Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Rochestown Nursing Home
Centre ID:	0275
Centre address:	Monastery Road Rochestown Cork
Telephone number:	021-4841707
Email address:	rochestownnursinghome@yahoo.ie
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Brenda O'Brien
Person in charge:	Vijayalakshmi Dhanasekaran
Date of inspection:	16 October 2012 and 17 October 2012
Time inspection took place:	**Day- 1 Start:** 07:00hrs **Completion:** 16:00hrs **Day- 2 Start:** 08:00hrs **Completion:** 14:00hrs
Lead inspector:	Geraldine Ryan
Support inspector(s):	Vincent Kearns
Type of inspection	☐ **announced** ☒ **unannounced**
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under **a maximum of 18 outcome statements**. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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 inspection report sets out the findings of a monitoring inspection, in which **all** of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☐ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☒ to monitor ongoing compliance with regulations and standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	☒
Outcome 2: Contract for the Provision of Services	☒
Outcome 3: Suitable Person in Charge	☒
Outcome 4: Records and documentation to be kept at a designated centres	☒
Outcome 5: Absence of the person in charge	☒
Outcome 6: Safeguarding and Safety	☒
Outcome 7: Health and Safety and Risk Management	☒
Outcome 8: Medication Management	☒
Outcome 9: Notification of Incidents	☒
Outcome 10: Reviewing and improving the quality and safety of care	☒
Outcome 11: Health and Social Care Needs	☒
Outcome 12: Safe and Suitable Premises	☒
Outcome 13: Complaints procedures	☒
Outcome 14: End of Life Care	☒
Outcome 15: Food and Nutrition	☒
Outcome 16: Residents' Rights, Dignity and Consultation	☒
Outcome 17: Residents' clothing and personal property and possessions	☒
Outcome 18: Suitable Staffing	☒

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection, inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, complaints records, policies and procedures and staff files.

Inspectors also assessed the progress made on seven actions issued by the Authority from the inspection of 24 August 2011. The seven actions were:

- care planning
- restraint policy
- fire training
- infection control prevention training
- Schedule 5 policies
- premises/privacy and dignity of residents
- staff files.

The first five actions listed above were completed.

Two actions were not completed and these related to:

- premises/privacy and dignity of residents
- staff files.

Subsequent to the two day inspection, the person in charge informed the Authority that the following were implemented:

- out sourcing of all laundry
- implementation of a new cleaning system within the centre.

On arrival to the centre, inspectors found that the centre was warm and homely. Two residents were observed in the external smoking area.

Standards of hygiene were observed to be of a good standard throughout the centre.

Over the two days of inspection, inspectors observed that the provider and person in charge demonstrated a commitment to continual improvement.

The inspector found from the information provided by the person in charge that the dependency levels of the residents accommodated at the centre were as follows:

- seven residents were assessed as having a high dependency
- seven residents were assessed as having a medium dependency
- eight residents were assessed as a having a low dependency.

Inspectors were satisfied that the nursing and other healthcare needs of residents were met.

Section 41(1)(c) 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*.

Theme: Governance, Leadership and Management *Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider had received a certificate of registration issued by the Chief Inspector, dated 26 June 2012.

However, it was noted that this information had not been updated in the statement of purpose.

The following details were not included:

- registration number
- date of registration
- expiry date of registration
- any conditions attached by the Chief Inspector.

The statement of purpose, complete with the above information, was subsequently forwarded to the Authority post inspection.

Outcome 2
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed eight contracts of care. All contracts were signed, and set out the services provided. However, details of all fees, to be charged, were not set out in a clear manner.

Outcome 3
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge (PIC) was on duty on the first day of inspection. The person in charge displayed sufficient clinical knowledge to ensure suitable and safe care of residents. She had recently received certification for completion of a Further Education and Training Awards Council (FETAC) Level 6 course on train the trainer.

Outcome 4
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:
Regulations 21-25: The records to be kept in a designated centre
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 5
The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

On the second day of inspection, inspectors met with the key senior manager who was in post three months. In the event that the PIC was absent, the key senior manager held the appropriate qualifications to carry out the role of deputy person in charge.

Theme: Safe care and support
Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the centre's policy on the prevention of elder abuse and found it to contain procedures in place for the prevention, detection and response to abuse.

