



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

Issued by the Chief Inspector

Name of designated centre:	Foxrock Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Westminster Road, Foxrock, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0005238
Fieldwork ID:	MON-0037964

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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
Wednesday 21 September 2022	09:10hrs to 17:00hrs	Margaret Keaveney	Lead

What residents told us and what inspectors observed

From the inspectors' observations and from what residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre. Feedback from residents and visitors, who the inspector spoke with, was that the staff were gentle and caring, and that residents' choices were respected.

On arrival to the centre, the inspector was met by the receptionist, who ensured that temperatures were checked, hand hygiene was completed and masks were worn on entry to the centre.

Following a short opening meeting, the person in charge accompanied the inspector on a tour of the premises. The inspector observed many residents were up and dressed, and mobilising freely around the centre. Many were observed to meet and socialise with each other in one of the two main communal day rooms for refreshments and the newspapers which were available. One day room was discreetly allocated for quiet time with an aromatherapy diffuser and soft background music playing, while in the other day room more lively socialising and chat was encouraged. Some residents were also observed to attend the hairdresser, who visited the centre once weekly. Residents appeared to be well-groomed, and content and comfortable in their surroundings.

The centre is set out over four levels, with access between levels via a lift or stairs. Residents were accommodated in 36 single and five twin occupancy bedrooms, all of which were ensuite. There were two large, comfortably furnished day rooms, a large bright dining room and a conservatory set out with seating and a small library for residents' enjoyment and relaxation. There was clear written directional signage throughout the centre to assist residents in orienting to communal areas, their bedrooms and the garden. Hand rails and seating were in place in corridors to promote resident's movement and independence.

Bedrooms were clean, warm and comfortable, with large windows that afforded residents pleasant views of their surrounding area. The bedroom storage provided adequate wardrobe and drawer space for residents to store their clothes and personal possessions, and lockable storage space was available for each resident if they wished to use it. The inspector observed that many residents had personalised their bedroom space with pictures, photographs and soft furnishings to reflect their life and interests. Residents in single bedrooms enjoyed good space and privacy, in which to relax. Many residents told the inspector that they were very satisfied with their bedroom accommodation. However, some residents in twin occupancy bedrooms were not afforded adequate space in which to complete their personal activities and relax in private. This is further discussed later in this report.

Residents had easy access, via a wide ramp, to a well-cared for and enclosed garden from the conservatory. The garden was accessible for wheelchair users with wide paths throughout. There was a covered gazebo area and suitable garden

furniture for residents to sit and enjoy the mature trees, flower beds and weather. Many residents and their visitors were seen to relax in the garden during the inspection, while other residents were seen to enjoy the garden for exercise.

Throughout the day, the atmosphere in the centre was relaxed and calm, and it was evident that staff knew the residents' needs and particular behaviours well. The inspector observed gentle, patient and courteous resident and staff interactions throughout the day. Staff were observed to communicate with residents in a kind manner that took account of resident's capabilities. The inspector spoke in detail with nine residents, in order to establish their experiences of living in Foxrock Nursing Home. All of the residents who spoken with were complimentary of the staff. Residents described them as "very kind" and "the best".

Residents were offered frequent drinks and snacks throughout the day and the inspector observed staff offering discreet assistance to residents where required. The lunchtime meal was seen to be a social occasion with most residents dining in groups of three. A menu for the day was displayed on each dining table and offered a choice of all courses at both lunch and tea. The menu also provided information on the 'highlight of the day' activity. Residents were very complimentary of the food offered, and those spoken with stated that the "food is always tasty and there is plenty of it". Residents' menu preferences were sought by the chef through the resident meetings, which were chaired by the activities co-ordinator.

A programme of varied activities was in place for residents and the activities schedule was displayed throughout the centre, with balloon volley ball, live music provided by staff, exercise classes, flower arranging and art classes on offer to residents. Many of the residents to whom the inspector spoke with said that they enjoyed the activities available throughout the week, in particular the live music and exercise classes. The activities co-ordinator and other staff also arranged external outings for residents to areas or events of interest to them. Some residents had recently attended a concert in the National Concert Hall, while others had attended a dementia friendly occasion in a local library. The inspector was also informed that a 'Foxrock got talent' afternoon was planned, at which both residents and staff would perform and showcase their talents. Halloween festivities were also planned, with residents and staff dressing up for the occasion and prizes for the best costume. The inspector also saw photographs of residents partaking in the 'Foxrock Summer Olympics' during which residents had enjoyed team games and a barbeque in the garden.

