

Health Information and Quality Authority  
Social Services Inspectorate

Registration Inspection report  
Designated Centres under Health Act  
2007



<b>Centre name:</b>	The Rock Community Nursing Home
<b>Centre ID:</b>	623
<b>Centre address:</b>	Ballyshannon
	County Donegal
<b>Telephone number:</b>	07198 51303
<b>Email address:</b>	melissa.currid@hse.ie
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered provider:</b>	HSE
<b>Person authorised to act on behalf of the provider:</b>	Kieran Doherty
<b>Person in charge:</b>	Melissa Currid
<b>Date of inspection:</b>	22 and 23 June 2011
<b>Time inspection took place:</b>	<b>Day 1 Start:</b> 10.00 <b>Completion:</b> 18.00 <b>Day 2 Start:</b> 10.00 <b>Completion:</b> 18.00
<b>Lead inspector:</b>	Damien Woods
<b>Support inspector(s):</b>	Jude O'Neill /Geraldine Jolley
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on [www.hiqa.ie](http://www.hiqa.ie) in keeping with the Authority's values of openness and transparency.

## About the centre

### Location of centre and description of services and premises

The centre is located in an old hospital and became a dedicated older person's centre in 2004. It is located on a hill overlooking Ballyshannon about a half mile from the town centre. It is laid out over two floors with administration offices, an oratory and meeting room on the first floor of the older section of the building. The ground floor contains bedrooms, single and multiple occupancy, dining room and day spaces for residents.

<b>Date centre was first established:</b>			2004	
<b>Number of residents on the date of inspection:</b>			22	
<b>Number of vacancies on the date of inspection:</b>			0	
<b>Dependency level of current residents:</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	14	4	2	2
<b>Gender of residents</b>			<b>Male</b> (✓)	<b>Female</b> (✓)
			9	13

### Management structure

The designated provider on behalf of the HSE is Kieran Doherty who is the general manager of HSE PCCC for Donegal.

He is assisted by Gwen Mooney who is acting service manager for older persons services in Donegal. The Person in Charge / Director of Nursing is Melissa Currid and she reports to HSE local management as outlined above. She is assisted by Clinical Nurse Manager II Clare Harte and a Clinical Nurse Manager I, Teresa Larkin. All staff in the centre report to them.

**Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over the inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Separate fit person interviews were carried out with the provider and the person in charge, both of whom had completed the Fit Person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

The centre is a homely and welcoming. It has close links with the community and these were evident on the day of inspection. Residents were very happy with the standard of care afforded them and expressed to the inspectors their satisfaction with the centre in very positive terms in both questionnaires and on speaking with them.

The building itself is old but the challenges posed by this are managed well by staff. The centre delivers on its statement of purpose and there is a commitment evident to ensure that all residents are engaged in the life of the centre. There is a high standard of evidence based nursing care afforded and all ancillary health care needs are met either on site or at nearby health centres.

The centre is substantially compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 in respect of the lives of residents in the centre. However, there are some challenges posed to compliance on an ongoing and future basis by the physical environment. The action plan from the previous inspection of 5 August 2010 was found to be completed in a satisfactory manner with the exception of some requirements in respect of the physical environment.

**Section 50 (1) (b) of the Health Act 2007**

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

## **1. Statement of purpose and quality management**

### **Outcome 1**

*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.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

### **Inspection findings**

The statement of purpose is clear, well laid out and accurately describes the centre and services provided. It follows the schedule and is in keeping with the standard and regulation. Its ethos, services and aspirations were reflected in the centre's daily activities for and care of residents. It a concise document that allows the reader readily access the relevant information in respect of the contents.

### **Outcome 2**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

#### **References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

### **Inspection findings**

The inspection found residents had a good quality of life in the centre. All the staff were familiar with the residents and their particular needs and requirements. There were appropriate systems in place to ensure changing needs were addressed and met.

All care and health records are recorded electronically in the centre on a central HSE system. The health and safety policy was derived from a standard issue HSE policy and was up to date. There were continuous reviews of practice in the centre, overseen by the Person in Charge.

### **Outcome 3**

*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.*

#### **References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

## Inspection findings

The centre has a clear and documented complaints policy. It is on display at the entrance and is available also in the resident's handbook. A review of documented issues showed that there was a clear reporting and reviewing system if an issue arose. The local health office has a consumer affairs section that can review complaints if required.