Staff had received training in understanding elder abuse and implementing the centre's policy on responding to suspicions, allegations and disclosures of abuse.

Staff spoken with by the inspector had a clear understanding of what constituted abuse, the procedure to take, in the event of a disclosure of abuse, and whom to report it to.

The inspector noted that the centre had a robust system in place to safeguard residents' finances. The person in charge was observed carrying out a check of a resident's finances with a resident.

The inspector noted that all entries (money lodged or withdrawn) were signed by two persons, and where possible one of the signatures was the resident's or his/her representative.

However, the centre's policy on accepting cash after hours did not include that the resident and/or representative sign any monies lodged. Inspectors were of the opinion, the centre's policy on accepting cash should include that the resident and/or representative sign any monies lodged, at any time, and not just after hours.

Outcome 7
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

Action(s) required from previous inspection:

Ensure all staff receive training and regular updates on the risks of infection and their role in preventing and managing infection and follow current national guidelines on infection prevention.

Ensure there are detailed procedures for cleaning, sluicing and laundry to guide staff appropriately in ensuring best practice in infection control.

Display the procedures to be followed in the event of a fire, prominently, in the centre.

Provide evidence that all staff have received annual fire safety training.

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The centre had an up-to-date health and safety statement.

The inspector noted that while the centre's policy on the control of infection was robust and comprehensive and signed as read by staff, practices observed by inspectors did not concur with the centre's policy.

On the first morning of inspection, inspectors observed a member staff, transporting uncovered empty urinals to the sluice room.

The staff member was observed:

- not wearing protective disposable gloves or apron
- transporting the urinals through the dining room, while residents were sitting having breakfast in the dining room
- passing through a communal shower room (unoccupied at the time) and entering the sluice room.

The inspector noted on reviewing residents' charts that one resident was positive for Meticillin-Resistant *staphylococcus aureus* (MRSA). The resident's care plan was comprehensive and included evidence of access to allied services and attendance at a wound clinic. Although staff spoken with by the inspector were familiar with procedures and protocols regarding infection control practices, it was noted by the inspectors, that the layout of the premises did not help staff adhere to the centre's policy on the prevention of infection, as access to the sluice was through a shower room.

The inspector reviewed the risk management policy and noted it covered:

- the identification and management of risks
- measures in place to control risks including resident absent without leave, assault, accidental injury, aggression and violence, self-harm and arrangements for identification, recording investigation and learning from serious incidents.

An inspector noted ample supply of protective personal equipment. Latex gloves and aprons were placed in a variety of easily accessible locations within the centre. However, easy access to the latex gloves and aprons posed a risk to a resident with a cognitive impairment or with a risk of choking. There was no evidence that a risk assessment had been carried out on the locations of the latex gloves and aprons.

Inspectors noted the use of wedges to keep doors open. The provider was asked to discuss the use of door wedges with a fire officer.

The inspector noted that while the centre had a comprehensive emergency plan, it did not identify safe placement of residents in the event of an evacuation. The provider stated she would follow up on this immediately.

Assessments were carried out on residents who smoked. However, the inspector noted documented in the assessment that:

- buckets of sand to be provided for cigarette ends

There was no evidence of the provision of buckets of sand in the designated smoking area.

Inspectors noted that a closed circuit television camera (CCTV) was installed in the designated smoking area. However, the following was noted:

- ash trays provided in the smoking area were not suitable
- no fire prevention apparatus was noted in the smoking area.

The centre had installed a system of closed circuit television cameras (CCTV) and signs informing residents and relatives that CCTV was in use. However, the centre did not have a policy on the use of CCTV.

The inspectors noted that while the assessment of risk was constant and ongoing, some potential risks, as noted on the days of inspection, were not captured and these included:

- the designated smoking area was not secure, in that the door leading from the area was not maintained in a secure manner thus posing a risk to residents with a cognitive impairment and with a tendency to wander.
- the sluice room was unsecured on first morning of inspection.
- risk assessment of door saddles to bedrooms in order to eliminate trip hazards
- water boiler stored in an unsecure manner in the laundry room
- unenclosed clinical waste bin stored outside the building
- emergency light in the laundry room not operational
- windows openings not maintained in a secure manner.

There was evidence that staff had attended mandatory training in manual handling practices.

