

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rockshire Care Centre
Centre ID:	ORG-0000688
Centre address:	Rockshire Road, Ferrybank, Waterford.
Telephone number:	051 831108
Email address:	info@rockshirecarecentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	RCC Care Limited
Provider Nominee:	Michael Dwyer Snr.
Person in charge:	Liz Martin
Lead inspector:	Kieran Murphy
Support inspector(s):	Caroline Connelly;
Type of inspection	Announced
Number of residents on the date of inspection:	37
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 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, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 May 2014 10:00	26 May 2014 17:00
27 May 2014 08:30	27 May 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: 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

Summary of findings from this inspection

As part of the monitoring inspection the inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures.

A number of questionnaires from residents and relatives were received prior to and following the inspection and the inspectors spoke to many residents and relatives during the inspection. Family involvement was encouraged with residents and relatives stating they are welcomed at any time. Residents' comments are found throughout the report.

Inspectors found that each resident's well being and welfare was maintained by a high standard of evidence based nursing care and appropriate medical and allied health care. However, improvements were required in a number of areas:

- Records management, including staff files
- management of residents' day to day expenses
- fire precautions
- medication management
- care planning
- risk assessment
- use of closed circuit television.

The Action Plan at the end of this report identifies where improvements were needed.

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.

Outcome 01: Statement of Purpose

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.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose accurately described the services and facilities and the manner in which care was provided. It had been amended since the last inspection to include the maximum number of residents who would be accommodated.

The statement of purpose also outlined that there was the facility to offer day care. The person in charge outlined that this day care facility was only offered to people who accessed the service on a respite basis. The provider further clarified that if day care services were provided the total number of residents, including the day care service users, did not exceed the maximum number that could be accommodated.

Judgement:

Compliant

Outcome 02: Contract for the Provision of Services

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.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The contracts of care were found to be comprehensive and were agreed and signed within one month of admission. The contracts stipulated the services to be provided and the fees included in the contract.

The contract also outlined additional services provided in the centre, for example dry cleaning of residents personal items, ophthalmic services, newspapers and hairdressing. Residents' clothing was laundered by relatives or, as mentioned in the residents' contracts of care, at extra cost in an external laundry. All these services were charged on a monthly basis. An invoice was issued monthly which detailed all the charges for these additional services. Inspectors found this process to be transparent.

Judgement:
Compliant

Outcome 03: Suitable Person in Charge

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:

The person in charge was full time and was also in charge of another designated centre. She had the requisite qualifications and experience and demonstrated sufficient knowledge and understanding to ensure adequate safe care.

There was a policy on the absence of the person in charge and her contact details were available to staff in the event of an emergency. This policy also outlined that the person in charge maintained a visible presence by her working arrangements which consisted of three days per week on site. A key senior manager from the second designated centre was temporarily deputising for the person in charge for the other two days per week. A permanent key senior manager would be in place by July 2014.

The registered provider also operated the other designated centre. There was a sharing of governance functions between the centres including nurse management, human resources and finance.

Judgement:
Compliant

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found that the medical and nursing records were comprehensive. The centre had a computerised nursing care programme and staff were competent at inputting data. The care plans and the record of care provided to residents were accurately documented. However, the mechanisms for managing residents' healthcare paper records could be improved. In a sample of healthcare records reviewed information was not stored chronologically and some documentation was filed in the inside pockets of the healthcare record. This system did not adequately ensure that confidential information was being filed securely as the information was in loose sheets and could easily become dislodged.

Inspectors viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors. The directory of residents was viewed by inspectors and found to contain comprehensive details in relation to each resident including name, contact details for relatives and contact details for general practitioner (GP).

Inspectors found that all policies, procedures and guidelines such as prevention of abuse, end of life care and risk management were available as required by the regulations.

Judgement:

Non Compliant - Minor

Outcome 05: Absence of the person in charge

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.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There had not been any period where the person in charge was absent for 28 days or more since the last inspection and there had not been any change to the person in charge. The person in charge and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There was a policy outlining the clear arrangements to cover for the absence of the person in charge:

- for a planned absence the senior nurses were to be notified with one senior nurse acting as the person in charge. All staff would be made aware of the temporary reporting structure and there would be a two week preparation
- for an unplanned absence the person in charge would communicate with the provider and a senior nurse would be appointed as the acting person in charge.
- if the person in charge planned to be absent for more than 28 days she had to give one month's notice, inform the Authority and undertake a completed handover with the senior nurse and registered provider.

