



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

Issued by the Chief Inspector

Name of designated centre:	Rochestown Nursing Home
Name of provider:	Brenda O'Brien
Address of centre:	Monastery Road, Rochestown, Cork
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0035928

About the designated centre

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

Rochestown Nursing Home is a residential centre registered to provide care to 23 dependent people over the age of 18. The premises is a single-storey detached building. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two shared rooms have en-suite facilities. There is one assisted bathroom and three assisted showers. The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting, providing views of the surrounding countryside. It provides long-term, short-term, convalescent and respite care. Residents with various levels of needs and dependencies are admitted to the centre including residents with dementia and acquired brain injuries. The centre provides 24-hour nursing care with nursing and care staff on duty at all times. Activity and care staff provide a wide range of social and recreational activities for residents. Residents' healthcare needs are met through good access to medical and allied health professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Thursday 24 March 2022	09:00hrs to 17:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

Residents who resided in Rochestown Nursing Home told inspectors that they were happy living in the centre. Overall, residents were very complimentary about the staff caring for them, stating that they were very kind and patient. Inspectors spoke with all residents throughout the day and with five residents in more detail.

Inspectors spent periods of time observing interactions between staff and residents and observing activities in the communal areas. In addition, inspectors had the opportunity to meet three visitors who praised the kindness and dedication of staff working in the centre. Residents and relatives said they were relieved that staff in the centre had coped well with the outbreak of COVID-19. Residents spoke positively with inspectors about how they spent their time in the centre and they were seen to be happily occupied throughout the inspection day.

Inspectors arrived unannounced to the centre and were met by a staff member who ensured that infection prevention and control procedures were followed. Following an opening meeting with the person in charge and the owner, who represented the provider, inspectors walked around the centre. On the day of inspection there were 21 residents living in the centre with two vacant beds. All residents were up and about. Inspectors observed that residents were well dressed. There was a busy atmosphere created by the buzz of the morning activity. A number of residents were seen to walk to the dining room for breakfast, the majority of them independently. Inspectors saw that breakfast was nicely presented and residents were chatting happily to each other and to staff while sitting in the dining room.

Residents spoken with told inspectors that they felt that their rights were respected. They confirmed that they were content with the new, improved visiting arrangements. One resident said that she loved taking part in the bingo and exercise classes and interacting with others in the sitting and dining room during the day. Three residents said they were really looking forward to the music session, which was planned for the afternoon. This was signposted on the daily activity board near the dining room. The musician, who visited weekly was a clear favourite and he was heard to create a great atmosphere amongst the group. He also encouraged residents to show off their singing voices and a few people went out dancing also. One man in particular, described by other residents as having "great dancing skills", asked the ladies out to dance on a number of occasions.

Residents spoke about the outbreak of COVID-19 and were delighted to have been well cared for by staff. Residents described the last few years as challenging especially during the periods when visits were restricted but they said they understood that staff were protecting them by continuing to wear masks. One new resident said she wanted to take her own medicine as she "had done at home" and go out "independently to the garden" as soon as she had settled in to the centre. The person in charge stated that she would be facilitated to maintain her independence.

Inspectors observed that staff used PPE (personal protective equipment, such as gowns, gloves and masks) appropriately throughout the inspection day and there was a plentiful supply of this in stock. The laundry room was not well maintained however and the available sinks used for hand washing were not in line with the recommendations set out for clinical hand wash sinks. These and other aspects of infection control management were discussed under Regulation 27, in the quality and safety dimension of this report.

The physical environment in the centre appeared clean and well maintained throughout. The staff member charged with cleaning the centre on the day of inspection was found to be knowledgeable and trained in use of the recommended products. She was seen to have a good supply of washable mop heads available to her to enable them to be changed frequently.

Residents spoke enthusiastically about the food provided to them at dinner time and told the inspector there was always an alternative choice available. Staff were observed to serve the food with care and the tables were laid out with small flowers arrangements. This gave a "homely touch" according to one resident. Another resident told the inspector that they required a specialised diet, and they had met with the chef to discuss meal options. The dining experience was described as "better than a restaurant". All agreed that the meals were "very well presented".

Overall, residents were very complementary about the staff and medical care stating that they were all "very good" and they felt safe with them. It was evident that a person centred ethos was established and staff were committed to the provision of good quality care. There was a warm and welcoming atmosphere in the nursing home and inspectors saw that interactions with residents were kind and supportive. It was apparent that staff knew the residents well and were familiar with each residents' daily routine and preferences. Residents called staff by name and were seen to appear confident in their presence. Visitors were plentiful throughout the day and they were seen to be appropriately risk assessed on entering the centre. They were observed to be welcomed with kindness by staff. Those spoken with praised staff, the management team and communication in general. One relative said that she was very happy with the communication with the nursing home team and felt her relative was well looked after in the centre.