Suitable fire equipment was provided and records reviewed indicated:

- fire equipment and the fire alarm were serviced annually
- fire drills took place on a six-monthly basis
- arrangements were in place for reviewing the alarm panel
- regular checks of fire exits and the testing of fire equipment.

Fire exits were observed unobstructed. There was a procedure in place for the safe evacuation of residents.

Staff, spoken with by the inspector were aware of procedures to be followed in the event of an evacuation.

Outcome 8
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre had a written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. However, the policy did not include reference to the maximum dosage of medications prescribed as required (PRN).

The medication administration was reviewed on a monthly basis by the external pharmacist. The inspector noted that:

- medication was administered in accordance with current guidelines and legislation
- controlled drugs were checked by two staff at each shift change and documentation of checks was viewed by the inspector.

There was evidence that residents' medication charts were reviewed at least three-monthly by the residents' general practitioner (GP).

However, it was observed that:

- the maximum dosage of medications prescribed as required (PRN) was not documented on the medication prescription chart
- photographic identification of one resident was missing.

The person in charge stated that transcription of medication did not occur and the inspector noted no evidence of transcription on the medication prescription charts.

Outcome 9
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector noted that notifications were sent to the Authority in a timely manner.

Theme: Effective care and support
The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence that the centre had in place a robust and regular system of review, to monitor the quality and safety of care and the quality of life of residents in the centre.

The inspector viewed evidence that residents' meetings had convened on four different occasions this year. Suggestions arising from the meetings included requests for more dancing on the day the musicians came to the centre, request for a musical quiz, and requests for more mince on the menu and a preference for potatoes instead of pasta. It was evident from the minutes of meetings that the suggestions were acted upon.

A suggestion box was available to residents and relatives.

The centre had established a system of audit which included bench-marking against the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The inspector viewed audits carried out in 2012 which included audit on:

- documentation
- staff files
- residents' files
- records maintained in the centre
- falls
- medication management.

The centre had an up-to-date policy on the quality of life of residents.

Outcome 11
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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

Action(s) required from previous inspection:

Ensure care plans accurately detail the required nursing care for all residents.

Ensure nursing staff are sufficiently trained in person-centred care planning.

Ensure individualised care plans are in place relating to activities and meaningful occupation which are based on assessments of interests and capacities.

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

An inclusive care planning programme had been commenced by the provider and the person in charge in May 2012. The care plan layout was methodical, detailed and ensured that all residents were comprehensively assessed.

The inspector examined eight residents' care plans and all contained detailed information which reflected that residents had timely access to GP services and appropriate allied services which included physiotherapy, occupational therapy, chiropody, optical, wound specialist and dietetic services. Records were maintained of referrals and follow-up appointments. On the first day of inspection, two residents were being transferred to acute hospitals for planned procedures. Transfer letters containing appropriate health histories accompanied the residents. One resident spoken to by the inspector, voiced that he/she was fully informed with regard to the planned surgical procedure and the length of expected hospital stay.

The inspector reviewed a care plan for a resident with a number of health issues, including a grade one ulcer on each foot. There was evidence of:

- ongoing assessment
- input from a wound specialist
- attendance at a wound clinic
- photographic evidence of status of the ulcers
- nutritional status.

There was evidence that a staff member had attended training in wound management.

There was proof that care plans were reviewed at least three-monthly and in consultation with, and signed by the resident/and or representative.

Comprehensive assessment included:

- waterlow pressure sore assessment
- barthel activities of daily living
- falls assessment
- 'Key to Me' life-story work with residents (life story-work that develops a understanding of an individual's life, needs and interests and is an opportunity for residents to talk about their life experiences)
- monthly review of residents' weight, blood pressure, temperature, pulse and respiration

- risk assessments pertinent to each resident
- nutritional screening.

Care plans reviewed reflected residents' changing healthcare needs. Staff, spoken with by the inspector, were familiar with and up to date regarding the residents' changing healthcare needs.

The centre had an up-to-date policy on challenging behaviour, which described efforts made to identify and alleviate the underlying causes of behaviour that was challenging. The person in charge had recently completed a train-the-trainer course on challenging behaviour.

There was evidence that staff had attended training in dealing with challenging behaviour. Staff, spoken with by the inspector, were aware of how to deal with conflict and challenging behaviour.