Judgement:

Compliant

Outcome 06: Safeguarding and Safety

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.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the policy on elder abuse which had been revised in 2013. There was also a policy on the management of alleged elder abuse which had been introduced in May 2014. All staff spoken with were familiar with the policies and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. The person in charge outlined that all staff had received in-house training on the protection of vulnerable adults which included a DVD on safeguarding residents. Following the training each staff member had to undertake an assessment of knowledge. However, the training records available on the day of inspection indicated that only 16 staff in total had received training on the protection of vulnerable adults since 2010. Following inspection up to date records were made available to show that all staff had received this training.

Two specific incidents relating to adult protection had been reported to the Authority since March 2014. However, on the day of inspection documentation was only available relating to one incident. This had been followed up appropriately in accordance with the centre's policies, including the notification of the incident to other statutory bodies. Documentation relating to the second incident was made available following the inspection and showed that this incident had also been followed up appropriately.

Inspectors reviewed the system in place to manage residents' finances for daily expenses. There was a policy on residents' personal property which outlined that each deposit to or withdrawal from the resident's finances was recorded on computer, printed off and the transaction signed by the resident/representative and two staff members. However, each transaction was not being signed and witnessed as required by the policy. There was a monthly print off with a cumulative total of the transactions during the period. This receipt was then signed by the resident/representative. Inspectors formed the opinion that this practice was not transparent.

Judgement:
Non Compliant - Minor

Outcome 07: Health and Safety and Risk Management

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

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a signed and dated health and safety policy which was on display in the front hall. There was an up-to-date safety statement which outlined the arrangements for accident and incident reporting, fire emergency procedures and infection control. All senior nursing staff had completed a Further Education and Training Awards Council (FETAC) level VI certificate in health, safety and risk assessment. There was an unsigned and undated policy for managing clinical risk which outlined the method for undertaking risk assessments. Detailed and up to date risk assessments were available on wide range of hazards including:

- resident falls
- moving and handling
- restraint
- pressure sores
- challenging behaviour.

There was a risk assessment on smoking which outlined that there was a no smoking policy indoors and any smoker was to be accompanied to the smoking shelter in the garden. However, the smoking shelter did not have any fire fighting equipment to ensure the safety of the resident whilst smoking.

The risk management policy had been amended since the last inspection to include the arrangements for the identification, recording and learning from incidents. Inspectors noted a number of issues with the premises that required risk assessment:

- on the first floor the window in the staff changing room was not restricted and could be easily opened by residents. There was a key code door to the staff room but on the day of inspection this was left open.
- the window in the sluice room on the first floor was not restricted. Of note is that this door was locked on the day of inspection.

Household/cleaning staff were knowledgeable about the correct cleaning techniques to prevent the spread of infection and were observed using a colour coded system for cleaning in accordance with evidence based practice. There was a cleaning schedule so that each room received a "deep clean" at least once a week. There was a housekeeping manual available which included procedures for infection prevention and control. The laundering of bed linen was carried out off site by an external contractor who delivered linen and other laundry three times per week or more often as required. An adequate supply of bed linen was kept on site as a precaution in the event of an emergency or an outbreak of infection.

The emergency plan adequately addressed the centre's response to fire and other emergencies like loss of power, loss of heating or water supply. The plan detailed arrangements to accommodate residents in another nursing home in the event of it being necessary to transfer residents. Resident evacuation details were at the nurses' station and indicated each resident's dependency level and evacuation method. There was also a personal emergency evacuation plan (PEEP) in each resident's file.

There was a valid fire certificate for the centre dated 28 January 2014. Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- installation of new fire detection and alarm system November 2013
- fully addressable alarm panel
- servicing of fire alarm system May 2014
- fire equipment maintenance record February 2014.

Evacuation maps and procedures were visible throughout the premises and all staff spoken with were aware of the procedures to follow in the event of a fire. Fire drills were undertaken monthly and the person in charge outlined that all staff had received fire prevention and evacuation training. However, the training records available on the day of inspection indicated that a number of staff had not received up to date fire training. Following inspection up to date records were made available to show that all staff had received this training.

