

Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:

We will 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.

Proposed Timescale: 22/04/2015

Outcome 06: Absence of the Person in charge

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The Authority did not receive a timely notification of the absence of the person in charge as detailed in the Regulations.

9. Action Required:

Under Regulation 33(2)(b) you are required to: Give notice in writing to the Chief Inspector of the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the designated centre during that absence of the person in charge, including the proposed date by which the appointment is to be made.

Please state the actions you have taken or are planning to take:

As always we will ensure that notifications required by the Standards and the regulations will be submitted to the authority by the provider in an accurate and timely manner.

Proposed Timescale: 22/04/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some residents had their fees paid directly to the centre's bank account and these records were examined. As there was no separate accounts for individual residents it was difficult to establish transactions. A more robust system was necessary to safeguard residents and management.

10. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:

On review new individual statements have been done for all residents, as suggested by the inspector/report which are given out monthly and includes all transactions. Letters for each resident have been done which are signed by resident/next of kin and representative from nursing home which confirms both parties are happy with financial arrangement and free from any abuse

Proposed Timescale: 22/05/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

One resident had a substantial amount of money returned to his next-of-kin, however, the appropriate documentation to support the decision to give the money to the next-of-kin was not evidenced. In addition, this resident did not have cognitive impairment and had not been asked to sign any of the documentation relating to his finances.

11. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:

Resident's next of kin signed for transaction which is evidenced in his individual pension book and resident made verbal agreement regarding same. Resident has signed letter confirming he is happy with the financial arrangement between himself and Rochestown Nursing Home.

Proposed Timescale: 22/04/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there was a health, safety and risk management policy in place which contained details on how to identify and assess risks, a comprehensive risk assessment with measures and actions to control risks was not evidenced.

12. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

On review all hazards identified in the policy and procedure, in the health and safety statement, and in the risk register now clearly identify the mitigating actions to be taken in order to control these identified risks.

Proposed Timescale: 22/04/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk matrix contained within the policy had been applied to residents rather than the designated centre.

13. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

The risk matrix referred to by the inspector are the risks identified in the regulations ref 26(1) which refers exclusively to risks to residents and other persons. Risks in the designated centre 26 (1)(a) are fully contained in the health and safety statement. 26(1)(c)(iii) accidental injury to residents, visitors or staff : all hazards identified in the home and the associated risks are clearly stated in the health and safety statement as are the controls required to eliminate or reduce these risks.

Proposed Timescale: 22/04/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The sluice and laundry were co-located, making this a serious infection control risk.

14. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

New sluice room is done.

Proposed Timescale: 22/04/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

On the day of inspection a fire check was performed and two fire doors did not operated appropriately to ensure safety. The protective seal around one fire door appeared inadequate to ensure compartmentalisation.

15. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:

External audit done and Fire Doors have been checked and remedial action taken to rectify this.

Proposed Timescale: 22/04/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents' assessments were not completed appropriately to ensure safe and suitable moving and handling practices.

16. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:

All resident handling assessments reviewed & updated. Evacuation plan shown to

inspectors on day of inspection which included method of evacuation & first and secondary point of evacuation to point of safety for residents.

Proposed Timescale: 22/04/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While there were evidence-based risk assessments demonstrated, some were duplicated; residents care plans did not describe in detail suitable and safe care for tube feeding or catheter care, for example, the regime for administration of a tube feed or the care of the tube was not included in the care plan. The care of the syringes used for flushing the tube was not detailed and the container with cleaning solution was not dated; the container marked 'sterile water' was not dated. The provider informed the inspectors that the dietician advised that syringes could be reused but the regime to support this was not evidenced. The resident was discharged from the acute care setting with inflammation but the care plan did not describe current care practice.

17. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

Careplan audit was done and careplans updated where applicable to ensure all reflect current care practice.

Proposed Timescale: 22/04/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

- 1) appropriate screening was not in place in multi-occupancy bedrooms to ensure dignity of residents
- 2) suitable private area, separate from the residents' own private rooms was not available to residents
- 3) comfortable chairs could not be accommodated alongside residents' beds in multi-occupancy rooms

- 4) twin bedroom number 11 had very limited space to accommodate two residents; the television in this room was practically inaccessible for residents because of its location
- 5) in bedroom number 12 there was limited space between the two beds to the left of the room, where only bedside lockers could be accommodated
- 6) there was a door was missing from the wardrobe in bedroom number 4
- 7) the protective surface was eroded from many bedside lockers making effective cleaning difficult
- 8) the showers in bedrooms 7 and 8 had a step into them and were not suitable for dependant residents
- 9) the toilet on the main corridor was quite narrow and not wheelchair accessible
- 10) the tiles and flooring in toilet/shower room alongside bedroom 12 were in poor condition and unclean
- 11) the only internal access to the sluice/laundry room was through the toilet/shower room by bedroom 12
- 12) the view from the bedrooms located to the rear of the centre was that of dustbins and metal fencing
- 13) there were inadequate sluicing facilities
- 14) there was limited space in some multi-occupancy bedrooms to safely operate assistive equipment.

18. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

1. Screening in place in all bedrooms.
2. Visitors room to be done 19th June 2015.
3. Chairs provided in rooms.
4. New Tv bracket purchased and television now more accessible for residents.
5. Room layout changed. Completed.
6. New wardrobe to be ordered. 30th June 2015.
7. Remedial work to be carried out on the protective surfaces by 30th June 15.
8. Remedial work to be carried out on shower trays by 30th August 15
9. The Toilet in main corridor is wheelchair accessible for residents to use.
10. Will be retiled and renovated. 30th June 2015.
11. Laundry room is accessed out through smoking area as per previous inspections and staff use this point of entry as only other access point is now closed off from laundry room.
12. Modification will take place to improve the view. This will be completed by 30th June 15.
13. Sluice room Completed.
14. Layout of rooms changed to accommodate operation of equipment. Completed.

Proposed Timescale: 30/08/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The outcome of whether the complainant was satisfied with the outcome was not always documented.

19. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

Complaints will form part of the QMS improvement meeting. Complaints procedure has been reviewed and updated and record to be maintained.

Proposed Timescale: 22/04/2015