The provider and the person in charge stated that the centre is now a restraint-free environment. On the days of inspection the inspectors noted no use of restraint within the centre.

Outcome 12
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors were of the opinion that the current layout of the centre presented significant challenges for staff to adhere to the centre's own policies and procedures on infection control. The provider, administrator and the person in charge agreed.

The following issues were noted by the inspectors:

- a suitable private area, separate from the residents' own private rooms was not available to residents
- the current access to the sluice and the provision of sluicing facilities, required review
- unused furniture, for collection by an external agency, located to the rear of the building, was not stored in a safe manner

- televisions were observed located, unsecured, on top of bed tables and on top of wardrobes; this posed a risk to residents
- provision of suitable storage of urinals was required
- cracked plaster, noted in one of the bedrooms and in the large sitting room, required the attention of a suitably qualified person
- provision of appropriate bins for incontinence wear required review
- cords of window blinds were not maintained in a secure manner and posed a risk to residents particularly residents with a cognitive impairment.

Theme: Person-centred care and support
Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the complaints policy and noted it was reviewed in 2011. 11 staff had signed as having read the policy.

The complaints record was reviewed. The date of the last complaint was 3 October 2010. Five complaints were documented in 2010 and all were made by staff and involved incidents of challenging behaviour exhibited by residents.

The complaints record did not provide any details regarding how the complaint was dealt with or whether or not the complainant was satisfied with the outcome of the complaint. As these incidents predated the new care planning system, documentation pertaining to records of challenging behaviour in 2010 was not available.

The administrator stated that he was the designated complaints officer in the centre and there was a nominated person separate to the complaints officer. While this information was stated in the complaints procedure, details with regard to the name and contact details of the independent appeals person, was not available. However,

the administrator stated that residents could access the independent appeals person through him.

There was no record of any complaint made by a resident or their representative.

Outcome 14
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the centre's policy on end of life care and it adequately described facilities in place so that residents received end of life care in a way that met their individual needs and wishes.

The policy was up to date and signed as read by 19 staff.

Outcome 15
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection finding

Inspectors noted that meal times were unhurried social occasions that provided opportunities for residents to engage communicate and interact with each other and staff.

Staff were observed assisting residents with their meals in a respectful manner. Meals were served in an appetising manner. Two sittings were organised at meal time. The first sitting accommodated residents who required assistance with their

meals and the second sitting accommodated the more independent residents. Chefs spoken with by the inspector were familiar with and received daily updated information regarding particular nutritional requirements of residents. Residents had access to fresh drinking water and juices. Inspectors noted tea/coffee served to residents at various times throughout the two days of inspection and noted that staff joined residents for tea and a chat. The inspector observed the chef chatting with residents and enquiring if they had enjoyed their meal. The menu provided offered choice at each mealtime.

However, the inspector reviewed the centre's policy on nutritional needs and observed that it was not centre-specific. The policy required updating in order to be centre-specific.

The nutritional status of all residents was assessed and included in their care plan. Residents' weights were closely monitored on a monthly basis or more often if necessary.

There was evidence that the care plans of two residents with complex nutritional requirements were regularly reviewed by the GP and had input from allied services.

Outcome 16
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

Action(s) required from previous inspection:

Ensure the privacy and dignity for residents using the communal shower room located alongside the sluicing area.

Ensure the adequacy of screening around all beds in shared rooms.

The actions required from the previous inspection were not completed.

Inspection findings

Inspectors noted that the privacy and dignity for residents using the communal shower room located alongside the sluicing area was improved by the installation of a one-way locking system on the sluice door. This inhibited access from the sluice room to the shower room.

However, inspectors observed, on the first morning of inspection, that the access door between the communal shower room and the sluice room was unlocked.

Both the provider and person in charge stated that all staff had been updated on the operational policy of both rooms. Staff, spoken with by the inspector, were familiar with the operational policy.

Inspectors noted that the door leading from the communal shower room to the sluice room remained locked for the duration of the inspection.

On the days of inspection, the inspector observed some bedside curtaining did not adequately preserve the privacy and dignity of residents, as it was short. The provider stated that the adequacy of the screening around all beds in shared rooms was under review and being addressed.