Inspectors reviewed resident care plans which outlined patient handling assessments. There was a physiotherapist employed two and a half days per week. Each resident had an assessment for mobility, balance and risk of falling including an individual balance exercise programme. The physiotherapist had undertaken a manual handling assessment for each resident and outlined that she had trained all staff in patient handling. The training records on the day of inspection did not confirm this. However up

to date records were made available subsequently.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a policy on medication management.

Inspectors reviewed the prescription sheets which had been signed by a GP. It was not clear that a record of each drug and medication was signed and dated by the GP. In addition, prescriptions were being transcribed by nursing staff. However, the medication management policy did not state that the GP must then sign the transcribed prescription sheet.

During the medication administration round inspectors found that appropriate checks were undertaken by nursing staff to ensure the right medication, including antibiotics, was administered to the correct resident at the correct time. There was a list of antibiotics and checks were undertaken at the start and end of each shift to ensure accurate administration. Inspectors reviewed the controlled medications and found the system to be accurate. Since the last inspection the keys for the controlled medications were held separately to other medication keys.

There was a satisfactory system in place for reviewing and monitoring safe medication management. The pharmacist undertook regular reviews of medication management practice with the latest in May 2014. All recommendations from these audits were communicated to the GP and implemented.

Judgement:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the incident reporting system and found that 27 incidents had been reported in the first quarter of 2014, 23 of which were resident falls. The incident reporting form included details of the incident, a review of the immediate environmental cause, what action was taken and what preventative measures could be put in place to prevent this incident reoccurring. It is a requirement of the regulations that all serious adverse incidents are reported to the Authority and since the last inspection the centre had been compliant with this provision. The centre provided the Authority with a summary of all recorded incidents every three months as set out in the regulations.

Judgement:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Since the last inspection there was evidence of the introduction of a system to review the quality and safety of care provided to residents. Reports were available of audits on both clinical and non-clinical care issues and following each audit action plans to remedy the deficits were introduced.

There was evidence of monitoring of reported adverse events. The majority of reported incidents related to residents falling and a falls audit reviewed the patterns of falls in each quarter of 2014. This initiative reviewed trends to include the time when falls occurred, the location of falls, medical history and the principal causes identified for the resident falling. In response to this review a number of initiatives had been introduced including the trial introduction of additional staff between 16:00hrs to 22:00hrs.

A senior nurse had undertaken a care planning audit of a sample of residents' healthcare files in March 2014. It was found that a number of assessments had not been fully completed. A restraint audit undertaken in October 2013 found that for one resident alternative to the use of restraint had not been considered. The results of other clinical audits available included wound care and methicillin resistant staphylococcus aureus (MRSA).

There was a review of health and safety on an annual basis and a more focused periodic review of health and safety which included accidents, risk assessment and training on health and safety. The person in charge also undertook an annual in-house fire assessment included fire safety control measures, means of escape and alarm systems.

The system for review of quality and safety of care included the provision for consultation with residents and their representatives. The results of a recent satisfaction survey were available. Each resident/representative was sent a survey and after eight weeks there were eight returns. The outcome of the survey highlighted the need for improved resident/family involvement in the care planning process. A meal satisfaction survey was undertaken in 2014. Comments included that meals were too large and that fruit needed to be made more available. In relation to meal size the portions were reduced with the option for an extra portion if required. Fruit was also made available at all meals.

All residents and families that spoke with the inspectors were very happy with the care provided in the centre.

Judgement:

Compliant

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors saw evidence that residents' health care needs were met through timely access to general practitioner (GP) services. Residents had the option of care from their own GP and the contact details of each GP were available at the nurse's station. There was evidence of referral of residents to consultant specialists in hospital for further investigation as required.

Inspectors found evidence that residents had access to allied health care services. There was a physiotherapist employed at the centre who reviewed each resident on admission and followed up on residents' mobility needs as required. There was appropriate referral

of residents to services like speech therapy and dietetics and this is discussed more fully in Outcome 15 dealing with food and nutrition. There were some innovative arrangements in place to ensure that residents had timely and appropriate access to other services. For example a mobile optician service reviewed residents' eyes on a regular basis and a dentist visited the centre on request.

The statement of purpose outlined that a named nurse was assigned to each resident with responsibility for discussing care and drawing up care plans in consultation with the resident and their families. While care plans were reviewed at least every three months by the named nurse it was found, as on the last inspection, that there was inconsistent involvement of the resident or next of kin in the care planning process. Staff confirmed to inspectors that residents and family were not formally involved in the care planning process.