Relatives and residents spoken with on the day of inspection said they never had any difficulty raising an issue with staff in the centre.

## **2. Safeguarding and safety**

### **Outcome 4**

*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.*

#### **References:**

Regulation 6: General Welfare and Protection  
Standard 8: Protection  
Standard 9: The Resident's Finances

## Inspection findings

All staff had undergone mandatory training in the prevention and detection of elder abuse. There was a clear understanding and knowledge shown by staff spoken to by inspectors of what they would be looking for in cases of suspected abuse and how to report same. Residents said to the inspector that they felt safe and secure in the centre and this was reflected in the questionnaires returned by them

Finances of residents are managed in accordance with HSE procedures and are fully recorded and accounted for in accordance with same.

### **Outcome 5**

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

#### **References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

## Inspection findings

The action required from the previous inspection in relation to the provision of risk management policy has been complied with. Similarly, the immediate issues in relation to fire safety had been addressed. The centre follows local HSE policy in respect of health and safety and related issues. There was regular fire safety checks, equipment maintenance and drills carried out in the centre. All assistive equipment is serviced regularly. This was documented and recorded in the centre.

All staff spoken to were clear about how to evacuate or secure residents in the event of fire. An emergency plan was in place in the eventuality that residents needed to be evacuated. However, there was no appropriate fire certification for the building at the time of inspection.

Residents at risk of falls were referred to the falls clinic at the Shiel hospital for assessment and assistance. However, trip hazards such as defective flooring in corridors had not been addressed. There were management systems in place to assess and mitigate risk including staff meetings and advisory notices as required. All mandatory training in areas such as moving and handling was completed by relevant staff on an ongoing basis. There were in place standard and appropriate measures for infection control including disinfecting hand gels at the entrance to the centre and rooms. The smoking room was noted to be suitably ventilated to the external air by mechanical means. Staff had data sheets available for chemicals used for cleaning and disinfection purposes.

### Outcome 6

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

## Inspection findings

A comprehensive policy on medication management, which included ordering, prescribing, storing and administration of medication, was available.

The inspector found that the processes in place for the handling of medicines, were safe, secure and in accordance with professional guidelines and legislation. Resident photos were present on the administration records. It was noted on records checked that GPs had reviewed the medication of residents when required and at least on three monthly basis. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector observed the administration of medication post lunch and was satisfied that it was in accordance with good practice.

### **3. Health and social care needs**

#### **Outcome 7**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

#### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

#### **Inspection findings**

Care planning is completed for each resident in consultation with them and relatives. It is inputted in to a computerised system and relevant aspects of the plan are flagged by this system for review as required. The system is used throughout the North West region of the HSE. The inspector was taken through the system by one of the clinical nurse managers and each aspect of the assessments conducted was explained. The system records any assessments such as falls, MUST for malnutrition or Barthels for dependency. It can be interrogated to provide relevant information and records for the resident as required. It allows a detailed and comprehensive care plan to be completed and implemented.

The inspector found that consent and challenging behaviours were well dealt with in the centre and in accordance with stated policies and procedures. The residents have access to a choice of GP and there is out of hours cover provided by the local GP co-operative scheme. There was evidence of GPs input on the care plans examined and in respect of medication reviews. Ancillary health services such as physiotherapy and occupational therapy are provided at the Shiel Community Hospital which is located in the same town. Admissions to the centre are also made via initial assessment at the Shiel. Chiropody services and social work services attend the centre.

Overall, the inspector was satisfied that there is a high standard of care provided to all residents in the centre and that nursing and ancillary care is delivered to a high standard.

### **Outcome 8**

*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.*

#### **References:**

Regulation 14: End of Life Care

Standard 16: End of Life Care

### **Inspection findings**

The person in charge detailed to the inspector how end of life care was delivered and facilitated in the centre. A single room is provided if requested and families are facilitated to spend time with their relative. The centre can cater for the palliative needs of resident if required in conjunction with the local hospice service. As with day to day living in the centre, resident's religious beliefs are catered for at end of life

During the inspection, the son of a former resident who died in the centre spoke to the inspector. He said he was comforted and helped by staff in the centre at the time of his fathers passing. He still visits the centre regularly and helps out when he can with fundraising and events.