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

Capacity and capability

Inspectors found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents, were well defined and clearly set out. The management team had been proactive in responding to findings on previous

inspections. While inspectors saw that the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. However, some improvements were required to ensure more effective oversight of the service, to address fire safety management, infection prevention and control issues, protection, care planning and medicines, which were highlighted in this report. The provider was required to take immediate action on the day to address deficits in fire safety management. The registered provider actively engaged in this process and the issues were immediately rectified, as outlined under Regulation 28 in the Quality and Safety dimension of the report.

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

Rochestown Nursing Home, set up in 1994, is operated by the owner as a sole trader. The owner of the centre was the registered provider. At the time of the inspection the overall day to day governance structure was well established. The owner attended the centre frequently, organised the activities and liaised with management staff and residents. The person in charge was knowledgeable of residents and the remit of the role. She was supported by an assistant person in charge, administration staff and a team of medical, nursing, healthcare, kitchen, household and maintenance staff.

The person in charge was the lead person for infection prevention and control in the centre. She informed inspectors that she had availed of expert advice on infection control from the public health team who audited and supported the centre in infection control processes during the outbreak of COVID-19. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place a number of controls to keep residents and staff safe. The majority of staff and residents had received COVID-19 vaccination and booster vaccination.

Overall, the staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents and staff had been assessed in the required competencies to fulfil their roles and duties. The staffing roster was made available to inspectors for review. Inspectors viewed the training matrix which indicated that staff had attended a range of online training and in-house training in, safeguarding, dementia care, manual handling and infection control among other appropriate subjects. Staff spoken with were knowledgeable and informed of the training content and the rights of residents. Staff files contained the required regulatory documents and all staff had the required garda vetting clearance in place prior to taking up employment in the centre.

There was an ongoing programme of maintenance and upkeep of the centre was attended to on a regular basis. A comprehensive annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents. A quality management system, which included reviews and audits, was in place to support the provision of a safe, effective and well monitored service. The recording and investigation of incidents and complaints were well managed.

Residents were aware of how to complain, they said they felt safe in the centre and identified who they would talk with if they had any concerns.

Copies of the appropriate standards and regulations for the sector were available to staff. Maintenance records were in place for equipment such as hoists, beds and fire safety equipment. A sample of records, policies and documentation required under Schedule 2, 3, 4 and 5 of the regulations were generally seen to be securely stored and retrievable for inspection purposes. Other findings to be addressed in relation to record keeping were highlighted under Regulation 21: Records.

The aforementioned aspects of the inspection relating to findings in the quality and safety of care were outlined in the second section of this report.

Regulation 14: Persons in charge

The person in charge was experienced in the position and fulfilled the regulatory requirements for a person in charge. She was supported by an assistant director of nursing (ADON) and a knowledgeable team. The person in charge worked full time in the centre and along with the ADON she supervised the provision of care, staff practices and training provision.

Judgment: Compliant

Regulation 15: Staffing

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

Staff and residents spoken with confirmed this.

On the day of inspection the majority of residents were assessed as having low needs and the centre was staffed accordingly.

There was a registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory and appropriate training had been delivered to staff.

This included training related to safeguarding, manual handling techniques, infection control practices, hand hygiene procedures and the wearing of personal protective equipment (PPE).

Staff retention was high and staff consultation meetings were held throughout the probation period.

Minutes of staff meetings were available for inspection purposes.

Judgment: Compliant

Regulation 21: Records

Not all records were adequately maintained:

- While written instructions for residents' medical care were stored on an additional electronic system, not all medical personnel used this system. As a result there were some residents' care plans which did not have a record of written instruction for treatment.
- The roster viewed did not identify the full name of each staff member on duty.
- Household staff were not identified as working as household staff at the weekends and the name of the staff member assigned to activities was not on the roster, even though the member of staff was in the centre.
- Policy folders required updating as they were not maintained in a manner which made the documents easy to access.
- A record of monies spent was available however receipts, were not always maintained.

Judgment: Substantially compliant

Regulation 23: Governance and management

On this inspection inspectors found that management systems were not sufficiently robust to ensure that the service provided was safe appropriate, consistent and effectively monitored.

This was evidenced by:

- Inspectors' findings that further supervision was required in relation to infection control processes and protocols as identified under Regulation 27 particularly in relation to the laundry room.
- The fire safety issues, such as incorrect and insufficient maps on display and a gap in a fire safe door.