There was a policy on restraint and any resident requiring the use of bed rails had a restraint assessment form completed. There was evidence of alternatives to restraint being considered and the risks of the use of restraint being outlined in the assessment. However, when the restraint was in place there was no evidence available that checks were being undertaken to ensure that adverse outcomes did not occur, like bruising or limb entrapment, from the use of the restraint.

There was a wound care management policy dated 2013 which outlined that wounds were to be assessed and the management of the wound was to be recorded accurately. Inspectors reviewed the care for one resident with an open wound. While there was evidence of appropriate referral to a consultant specialist for investigation, the wound had not been assessed, managed and recorded in accordance with the centre's policy.

The centre employed a full time activities coordinator and there was a variety of social and recreational activities. On admission each resident completed a "getting to know you" booklet which gave a brief background to their personality, family, occupation and interests. There was good communication with the physiotherapist with individual activities programmes to encourage people to maintain their movement. There were dedicated hours in the evening for a healthcare assistant to engage residents on a more individualised basis. During inspection two residents were enjoying "high tea" in a quiet area on the first floor.

Judgement:
Non Compliant - Major

Outcome 12: Safe and Suitable Premises

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.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre was a purpose built nursing home and residents' accommodation was laid out over two floors. The centre was found to be bright, spacious and well decorated. There were 32 single en suite bedrooms, 3 double en suite bedrooms. There are also 7 additional toilets of which 2 were wheelchair accessible. There were a number of lounge areas on both floors which were well furnished and comfortable. The sitting room on the ground floor included a library area and led to a large, well maintained, sheltered garden. The sitting room on the first floor was available for family events birthday celebrations or private meetings. There was a separate hairdressing room, activities room and physiotherapy treatment room.

Facilities and procedures were in place to prevent and control the risk of infection. Hand washing facilities were located in the main entrance lobby, and wall mounted alcohol hand gel was available throughout the centre.

Inspectors reviewed up to date service records for all equipment including hoists, wheelchairs and beds. The lift between the first and second floors had been serviced, most recently in April 2014.

In general inspectors found the premises to be well maintained with suitable lighting, ventilation and heating.

Judgement:

Compliant

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a complaints policy which had been updated in 2013. Arrangements for dealing with complaints were publicised at reception and also contained in the statement of purpose which was available in all residents' rooms. The complaints procedure included a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of the Health Services Executive (HSE) and the Authority in dealing with complaints. The complaints policy identified the person in charge as the designated complaints officer.

Prior to the inspection questionnaires relating to the services provided by the centre were distributed by the Authority to residents and their families. The six returned questionnaires confirmed that residents were aware of the complaints process and who to make a complaint to.

Inspectors reviewed the complaints log. All complaints were investigated fully with the outcome being recorded and whether the complainant was satisfied with the outcome.

Judgement:
Compliant

Outcome 14: End of Life Care

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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:

The centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific themes of end of life care and nutrition. The centre had assessed itself as compliant with the regulations and standards in relation to end of life care. However, while inspectors found evidence to substantially support this assessment, there were areas for improvement particularly in relation to the planning of care for residents' end of life needs on an individual basis.

There was a policy on end of life care which covered issues like palliative care support, wishes recorded in a care plan and the involvement of family. There was also a policy on resuscitation which had been reviewed in January 2014. This outlined that cardiopulmonary resuscitation (CPR) was appropriate if there wasn't a written instruction regarding resuscitation status. The policy contained a flowchart outlining that resuscitation status would be discussed if there was any change in a resident's condition.

For all newly admitted residents care plans specifically included residents' wishes in relation to end of life. The care plans included issues like capacity to communicate regarding resuscitation, a summary of clinical reasons why CPR would be inappropriate and were signed by the resident, the GP and the person in charge. However, not all residents had care plans for end of life and the person in charge outlined that this issue was under review.

In relation to training six healthcare assistants had received recent training on palliative care support and one nurse had undertaken training on a holistic approach to palliative care.

There was a bright and spacious oratory. If the resident wished, the centre facilitated a prayer and removal service from the chapel for deceased residents. The meeting room on the first floor was made available specifically for families of residents at end of life. This contained a pull out bed, a television and tea making facilities. There was an end of life care box which contained oils, candles and appropriate bed linen.