### **Outcome 9**

*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.*

#### **References:**

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

### **Inspection findings**

All food in the centre is prepared onsite in the centres kitchen. There is a choice of main course provided at lunch. The inspector spoke with catering staff that were fully conversant with resident's special dietary requirements and needs. The most recent environmental health officer report indicated no issues with the practice in the centre in relation to food hygiene. Catering staff and multi task attendants had completed relevant food hygiene training.

Residents spoken with were happy with the choice and quality of food on offer at the centre. The lunchtime dining was observed by the inspector to be unhurried and relaxed. Residents who required help were assisted respectfully and patiently.

Residents could access water and juice throughout the common areas and tea/coffee was available throughout the day for residents and visitors. Some residents participate in baking cakes as part of the centres activities programme and the results are enjoyed by staff and residents. The food prepared for residents appeared to the inspector to be wholesome and nutritious. A dietician is available to residents and the centre through the local HSE community services. A MUST tool is used to assess residents who may be at risk from poor nutrition.

#### **4. Respecting and involving residents**

##### **Outcome 10**

*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.*

##### **References:**

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

#### **Inspection findings**

There is a new clear and comprehensive standard contract for care provided for all residents. It details all aspects as required under regulation and is written in an understandable format. This new contract was being signed with residents at the time of inspection. There are some issues with the new contract including a denial of liability in respect of insurance of personal possessions brought into the centre which is not in accordance with the regulations.

The residents guide is similarly clear and readable and details all relevant aspects of daily life, activities and services in the centre. Complaints policy is clearly on display on entry to the centre and in the residents guide.

##### **Outcome 11**

*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.*

##### **References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

## Inspection findings

A monthly residents' focus group is held in the centre. Issues in respect of day to day life in the centre and activities are discussed at this meeting. Relatives are encouraged to speak to staff about any issues they may have. The centre has an open door policy for visitors and a number of relatives and other local people were noted coming and going from the centre on the day of inspection. Staff were on first name terms with these visitors and there was a good rapport between them. There are regular visits by local musicians to entertain the residents.

The multi occupancy rooms have appropriate screening in place to ensure privacy while care is administered. The toilets and bathrooms have locks to ensure privacy. There are notices placed on rooms when care is being attended to ensure privacy. Staff were observed to knock before entering rooms and enquire when passing through multiple occupancy rooms if it was ok to do so.

Resident religious needs are met by visits and services being provided by all faiths. There is an oratory in the centre for roman catholic services and mass is said weekly. Independence is promoted and some residents go out to local community groups and activities on a weekly basis. The residents are facilitated to vote in elections by use of special voter arrangement with the local council.

### **Outcome 12**

*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.*

### **References:**

Regulation 7: Residents' Personal Property and Possessions  
Regulation 13: Clothing  
Standard 4: Privacy and Dignity  
Standard 17: Autonomy and Independence

## Inspection findings

Residents expressed satisfaction with the laundry service provided by the centre and there were no current issues identified in respect of lost or missing clothing. Residents have clothing marked appropriately. There is minimal storage for personal belongings in the centre and in particular in multi occupancy rooms. Small personal wardrobes and lockers are available. Residents in single room have more personal possessions and items such as pictures to personalise their living space. There is a separate small meeting/living room available for residents to meet visitors in private if they need or wish to do. Patients property records needed updating as some had not been updated since admission.

## **5. Suitable staffing**

### **Outcome 13**

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

#### **References:**

Regulation 15: Person in Charge  
Standard 27: Operational Management

### **Inspection findings**

The Person in Charge was found to be competent, professional and skilled in their work. She demonstrated to inspectors both in her fit person interview and during inspection that she was aware of her duty to residents to ensure they were safe and well cared for. She has the required qualifications and experience for the post. She has commitment that was evidenced through the interview and inspection to the provision of the highest standards of care to those in her charge.

The person in charge was able to clearly inform the inspector of all aspects of the daily life of the centre and the resident. She could detail care needs and dependencies for each without reference to file notes. She was knowledgeable about all aspects of the resident's lives. She also encouraged and supported staff in a positive manner, which was confirmed by them. While on inspection her interaction with relatives and visitors was observed to be friendly and engaging.