The inspector saw that residents' spiritual needs were met through attendance at Mass streamed into the day rooms. Residents were also visited by members of the clergy when they wished.

The inspector observed many visits taking place during the inspection, and spoke with three visitors who were all satisfied with the care provided by the staff to their loved one. They described the staff as "lovely" and "a fantastic support". One visitor stated that since admission their loved one was much more relaxed and that they enjoyed the structure and routine of life in the centre.

On the day of the inspection, there were a small number of residents with a suspected diagnosis of COVID-19. The inspector saw that these residents were isolating in their bedrooms, with appropriate signage and a personal protective equipment (PPE) station in place at the bedroom entrances. Staff were observed to wear appropriate PPE when attending to the needs of these residents.

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

Capacity and capability

Residents were provided with safe care and services, by a management and staff team, who were focused on improving residents overall wellbeing while living in the centre. There were effective management structures in place that ensured safe, sustainable care was monitored and implemented. However, the registered provider had not provided residents in multi-occupancy bedrooms adequate space in which to complete their activities in private. This is further discussed later in the report.

Foxrock Nursing Home is operated by Costern Unlimited Company who is the registered provider. The inspector observed, and the person in charge verified, that the registered provider had provided sufficient resources to the centre in terms of staffing, equipment and facilities arrangements. The person in charge was assisted in their role by a clinical nurse manager, a household supervisor, an activities co-ordinator, a team of nurses and healthcare assistants and a catering and domestic team.

The nurse management team used a suite of audit tools to monitor the care and service delivered to residents. For example, monthly audits on falls, wounds, restraints and care planning were completed, reviewed and used to develop quality improvement plans that enhanced the service delivered to residents. The person in charge was well supported to oversee the centre's clinical care by the Clinical Operations Manager and the registered provider, and met regularly with them through management meetings and committees, discuss all aspects of the service provided to residents. For example, the senior management team met fortnightly at a Clinical Governance meeting, to discuss all aspects of resident's care. The meeting agenda also included complaints and feedback received from residents and their representatives, recent incidents and accidents in the centre and updates on the facilities. Department heads also attended a monthly infection prevention and control meeting, at which measures to minimise the spread of infection in the centre were discussed.

The inspector reviewed the annual review of the service for 2021, and saw that some quality improvement initiatives planned for 2022 had already been completed. For example, a Health Promotion board was now in place that focused monthly on a particular aspect of residents' health, such as regular movement or hydration. There

was good evidence of consultation with residents and their representatives through monthly residents' meetings and frequent surveys.

The registered provider had resourced the designated centre with an appropriate number and skill mix of staff, to support the residents' assessed needs. A minimum of one nurse was rostered both day and night. There was a sufficient number of domestic staff available across the week, and activities staff were rostered Monday to Friday with care staff leading activities over the weekend.

There were arrangements in place for staff to access mandatory training. The staff training matrix indicated that all staff were up to date with their mandatory training, and that staff had access to supplementary training relevant to their roles. For example, all nurses had completed training in medication management, end of life care and dementia care. While all staff had completed infection prevention and control training in the previous 12 months.

The inspector reviewed three contracts for the provision of services and found that two clearly outlined the terms and conditions of the residents' residency and also contained details of the fees to be charged for additional services. However, one contract did not accurately outline the terms and conditions of the residents' residency in the designated centre.

The inspector reviewed a sample of Schedule 2 records which were available for inspection when requested. These records were each maintained in line with the regulations and were kept safe within the designated centre. The certificate of insurance was prominently displayed within the centre. The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

Documentation on any incidents which were notifiable under the regulations had been submitted to the office of the Chief Inspector within the required time-frame. Quarterly notification reports were discussed with the person in charge on the day of the inspection, to ensure that all notifications were submitted as required.

Regulation 15: Staffing

There were an appropriate number and skill-mix of staff to meet the assessed needs of residents, and the design and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Records showed that mandatory training had been delivered to all staff. This

included training in safeguarding vulnerable adults from abuse, manual handling and fire safety. In addition, staff also had access to supplementary training on infection prevention and control.

Staff were appropriately supervised and supported to perform their respective roles, through a comprehensive induction programme and annual appraisal system.