Judgement:
Non Compliant - Minor

Outcome 15: Food and Nutrition

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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:

The centre had assessed itself as compliant during the national self assessment on food and nutrition undertaken by the Authority. During the inspection there was evidence to support this assessment.

A three week menu plan was available which offered good choice at all meals. The menu was reviewed and changed following feedback from residents via meal satisfaction surveys and feedback from the residents' committee.

There was a policy on nutritional needs. On admission each resident had an initial malnutrition universal screening tool (MUST) assessment. Of the sample care plans seen, the inspectors noted evidence of appropriate nutritional care planning. There was monthly recording of residents' weight, body mass index, weight loss and risk assessment of nutritional status. Residents' dietary intake was logged into the computer system after each meal.

Residents who were identified as having a change in nutritional status were referred to the dietician and/or speech and language therapist (SALT). The person in charge outlined that there was good access for residents to both services. A number of residents had been assessed as requiring modified diets by a speech and language therapist. Swallow care plans were available in the healthcare record. Each resident's assessed nutritional requirements were communicated to the chef and swallow care plans were available in the kitchen.

There was a policy on meals and mealtimes. There was a bright and spacious dining area. There were two sittings for each meal, the first of which catered for residents who required more assistance at mealtimes. There was sufficient staff available to offer

assistance at mealtimes and inspectors observed a pleasant dining experience. There was access to fluids and snacks throughout the day.

There was a policy on food safety which was based on the hazard analysis critical control points (HACCP) food safety system. The most recent Environmental Health Office (EHO) report was available which found the centre to be compliant with the relevant regulations.

Judgement:
Compliant

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors saw evidence that residents were consulted about how the centre was planned and run. Inspectors reviewed minutes of the residents' forum which had last met in April 2014. Items discussed included food, accommodation and the garden party. In response to one suggestion at the resident's meeting the activities coordinator had arranged for an outing to a local area of interest and there were posters up advertising this trip. Also arrangements had been put in place to facilitate residents to vote in the recent local and European elections.

Inspectors saw evidence that staff were aware of the different communication needs of residents. There was a policy on communication which included strategies for residents with vision and hearing impairments. Each resident had a communication assessment undertaken on admission and a care plan was initiated. The activities coordinator had undertaken a course on communication and had introduced a picture board communication system for one particular resident with cognitive impairment.

In relation to residents' dignity one double room did not contain adequate curtain screening to maintain privacy. Closed circuit television (CCTV) was in use in all external areas, corridors and some communal areas. There was signage outlining that CCTV was in use and while there was a policy on the use of CCTV the person in charge outlined that this policy was under review. Inspectors had concerns about the use of CCTV in internal areas and particularly the dayroom as this was an area, similar to a bedroom, where residents' had a reasonable expectation of privacy.

Inspectors spoke with a number of families of residents who confirmed that there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private.

Judgement:

Non Compliant - Moderate

Outcome 17: Residents clothing and personal property and possessions
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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspectors reviewed a policy on residents' personal possessions which satisfactorily outlined the arrangements in place for residents to retain control over their own possessions and clothing. Up to date inventories of residents' property were recorded on computer. Any further items purchased were added to each resident's property list.

Inspectors saw personalised living arrangements in residents' rooms with photographs and personal effects. A record was kept of any personal furniture that the resident owned. There were 32 single en-suite rooms and three twin en-suite rooms with suitable storage available for clothes, books and toiletries.

Clothes were marked with a label to ensure that residents' own clothes were returned to them.

Judgement:

Compliant

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.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a recruitment and selection policy which outlined that each prospective employee had to have:

- three written references, including one from the most recent employer
- Garda Síochána vetting
- medical certificate
- up to date registration with An Bord Altranais, if employed as a nurse
- volunteers had to have Garda Síochána vetting, training on protection of the elderly from abuse and a written contract.

The registration details of each nurse were found to be up to date. However, inspectors reviewed a sample of staff files and not all reference checks were completed in accordance with the centre policy.

Inspectors reviewed the staffing levels in the centre. There was an actual and planned staff rota which matched the staff on duty. There was 24 hours nursing cover provided by two nurses until 20:00hrs. There was one nurse on duty from 20:00hrs to 07:45hrs. The person in charge outlined that the rota was under constant review and an extra health care assistant had been made available from 16:00hrs to 22:00hrs. There were monthly staff and management meetings where among the issues discussed included the introduction of the new 16:00hrs – 22:00hrs. From examination of rosters and observation, inspectors were satisfied that staff were deployed in a manner which facilitated resident care and supervision and overall was sufficient in numbers and skill mix at this time.