### **Outcome 14**

*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.*

#### **References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

### **Inspection findings**

There are adequate staffing arrangements in place for day time hours in the centre. The centre is staffed by nursing and multi task care attendants. The level of staffing

at night, given the layout of the centre, may require revision depending on residents' dependencies and needs. At present only one nurse and one care attendant are rostered to be in the centre from 8pm to 8am. The person in charge advised that an additional staff member can be rostered if the need arises due to end of life care for example. Staff are primarily rostered on 12 hour shifts but 2 healthcare assistants work a shorter shift each day from 7.45-16.45. One of these works as the activities person in the centre.

All staff have completed mandatory training in elder abuse, manual handling and fire safety. Nursing and care staff had attended additional training in areas such as end of life care, challenging behaviour and dementia care in the months before inspection. The majority of care staff have completed FETAC level 5 training.

Supervision of staff is by the person in charge and clinical nurse managers. It was notable that there was a positive working environment in the centre and all staff were happy to discuss their duties and roles with the inspector. Many of the staff have been in the centre for a number of years and explained to the inspector how content they were to be working there. All staff spoken to evidenced a good knowledge of the regulations and standards and their responsibilities.

Recruitment of staff if required is by central HSE recruitment. There were individual copies of staff files held in the centre but some checked did not contain all required documentation. The person in charge was aware of the recruitment policies and practices as they applied to the centre. All review of staff performance was governed by standard HSE practices and procedures. All nursing staff had up to date registrations and accompanying PIN numbers.

## **6. Safe and suitable premises**

### **Outcome 15**

*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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

## **Inspection findings**

The centre has a welcoming entrance with a glass lined corridor leading to the dining/living areas. These are tastefully furnished and have a homely feel. All accommodation is provided at ground floor level in a selection of single, double and multi occupancy rooms. There are adequate bathroom and toilet facilities in the centre for the residents. There is pleasant dining room and living rooms for residents. The glass fronted walk way at the front of the building has seating areas

and there is an enclosed garden to the rear of the centre. Residents grow vegetables in this area and a barbeque was to be held the following weekend

However, the centre presents significant, though not insurmountable challenges to the delivery of care. Its heating is by electrical storage heaters and is not as responsive as other forms of heating would be to sudden drops in temperature. There are disused offices in the centre building. The layout of the centre reflects the fact it developed on an ad hoc rather than planned manner.

At the time of inspection there were deficiencies noted in finishes to floors in communal areas and there continues to be an issue with the gradient to the floor. The reduction in resident numbers since the previous inspection meant that there was now adequate space for residents accommodated in the centre both in terms of communal and personal space. The centre meets the regulations in this regard. There were improvements to the standard of toilet and bathroom facilities since the previous inspection brought to the attention of the inspector. The staff changing rooms and facilities on the first floor were noted to be basic in finish and standard.

There is suitable sluicing and cleaning facilities in the centre and there is good infection control practice and procedure in place. All hoists, assistive equipment, gas and electrical services equipment were serviced and certified fit for use on regular basis by outside contractors. Day to day maintenance is provided by local HSE personnel as required.

## **7. Records and documentation to kept at a designated centre**

### **Outcome 16**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

### **References:**

Regulation 21: Provision of Information to Residents  
Regulation 22: Maintenance of Records  
Regulation 23: Directory of Residents  
Regulation 24: Staffing Records  
Regulation 25: Medical Records  
Regulation 26: Insurance Cover  
Regulation 27: Operating Policies and Procedures  
Standard 1: Information  
Standard 29: Management Systems  
Standard 32: Register and Residents' Records

## **Inspection findings**

*\* Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

### **Resident's guide**

Substantial compliance

Improvements required\*

### **Records in relation to residents (Schedule 3)**

Substantial compliance

Improvements required\*

### **General records (Schedule 4)**

Substantial compliance

Improvements required\*

### **Operating policies and procedures (Schedule 5)**

Substantial compliance

Improvements required\*

### **Directory of residents**

Substantial compliance

Improvements required\*

### **Staffing records**

Substantial compliance

Improvements required\*

### **Medical records**

Substantial compliance

Improvements required\*

### **Insurance cover**

Substantial compliance

Improvements required\*

**Outcome 17**

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

**References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

**Inspection findings**

All notifications were submitted correctly and in time to the Chief Inspector. This had been identified as requiring attention in the previous inspection report. The person in charge and other key senior manager knew the requirements when questioned and the relevant timescales for submission of notifications.

**Outcome 18**

*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.*

**References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

**Inspection findings**

This issue did not arise in this centre so it was not possible to verify. However, the person in charge was aware and clear about the requirements for such notifications.

