

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rochestown Nursing Home
Centre ID:	OSV-0000275
Centre address:	Monastery Road, Rochestown, Cork.
Telephone number:	021 484 1707
Email address:	rochestownnursinghome@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brenda O'Brien
Provider Nominee:	Brenda O'Brien
Lead inspector:	Breeda Desmond
Support inspector(s):	Mairead Harrington
Type of inspection	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 his/her registration.

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 September 2015 10:00 To: 23 September 2015 14:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	
Outcome 05: Documentation to be kept at a designated centre	
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This was an unannounced single outcome inspection which took place over one day. Unsolicited information was received by the Authority alleging inadequate staff recruitment practices in this centre. As part of the inspection process, inspectors spoke with residents, staff, and deputy nurse in charge, provider and administrator. Inspectors observed practices and reviewed staff files including vetting disclosure in accordance with the national vetting bureau, evidence of identity, work permits, details and documentary evidence of qualifications, current professional registrations, full employment histories, written references, contracts of employment and training records.

This was the 13th inspection undertaken by the Authority in this centre; the most recent being 16 June 2015.

The action plan at the end of the report identifies improvements necessary to ensure 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

Findings:

Findings were described under Outcome 18 Suitable Staffing but actions were inserted under Outcome 2 Governance and Management.

Judgment:

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

Findings:

Findings were described under Outcome 18 Suitable Staffing but actions were inserted under Outcome 5 Documentation to be Kept at the Designated Centre.

Judgment:

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

Staff files of all employees were examined on inspection. Documents reviewed included vetting disclosure in accordance with the national vetting bureau; evidence of identity including full name, address, date of birth and recent photograph; work permits which legally allows a non-citizen to be employed; details and documentary evidence of qualifications; current professional registrations where relevant; full employment histories together with a satisfactory history of any gaps in employment; written references in accordance with the requirements set out in the Regulations; contracts of employment and training records.

All staff had evidence of vetting completed. While some staff did not have an up-to-date certificate regarding vetting, a letter was evidenced in their files from Nursing Homes Ireland stating that vetting was completed and the certificate was awaited. New staff members had copies of their vetting application forms evidenced.

All staff members had evidence of identity in the form of an Irish passport, country of origin passport, drivers' licence or green card permit.

Nursing staff had current registrations with An Bord Altranais (the Irish Nursing Board). Staff files contained certificates of training attended by staff including Further Education and Training Council 5 (FETAC) for non-nursing staff.

All staff had written contracts of employment which were signed and dated by the provider and individual employees. All contracts of employment evidenced remuneration per hour; those staff on duty questioned by inspectors relayed that they were paid in accordance with legal requirements.

Staff files demonstrated that some staff had full employment histories, however, several files had gaps in the employment histories.

Some recently appointed staff did not have appropriate references in place as described in the Regulations.

Work permits which legally allow non European citizen to be employed in Ireland were not in place for all relevant staff. Two staff members did not have work permits in place. While it was reported to the inspectors that staff held work permits, these were not evidenced.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Rochestown Nursing Home
Centre ID:	OSV-0000275
Date of inspection:	23/09/2015
Date of response:	30/10/2015

Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

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

Work permits which legally allow non-European citizens to be employed in Ireland were not in place for all relevant staff. Two staff members did not have work permits in place. While it was reported to the inspectors that staff held work permits, these were not evidenced.

1. Action Required:

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

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

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

Two staff members are currently on annual leave until relevant documentation is provided to Nursing Home.

Proposed Timescale: 30/11/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Staff files demonstrated that some staff had full employment histories, however, several files had gaps in the employment histories.

2. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Staff with gaps in employment history to update CVs and resubmit for staff file.

Proposed Timescale: 06/11/2015

Theme:

Governance, Leadership and Management

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

Some recently appointed staff did not have appropriate references in place as described in the Regulations.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Phone verification done for all newly appointed staff and references have been received.

Proposed Timescale: 30/10/2015