- Care planning over two different systems, which posed a risk to the correct maintenance of residents' records.
- The maintenance of a complete roster and other records such as receipts where necessary.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of the residents' contracts seen did not specify the number of other occupants, if any, sharing a bedroom, as required under the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose set out the aims and ethos of the centre.

- It described how the care needs of residents were to be met as well as the provision of daily activities.
- The statement contained the complaints procedure and contact details for independent advocacy and the ombudsman for older people.

Judgment: Compliant

Regulation 31: Notification of incidents

Record of incidents were well maintained in the centre and there was oversight evident by the person in charge.

- Inspectors saw evidence that learning from incidents was applied to improve the quality of care.
- Based on a review of incidents inspectors were satisfied that regulatory notifications of specified incidents were submitted to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were infrequent and were generally well managed in the centre.

- There was a comprehensive complaints policy in place and the protocol was displayed at the entrance.
- Inspectors reviewed a sample of complaints and found that complaints were appropriately recorded and investigated. The satisfaction of the complainant or not was documented. Improvements were implemented where necessary.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were in place and updated on a three yearly basis, in line with regulatory requirements.

Inspectors viewed a sample of these and they were found to be up to date and referenced best evidence-based practice.

Judgment: Compliant

Quality and safety

Overall, residents in Rochestown Nursing Home were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their needs were being met through timely access to healthcare services and good opportunities for social engagement. Nonetheless, findings related to the quality and safety dimension of this inspection were that some improvements were required, in relation to care planning, personal possessions, medicine management, protection, infection control and fire safety.

The premises was generally well maintained, homely and comfortable. Communal rooms were laid out with sufficient seating and good sized TVs available. A number of single bedrooms were equipped with full en suite facilities while the remaining residents shared communal toilets and showers. Bedrooms were seen to be personalised and homely with furnishings, art work, photographs and soft furnishing brought from home. Staff were seen to knock on residents' doors prior to entering to attend to care needs.

Residents' records were maintained on a computer based system. Residents' needs were assessed using clinical assessment tools for skin integrity, nutrition, cognitive ability and falls. Care plans were developed to address the findings and to meet any

identified needs. Inspectors reviewed a sample of five care plans during this inspection. Care plans were found to required review however as there were two systems in use, as further highlighted under Regulation 5: Care planning and assessment.

The health of residents was promoted through ongoing medical review. Residents were reported to have good access to general practitioners (GPs). This was confirmed by residents who said that the medical care was good. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medicine reviews and pharmacy audits took place on a regular basis and these revealed good practice. Medicines were generally well managed in the centre and staff spoken with were knowledgeable of the medicines in use for individual residents. Staff signed for all medicines administered and there were prescriptions in place for nursing staff. Issues found in relation to medicine management were further discussed under Regulation 29 in this report.

Inspectors observed that residents were provided with a choice of nutritious meals at mealtimes. Meal appeared varied and wholesome. Food was seen to be served in an appetising and personal way. Residents had high praise for the meals and the chef stating that the chef spoke to them about their individual needs such as vegetarian and gluten free requirements.

The risk management policy included the regulatory, specified risks and a risk register was in place which included assessment of risks, such as risks related to residents' care and the controls in place to minimise risks of fall or absconsion. Fire fighting equipment was located throughout the building. Emergency exits were displayed and free of obstruction. Fire safety systems were supported by a fire safety policy. The fire safety alarm and extinguishers were serviced when required and records were available for inspection. Daily, weekly and three monthly fire safety checks were recorded. Fire evacuation drills were carried out and areas for improvement were recorded at each drill. The provider had arranged for new, corrected floor plans to be drawn up to easily identify the fire safe compartments for horizontal evacuation. Additional findings in relation to fire safety were outlined under Regulation 28.

Staff in the centre continued to monitor residents and staff for any indications of COVID-19 infection. The contingency plan and preparedness for the management of an outbreak of COVID-19 was seen to be a comprehensive document. The Health Information and Quality Authority (HIQA) COVID-19 preparedness assessment framework on infection control was seen to be in use to risk assess the centre's practices three monthly, as required. Nonetheless, the inspector found that a number of improvements were required in infection prevention and control processes which were highlighted under Regulation 27.