The inspector spoke in detail to one of the CNM's who acts up when the person in charge is not present, Teresa Larkin. Teresa was fully familiar with all aspects of management for the centre. She evidenced good knowledge of the residents and their needs without reference, or need to reference notes or files. She has worked for many years at the centre and came across to the inspector as competent and professional in her role.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives and staff during the inspection.

### ***Report compiled by:***

Damien Woods  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

24 October 2011

### Provider's response to inspection report\*

<b>Centre:</b>	The Rock Community Nursing Home
<b>Centre ID:</b>	623
<b>Date of inspection:</b>	22-23 June 2011
<b>Date of response:</b>	21 November 2011

### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*

#### ***Outcome 10: Contract for the provision of services***

##### **1. The provider/person in charge is failing to comply with a regulatory requirement in the following respect:**

The contract for care does not set out the actual fees to be charged.

The contract of care requires that residents are fully liable for losses of personal items they do not insure when bringing them in to the centre.

##### **Action required:**

Update the contract of care to set out actual fee,

Delete / revise the clause in respect of liability for losses of personal items in the centre.

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

<b>Reference:</b>	
Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract / Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The actual fee is set out in the contract of care which has been signed by all residents or their representative.  The clause of liability for losses of personal items will be revised in the contract of care and revised copies will to be sent to all residents or their representatives.	Completed  31 Jan 2012

***Outcome 12: Residents' clothing and personal property and possessions***

<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
The patients personal property list has not been updated in some cases since admission.  There is inadequate facilities at present provided for personal belongings of residents.	
<b>Action required:</b>	
Update all residents personal property records  Provide additional storage either in or adjacent to residents rooms for clothing and other personal possessions	
<b>Reference:</b>	
Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All residents will have an updated private property listing completed and documented in their records.	31 January 2012

<p>Additional storage has been provided for residents who require same in the form of named individual storage boxes which are located in storage rooms in close proximity to each resident's rooms. These are specifically used for storage of personal belongings. Where possible additional wardrobes/ chest of drawers will be made available to residents who require additional storage in their rooms as recent reduction in bed numbers has allowed for more storage space to be provided.</p>	<p>31 January 2012</p>
--	------------------------

***Outcome 15: Safe and suitable premises***

<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b></p>	
<p><b>Action required:</b></p> <p>The heating system in the centre is not responsive to large fluctuations in temperature and is difficult to control to maintain adequate temperatures.</p> <p>The floor in places is uneven, has a sharp gradient and requires levelling/repair to prevent trip hazards.</p>	
<p><b>Action required:</b></p> <p>Review the system of heating and make any necessary improvements to ensure it is responsive to ensure adequate temperatures are maintained in the centre.</p> <p>Repair damaged floor surfaces and level floors to ensure that where gradients are in place to floors they are at a suitable level and do not pose a hazard</p>	
<p><b>Reference:</b>  Health Act, 2007  Regulation 19: Premises  Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>The estates department HSE West will be requested to carry out a review of the heating system at the centre and costing will be obtained to carry out improvements to the heating system so as to ensure adequate temperatures are maintained in the centre. Approval and funding will be sought from general management to carry out these works under minor capital 2012. In the interim period, additional portable electric oil heaters will be provided where required.</p>	<p>31 December 2012</p>

<p>The estates department HSE West will be requested to review the floor surfaces and costing will be obtained to carry out repairs to damaged floors and work to level uneven floors and those with sharp gradients. Approval and funding will be sought from general management to carry out the necessary works under minor capital 2012.</p>	<p>31 December 2012</p>
--	-------------------------

***Outcome 16: Records and documentation to be kept at a designated centre***

<p><b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Staff records maintained in the centre did not contain all relevant information as required under schedule 2.</p>	
<p><b>Action required:</b> Ensure all staff records maintained in the centre contain all relevant information as required under schedule 2.</p>	
<p><b>Reference:</b> Health Act, 2007 Regulation 24: Staffing Records</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>As per national agreement between HIQA and HSE at time of inspection 3 staff charts did contain the relevant information required. However all staff records are currently being updated to contain all the relevant information as required under schedule 2.</p>	<p>31 August 2012</p>

**Any comments the provider may wish to make:**

**Provider's response:**

(No response given).

**Provider's name:** HSE

**Date:** 21 November 2011