The centre had an up-to-date policy on communication, signed as read by 14 staff.

The weekly activities programme was diverse and was influenced by suggestions arising from the residents' committee meetings. The activities programme was displayed in prominent locations within the centre.

The inspector spoke with residents who described going out in a mini bus with the Cork Independent Living group on a regular basis. These trips usually accommodated four residents at a time and included shopping and bowling. On these particular outings, each resident was assigned a personal assistant.

Residents, spoken with by the inspector, expressed satisfaction generally with the level of activities. Activities included:

- music sessions
- musical quizzes
- creative writing
- card games
- review of newspapers
- bingo
- crosswords
- sensory sessions
- arts and crafts
- painting
- film evenings
- pamper day sessions
- indoor basketball.

Three staff had attended training on activity programmes.

Outcome 17
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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre had a policy on residents' personal property and possessions. It was signed as read by three staff.

The policy was inadequate as there was no detail with regard to obtaining the residents' signature on their inventory of personal property and possessions.

The provider and person in charge agreed that inventory of residents' personal property and possessions was not updated on a regular basis, in consultation with the resident or signed by the resident and/or their representative.

Staff in the laundry labelled the residents' clothing with a felt pen. Inspectors were of the opinion that this did not promote the dignity of the resident. The centre's labelling system of residents' clothing required review. The provider agreed to review this.

Theme: Workforce
The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18
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

Action(s) required from previous inspection:

Ensure all staff have on file all the information and documents as specified in Schedule 2.

Provide evidence that Garda Síochána vetting is in process for all staff.

Inspection findings

One of the two actions listed above was completed.

The inspector reviewed four staff files and noted that the following information was not included:

- proof of person's identity including a recent photograph
- full employment history, together with a satisfactory history of any gaps in employment
- three written references including a reference from a person's most recent employer.

The inspector noted there was evidence of Garda Síochána vetting in all four files.

Inspectors noted that there were appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre.

Staff had up-to-date mandatory training and access to education and training to meet the needs of residents.

A comprehensive training programme was in place for staff. The programme included:

- dealing with conflict in healthcare
- essential elements of care (wound care, modified diets and audit)
- understanding patient-centred care in dementia
- cardio pulmonary resuscitation
- activity programming
- advocacy
- infection control

- manual handling
- risk management
- specialist seating
- consents an residents' rights
- hazard analysis and critical control point training (HAACP).

The administrator had completed a FETAC level six programme on management development.

The provider no longer operated the dual role of chef/provider. The recent employment of a second chef had enabled the provider to carry out her role, as provider, in a full time capacity.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, administrator and the acting 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, provider, administrator, person in charge and staff during the inspection.

Report compiled by:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

23 October 2012

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report *

Centre Name:	Rochestown Nursing Home
Centre ID:	0275
Date of inspection:	16 October 2012 and 17 October 2012
Date of response:	23 November 2012

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*.

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect: Not ensuring that each resident's contract includes details of fees to be charged for services provided.
Action required: Ensure each resident's contract includes details of fees to be charged for services provided.

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

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Completed	Completed

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: Not ensuring the centre's policy on residents' personal property and possessions on includes that the resident and/or representative sign any monies lodged, and at any time and not just after hours.	
Action required: Ensure the centre's policy on residents' personal property and possessions includes that the resident and/or representative sign any monies lodged, at any time and not just after hours.	
Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 8: Protection Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Completed	Completed

Outcome 7: Health and safety and risk management

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

Not ensuring staff adhere to the centre's policy, procedures and protocols on infection control.

Not ensuring a risk assessment was carried out on the locations of latex gloves and aprons.

Not identifying, in the event of an evacuation, a safe placement of residents.

No policy on the use of CCTV in the centre.

Not providing appropriate ash trays in the smoking area.

No provision of fire prevention apparatus in the smoking area.

Not ensuring that a water boiler was stored in a secure manner.

Emergency light in the laundry room not operational.

Windows openings not maintained in a secure manner.

Inadequate safe storage of a clinical sharps bin, clinical and medical stores and a drugs fridge.

Action required:

Ensure staff adhere to the centre's policy, procedures and protocols on infection control.

Action required:

Ensure a risk assessment is carried out on the locations of latex gloves and aprons.