Activity provision was central to the daily experience of residents. Residents were seen to have access to radios, television, personal phones and daily papers. Bingo, music sessions, quiz, exercising, dancing, 'Sonas' (activating communication through the senses) and tea parties formed part of the interesting and varied activity

programmes. Residents spoke with inspectors about how much they enjoyed the sessions and were seen to actively participate on the day of inspection. They particularly enjoyed the external activities such as gardening and walking outside. The community was very supportive and had sent in cards during any time that visits were restricted. A local preschool in particular was singled out for providing lovely inter-generational contact by bring the small children to perform concerns in the residents' garden on fine days. Residents' meetings were held three monthly which provided opportunities for residents to express their opinion on various aspects of care and their concerns about the COVID-19 virus. Staff said that efforts had been made to allow visits in exceptional cases at all times, such as for those at the end of life. As regards current arrangements each resident had been afforded a choice of nominated visitor who would have access daily to the resident even in the event of an outbreak, once the required precautions were followed. Mass was facilitated monthly in the centre and by video link to the local church.

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

Regulation 11: Visits

New protocols were set up for visiting in line with the current national guidelines. As restrictions were now more relaxed visitors had access to residents' bedrooms for individual visits and residents were enabled to go out with their relatives. Visitors were seen to wear appropriate PPE. Relatives signed in and out to the visitors' log available in the centre.

Judgment: Compliant

Regulation 17: Premises

The premises were subject to ongoing upkeep both internal and external.

- Renovations had been undertaken since the previous inspection including new flooring in the kitchen, internal and external painting and garden landscaping.
- The communal areas included a dining room, a small room for visitors, two sitting rooms, and an enclosed external patio area.
- Bedroom accommodation was laid out as follows, three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two of the twin rooms had full en-suite facilities.
- There was one assisted bathroom and three assisted showers shared by the

remaining residents.

Judgment: Compliant

Regulation 26: Risk management

Risk was comprehensively managed:

- A COVID-19 risk register was maintained along with individual clinical and non-clinical risk assessments.
- The health and safety statement had been updated and an emergency incident management policy was in place.
- The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.
- Risk assessments and controls were set out in individual residents' file related to COVID-19 and for example for any resident at risk of falls.

Judgment: Compliant

Regulation 27: Infection control

There were a number of issues identified that required action to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff.

- Hand washing sinks separate from those in residents' bedrooms or toilet areas were not available for use by staff and visitors. The hand hygiene sinks in use did not comply with current recommended specifications for clinical hand wash sinks as set out in document HBN-09 Infection control in the built environment (DoH 2013).
- The external laundry room was not clean and was cluttered with unused items and black bags of items were seen on top of cupboards: there was a dirty trolley in the room which had supplies of paper towels and other items on it. There was an accumulation of dust found in the bottom of one roll of paper towel on the bottom of the trolley.
- Clean laundry returned from an external laundry was seen in a bag on the floor of this room.
- Dust was noted on top of fire extinguishers and on pipes.

There were a number of items seen which required repair to enable effective cleaning:

For example:

- Rust was seen on the legs of two bed tables and on the base of the hoist.
- The top surface of two bed tables was worn at the edges.
- Pressure relieving cushions and a foot stool were found to have small tears on the covers.
- The worktop in the household/janitorial room required replacement due to broken, chipped edges. (This was a repeat finding).

Judgment: Substantially compliant

Regulation 28: Fire precautions

Findings in relation to fire safety management included:

- There were insufficient maps on display in the centre to enable staff or others to identify the fire exits and the general layout for fire evacuation purposes.

These were in place before the end of the inspection day.

- One map seen was incorrect: it indicated that a doorway existed in one section of the home when that doorway was no longer in existence and a wall had been built there.
- There was a gap found in the surround of one fire safe door.

These issues were addressed on the day of inspection. However additional oversight of fire safety was required and additional training was required to include compartment identification.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were some issues to be addressed in relation to medicine management:

- Medicines no longer in use had not all been returned to pharmacy, as required by the regulation. These involved medicines brought in from home by a new resident. This presented a risk as it meant that there were now two supplies of medicines in stock for that resident.
- A medically prescribed ointment was kept in the drawer of a bedside locker rather than being stored on the medicine trolley.
- Not all medicines, which were being crushed for residents due to a specific need, were signed by the prescriber to be administered in a crushed form.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were not comprehensively maintained at the time of this inspection as follows:

- A new electronic system was being trialled to replace the existing electronic care planning system.
- This meant that comprehensive assessment was not supported as some care plans were still stored on the original system and had to be accessed on both systems to give a complete picture of each resident's needs and care.
- A number of the newer care plans were brief and did not provide sufficient guidance and detail as to how the resident's care needs were to be met.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to avail of nursing and medical care appropriate to their needs.

The GP attended regularly and the pharmacist ensured that medicines were provided as required.

The chiropodist and dentist were accessed by residents.