Judgment: Compliant

Regulation 21: Records

Records required under Schedules 2 were maintained in line with the regulation, stored safely and were accessible on request.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents' against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined management structure in place that clearly identified the lines of authority and accountability.

There were effective management systems in place which monitored all aspects of the service provided to residents, such as the clinical care, the dining experience and incidents and accidents.

A comprehensive annual review of the service for 2021 was available to residents and their representatives.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed one contract on the provision of services and found that it did not clearly set out the terms and conditions of the resident's residency in the centre. For example, the contract did not specify the details of the fees payable by the resident for the service, or any details relating to additional charges and fees payable by them.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Documentation on any incidents set out in the regulations had been submitted to the office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. However, the inspector observed that, with the current room configurations, many residents in multi-occupancy bedrooms were not provided with adequate floor space in which to complete their activities with privacy and dignity.

Residents' needs were assessed prior admission to the centre and again on admission. The assessment process used validated tools to assess each resident's dependency level and their clinical risk areas, for example the risk of malnutrition, falls risk and their skin integrity. The information obtained was used to develop person-centred care plans that reflected the residents' individual care needs and preferences. The inspector reviewed a range of care plans for five residents, and found them to be detailed and personalised, which allowed staff to provide appropriate support to the residents. There was also evidence of consultation between the residents, or where appropriate their representatives, and the care team.

Residents had access to a GP who attended the nursing home weekly, or to their own GP. Residents had access to a range of specialists such as physiotherapy, speech and language therapy and the tissue viability nurse. They were referred promptly when required. Any recommendations from health and social care professionals were included in the residents' care plans.

A review of two resident's records showed that when a resident was temporarily

discharged from the designated centre, all relevant information about the resident was provided to the receiving hospital to ensure the safe transition of the resident. The records also showed that when the resident was discharged back to the designated centre, relevant information about the resident was obtained from the hospital.

Residents were observed to receive visitors throughout the day of inspection. Visits took place in resident's bedrooms and in the garden. The inspector was informed that there was a private seating area at the end of a corridor where residents in multi-occupancy bedrooms could receive their visitors if they chose. All visitors to the centre completed appropriate infection prevention and control measures, and visitors and residents who spoke to inspectors reported they were satisfied with the unrestricted visiting arrangements in place.

Overall the premises was in a good state of repair and met the needs of residents. However, the inspector reviewed the configuration of residents' personal space in five multi-occupancy bedrooms and found that the current configuration afforded many residents in these bedrooms less than 7.4m² floor place in which to complete their personal care in private or to simply have quiet time in their own space. This was discussed with the registered provider's management team on the day of the inspection, and is further discussed under regulation 17: Premises below.

Regulation 11: Visits

The registered provider had suitable arrangements in place for residents to receive visitors. There were no restrictions on residents receiving visitors, and visits could take place in private in resident's bedrooms or other areas of the designated centre.

Judgment: Compliant

Regulation 17: Premises

The inspector observed that the configuration of some multi-occupancy rooms meant that not all residents had access to sufficient floor space.

- A number of resident's bed spaces available were not sufficient to afford the resident adequate space and privacy to attend to personal activities such as dressing.
- A number of residents did not have a chair beside their bed, for use when getting dressed in private or to simply sit and have quiet time in their own space. For a number of these residents it was not clear where a chair could be located so that it did not block access to their bed or their locker.
- The configuration of two bed spaces did not allow for the residents to have a locker beside their bed, meaning that these residents could not have easy

access to personal items that would normally be stored in a locker and so would have to get out of bed or seek assistance to access such items.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of two resident's records showed that residents were temporarily discharged from the designated centre in a planned and safe manner, with all relevant information about the resident provided to and obtained from the receiving hospital.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and observed that they were person-centred, detailed and updated as a resident's condition changed and in line with regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical and allied health care services and were supported, where possible, to retain the services of their preferred general practitioner (GP).

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Foxrock Nursing Home OSV-0005238

Inspection ID: MON-0037964

Date of inspection: 21/09/2022

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The PIC will ensure the Contract of Care issued to all residents clearly represents the services of the nursing home and in the event of any changes which may occur during the residents stay it will be amended accordingly.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The shared room spaces have been reviewed and been reconfigured to allow personal space and easy access to personal belongings. The shared space in the twin rooms in Foxrock (regulation 17) allows each resident the 7.4m with their personal belongings accessible in line with the guidance.</p>	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/11/2022
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	21/10/2022