Action required:

Identify the safe placement of residents in the event of an evacuation and include the location in the emergency plan.

Action required:

Produce a policy on the use of CCTV in the centre.

Action required:

Provide appropriate ash trays in the smoking area.

Action required:

Provide fire prevention apparatus in the smoking area.

Action required: Ensure the safe and appropriate storage of a water boiler.
Action required: Review of emergency lighting in the laundry by a qualified person.
Action required: Risk assessment of windows openings.
Action required: Provide safe storage of a clinical sharps bin, clinical and medical stores and a drugs fridge.
Reference: Health Act, 2007 Regulation 31:Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Action 1: Ongoing Action 2: Completed Action 3: 10 December 2012 Action 4: 10 December 2012 Action 5: Completed Action 6: Competed Action 7: Signage completed Action 8: Completed Action 9: Completed Action 10: Completed	1 January 2013

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: The maximum dosage of medication prescribed as required (PRN), was not documented in the medication prescription charts.
Action required: Ensure the maximum dosage of medication prescribed as required (PRN), is

documented in the medication prescription charts.
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response:	15 December 2012

Theme: Effective care and support

Outcome 12: Safe and suitable premises

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

Not providing suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

Not providing sluicing facilities in compliance with current infection control guidelines and best practice.

Not ensuring that suitable storage facilities are provided for unused furniture for collection by external agency.

Not ensuring that televisions located in residents' bedrooms are secure in a safe manner.

Not providing suitable storage for urinals.

Not ensuring that plastered walls were maintained in a state of good repair.

Not having in place adequate arrangements for the proper disposal of incontinence wear.

Not providing appropriate bins for the disposal of incontinence wear.

Not ensuring that the cords on window blinds were maintained in a secure manner.

Action required:

Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

Action required: Provide sluicing facilities in compliance with current infection control guidelines and best practice.	
Action required: Provide suitable storage facilities for unused furniture for collection by an external agency.	
Action required: Ensure that televisions located in residents' bedrooms, are secure in a safe manner.	
Action required: Provide suitable storage of urinals.	
Action required: Ensure plastered walls are maintained in a state of good repair.	
Action required: Provide appropriate bins for the disposal of incontinence wear.	
Action required: Provide adequate arrangements for the proper disposal of incontinence wear.	
Action required: Ensure that the cords on window blinds are maintained in a secure manner.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Action 1: June 2015 Action 2: Ongoing Action 3: Refer to factual accuracy check Action 4: Ongoing Action 5: Ongoing	

Action 6: Completed Action 7: Ongoing Action 8: Completed Action 9: Ongoing	16 January 2013

Theme: Person-centred care and support

Outcome 13: Complaints procedures

The provider is failing to comply with a regulatory requirement in the following respect: Not maintaining a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.
Action required: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.
Action required: Record all complaints and the results of any investigations into the matters complained about.
Action required: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(7) maintains the records specified under Regulation 39(7).
Reference: Health Act, 2007 Regulation 39: Complaints procedures Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Completed	Completed

Outcome 15: Food and nutrition

The person in charge is failing to comply with a regulatory requirement in the following respect:

Not having a centre-specific comprehensive policy and guidelines for the monitoring and documentation of residents' nutritional intake.
Action required: Implement a centre-specific comprehensive policy and guidelines for the monitoring and documentation of residents' nutritional intake.
Reference: Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Completed	Completed

Outcome 17: Residents' clothing and personal property and possessions

The provider is failing to comply with a regulatory requirement in the following respect: Not maintaining a transparent and up-to-date record of each resident's personal property that is signed by the resident and/or their representative, if possible.
Action required: Maintain a transparent and up-to-date record of each resident's personal property that is signed by the resident and/or their representative, if possible.
Reference: Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response:	Ongoing

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect: Not ensuring that all staff, have on file, all the information and documents as specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Action required: Ensure all staff have on file all the information and documents as specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).	
Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response:	1 January 2013

Any comments the provider may wish to make[1]:

Provider's response:

The provider, on behalf of the residents, relatives and staff of Rochestown Nursing Home, wish to thank the inspectors for the courteous and professional manner in which their visit was conducted.

We shall continue to work proactively with the inspection team to meet and, where possible, to exceed the required standards.

Provider's name: Ms. Brenda O' Brien

Date: 23 November 2012

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