Inspectors saw evidence of good supervision for staff at all levels in the organisation. All newly recruited staff had an induction process with probation reviews after three and six months. There was a performance review undertaken annually which gave each staff member an opportunity to discuss their role and also to discuss personal objectives and personal developments plans including further education.

There was a staff training programme in place but as outlined earlier in this report the training records were not accurate on the day of inspection. Documentation was subsequently submitted to the Authority which confirmed that all staff had received mandatory training on prevention of abuse of residents, fire safety and manual handling as required by the regulations.

Judgement:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Rockshire Care Centre
Centre ID:	ORG-0000688
Date of inspection:	26/05/2014
Date of response:	01/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 04: Records and documentation to be kept at a designated centre

Theme:

Leadership, Governance and Management

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

The healthcare records did not adequately ensure that confidential information was being filed securely as the information was in loose sheets and could easily become dislodged.

Action Required:

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

Though the loose sheets are kept in chronological order, more pockets will be added to the records to ensure loose sheets are kept safely in the medical notes.

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

Proposed Timescale: 18/07/2014

Outcome 06: Safeguarding and Safety

Theme:

Safe Care and Support

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

Each financial transaction relating to residents' expenses was not being signed and witnessed as required by the centre's policy.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

We have tightened up our process and residents now sign every individual transaction with a nurse who witnesses the action.

Proposed Timescale: 02/06/2014

Outcome 07: Health and Safety and Risk Management

Theme:

Safe Care and Support

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

Risk assessments were required in relation to window restriction on first floor, in particular in the staff room and the sluice room.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The sluice room window is now kept locked and the staff room window will have a restricted opening bracket put on. Also the staff room door key pad will be used at all times

Proposed Timescale: 27/05/2014

Theme:

Safe Care and Support

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

The smoking shelter did not have adequate fire fighting equipment.

Action Required:

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

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

A fire extinguisher has been put in place.

Proposed Timescale: 09/06/2014

Outcome 08: Medication Management**Theme:**

Safe Care and Support

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

It was not clear that a record of each drug and medication was signed and dated by the GP.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

All GP's are being asked to sign each individual drug prescribed when reviewing medications.

Proposed Timescale: 01/08/2014

Theme:

Safe Care and Support

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

The medication management policy did not state that the GP must sign the transcribed prescription sheet.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Though this is done in practice, the policy did not reflect the action. This has now been rectified.

Proposed Timescale: 16/06/2014

Outcome 11: Health and Social Care Needs**Theme:**

Effective Care and Support

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

Wound care had not been assessed, managed and recorded in accordance with the centre's policy.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Meeting has been held with all nursing staff to go through this incident. The wound assessment has now been added to the care plan – the resident has since had surgery and the wound has now healed.

Proposed Timescale: 27/05/2014

Theme:

Effective Care and Support

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

There was no evidence available that checks were being undertaken while restraint was being used.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

We have now gone back to manually entering this on a chart placed behind the residents chair to ensure ease of recording, but ensuring that resident confidentiality is maintained.

Proposed Timescale: 01/06/2014

Theme:

Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Inconsistent involvement of the resident or next of kin in the care planning process.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

We will now print off the record of care plans and talk with the resident or next of kin and ask them to sign the record

Proposed Timescale: 01/08/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All residents did not have a plan for end of life care.

Action Required:

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

All new residents have an end of life care plan. The nurses are now adding the end of life care plan to each resident as they review the plans

Proposed Timescale: 01/09/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Closed circuit television (CCTV) was in use in corridors and some communal areas.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

There are many areas around the home where residents can undertake personal activities. These will be highlighted to residents. From a health and safety point of view, we try not to have activities being carried out in corridors as this has been previous areas where falls risks have been identified via CCTV. The CCTV will be deactivated in the dining room.

Proposed Timescale: 21/06/2014

Theme:

Person-centred care and support

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

One double room did not contain adequate curtain screening to maintain privacy.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Curtains rail will be moved to ensure privacy is maintained.

Proposed Timescale: 01/07/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Some staff references had not been verified.

Action Required:

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

All records are now being reviewed on a quarterly basis as part of our audit programme. Staff recruited from abroad will need reference verification before they commence working at the centre.

Proposed Timescale: 18/08/2014