There were currently no residents in the centre who were assessed as at risk of malnutrition.

Residents were generally mobile, however, if a resident required a physiotherapist this referral would be made, or alternatively a private appointment would be arranged.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were aware of the needs of residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical

environment).

- A review of a number of these care plans indicated that residents had behavioural support plans in place, which identified potential triggers for behaviour escalation and any actions and therapies that best supported the resident.
- Residents had access to consultant psychiatry services also.
- There were no bedrails or other restraints in use in the centre.

Judgment: Compliant

Regulation 8: Protection

Receipts were not maintained for all monies spent on behalf of residents.

As a result of the failure to maintain accurate receipts of monies spent inspectors found that the management of residents' finances was not sufficiently robust to protect the residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents rights and wishes were found to be promoted in the centre:

- Minutes of residents' meetings indicated that residents were made aware of any changes in the centre and were included in decisions made. Residents indicated by their comments that their rights were respected and they were aware that an advocacy service was accessible to them.
- Staff and residents assured inspectors that choices were respected in relation to visits, meals, bedtimes and access to external gardens. For example, inspectors saw that residents moved freely around the centre, some got up for breakfast and others dined in their bedroom.
- Two new larger TVs had been purchased for multi occupancy bedrooms since the previous inspection.
- The hairdresser and the chiropodist visited on a regular basis and these visits were documented.
- Activity provision continued throughout the pandemic restrictions, to ensure residents' social and communication needs were met and supported. Documentation seen by inspectors supported this.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors found that clothes for one resident were stored in a gym bag in the external laundry room instead in a suitable internal storage area.

In addition, the use of a black marker for marking personal clothes was not suitable and the markings had begun to fade with repeated washing.

Judgment: Substantially 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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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	Substantially compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0035928

Date of inspection: 24/03/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: As referenced in regulation 5 a new electronic system is installed and updated with all relevant information and the care plan is completed on this new system. A comprehensive assessment of residents personal and social care needs that identifies the specific supports necessary for that person to maximize their quality of life. This assessment is completed by an appropriately qualified healthcare professional and reviewed every 4 months and audited by PIC. Completed New roster implemented to identify the full name of each staff member on duty.01-04-22 All staff will be identified and assigned to their duties on the roster. 01-04-22 The Registered Provider shall ensure that the policy folder will be maintained in a manner which makes the documents easy to access. Completed Receipts will be maintained for all purchases even when they are purchased in the weekly shop the receipt will be highlighted with the cost of the purchase and placed with monthly invoice for the resident. Completed</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider shall ensure that the management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Laundry room cleaned out and painted. 04-04-22 Correct Fire maps displayed on walls. 25-04-22 New fire door to be made and fitted. 31-05-22</p>	

Complete roster and receipts maintained. 01-04-22	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contract for the provision of services will specify the number of occupants if any , sharing a bedroom. 01-04-22	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: New mobile hand washing sink to be purchased for use by staff and visitors. 31-05-22 Laundry will be placed on the countertop on return from laundry service 25-03-22 . Dust on fire extinguisher cleaned and regular housekeeping audits to be completed. New bed tables to be purchased 30-06-22 Worn cushion and foot stool removed and discarded 25-03-22. New worktop to be fitted 30-06-22	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Maps put in place on day of inspection. Fire training on compartment identification and fire drill completed and documentation sent to inspection team on completion. 28-03-22	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC returned the unused medication to pharmacy which was brought by new resident at the time of admission and procedure in place for the handling and disposal of unused medicine. Completed. A medically prescribed ointment was removed from the bedside locker and stored in the medication trolley and PIC informed to all nurses on duty to follow same and these practices were observed and monitored regularly by PIC. Completed. All medicines which were crushed for residents signed by the prescriber and administered in crushed form. Completed.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A new electronic system is installed and updated with all relevant information and the care plan is completed on new system. A comprehensive assessment of residents personal and social care needs that identifies the specific supports necessary for that person to maximize their quality of life. This assessment is completed by an appropriately qualified healthcare professional and reviewed every 4 months and audited by PIC. Completed</p>	
<p>Regulation 8: Protection</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Receipts to be maintained for all purchases even if purchases are made in weekly shop, items will be highlighted and placed with the residents monthly invoice . 01-04-22</p>	
<p>Regulation 12: Personal possessions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p>	

Families to clearly mark resident's clothes on admission

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	01/04/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/04/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/05/2022

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	01/04/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	28/03/2022

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/05/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	25/03/2022
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and	Substantially Compliant	Yellow	28/03/2022

	disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
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	05/05/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/04/2022