

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Rock Nursing Unit
Centre ID:	OSV-0000623
Centre address:	Ballyshannon, Donegal.
Telephone number:	071 9851303
Email address:	teresa.larkin@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mary Gwendoline Mooney
Lead inspector:	Mary McCann
Support inspector(s):	Geraldine Jolley
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	3

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 change in person in charge. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 July 2016 10:00 To: 13 July 2016 16:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant

Summary of findings from this inspection

This announced monitoring inspection was carried out as part of the Health Information and Quality Authority's (HIQA) regulatory monitoring function, to review progress made on the actions identified in the action plan, which was issued to the provider following the registration renewal inspection, carried out in May 2015 and to meet with the newly appointed person in charge.

As part of the inspection inspectors met with residents and staff members, observed practices and reviewed documentation such as care plans, the centre's statement of purpose, complaints log, audits, policies and procedures. The centre is registered to provide care to 22 residents. There were 19 residents living in the centre on the day of inspection, seven of whom were of maximum dependency, ten were high dependency, one medium dependency and one low dependency.

Residents spoken with by the inspectors stated they "were well cared for, staff look after us well, and if we need anything staff get it for us". The person in charge and staff members could tell the inspectors the specific needs of the residents, their likes, dislikes and background history. Many residents had been in the centre for a considerable period of time. The numbers and skill mix of staff were appropriate to

meet the assessed needs of residents and the size and layout of the centre. Communal areas were supervised and there was adequate staff to assist residents with their meals. Review of the roster showed that this was the usual staffing level. On the day of inspection recreational opportunities were available to residents in the sitting room and an activities programme with a designated activity co-ordinator was in place. A detailed training schedule was in place and all grades of staff had undertaken some training since the last inspection.

The person authorised on behalf of the provider and the person in charge were available for feedback of the findings at the end of the inspection. The reports from previous inspections of this centre can be accessed at www.hiqa.ie. There were eight actions in the previous action plan. Five actions were found to have been completed, one was partially completed, this related to auditing and two had not been addressed. These related to lack of privacy and dignity as a result of the multi occupancy rooms and the provision of multi occupancy premises.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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):

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

Findings:

At the time of the last inspection the inspector found that the auditing system required review to ensure that it was comprehensive and supports the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards. This remained the case. While regular audits were being completed the system required review to ensure a more in-depth analysis is undertaken for example regarding care planning, to analyse whether the care plans contain sufficient information to guide the staff in the delivery of safe care to meet the assessed needs of residents and that they are up to date. Inspectors were informed that a national group is currently reviewing the electronic 'Nursing Metrics' Audit System' in consultation with Older Persons Services Donegal, but no changes had been made to the metrics system to date.

At the time of the last inspection there was no evidence of consultation with residents and their families throughout the annual review of the service. This has been addressed. A quarterly newsletter is developed which contains an overview of the reviews completed and a copy is available to residents and relatives. Additionally a 'Family and Friends Focus Group' has been formed. These meetings are to enable residents' family members to communicate, support each other and to update family members of any changes or developments at the centre.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

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

Findings:

At the time of the last inspection, the contract required review to ensure it was clear with regard to services which were included under the contract and services which were subject to an additional fee payable by the resident. This had been addressed. Residents contracts of care have been reviewed to ensure clarity with regard to services provided and services that are subject to additional fee.

An easy to read /pictorial residents guide had been developed.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The post of person in charge has changed since the last inspection. The current person in charge had on occasions deputised for the previous person in charge prior to her appointment as person in charge, and has deputised into the post of person in charge since 28 September 2015. The person in charge is a registered nurse and is noted on the roster as working in the post full-time. Inspectors met with the person in charge and reviewed and discussed her qualifications, post and experience. She is registered nurse with 35 years experience of working with older persons. She has worked at the centre for approximately 18 years. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She is supported in her role by a clinical nurse manager, nursing, care, administration and ancillary staff. She and the staff team facilitated the inspection process and any documentation requested was swiftly made available.

The person in charge maintained her professional development and had completed training in dementia care, record keeping, safeguarding, care of the older person and end of life care. Her mandatory training in adult protection, manual handling and fire safety was current and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

A statutory notification to advise HIQA of a change to the person in charge had been received.

Judgment:
Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
At the time of the last inspection the inspector found that clear concise behaviour management care plans were not in place to provide direction to staff as to how to manage responsive behaviour. This had been addressed. Behaviour support plans were in place and these were reviewed and discussed regularly by staff. Discussions also included effective strategies to cope with and reinforce use of effective techniques in assisting individuals who present with responsive behavioural issues. Staff had attended training in management of behaviour and personnel from special mental health services were available to the centre.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: At the time of the last inspection while fire drills were carried out by staff, there were only undertaken on an annual basis and consequently not all staff were participating in regular fire drills to ensure safe swift evacuation of residents. This had been addressed. Fire drills were being carried out at suitable intervals to ensure that all persons working at the designated centre were aware of the procedure to be followed in the case of fire. Night time fire drills have been undertaken.</p>
<p>Judgment: Compliant</p>

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

Theme:
Effective care and support

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

Findings:
At the time of the last inspection assessments were not always used to inform the care plans. This had been addressed. Inspectors noted that the information collated as part of an assessment was utilised to form the care plan. However other aspects of care planning continued to require review.

Inspectors found that care plans were not consistently revised in response to changing needs. Where an event occurred for example a fall, a reassessment was not always carried out, and where it was completed the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented. Additionally, on some occasions where a resident was seen by a specialist service, the advice of the specialist was not incorporated into the care plan.

The health-care needs of residents were well met and residents had good access to General Practitioner (GP) services and to allied health professionals.

Judgment:
Non Compliant - Moderate

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The action with regard to accommodating residents in multi occupancy rooms remains incomplete. The current building poses a challenge to the delivery of care in line with the Statement of Purpose. A final plan of the refurbishment was shown to inspectors. The provider representative and the technical officer from estates who both met with the inspectors confirmed that refurbishment works to address privacy and dignity and enhance the premises would be completed by Easter 2017.

A new eighty bed unit on the site of the Sheil Hospital facilitating the closure of the Rock Nursing Home is planned. Planning for this has been submitted. Finance has been agreed and allocated by the Provider.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

As the premises include multi occupancy rooms and due to the design of the building this impacts on residents' privacy and dignity. The refurbishment described under Outcome 12 will address this action are completed. Staff have made significant efforts to try and ensure that the dignity and privacy of residents is respected to the best of their ability given the constraints of the environment. Care in progress signs, blinds and curtains are used by staff to protect residents' privacy and dignity.

Judgment:
Substantially Compliant

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:

Mary McCann
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:	The Rock Nursing Unit
Centre ID:	OSV-0000623
Date of inspection:	13/07/2016
Date of response:	23/08/2016

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:

While regular audits were being completed the system required review to ensure a more in-depth analysis is undertaken for example regarding care planning, to analyse whether the care plans contain sufficient information to guide the staff in the delivery of safe care to meet the assessed needs of residents and that they are up to date.

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:

A national group is currently reviewing the electronic nursing metrics auditing system in consultation with the Older Persons Services Donegal. A meeting of this group is convened for September 2016.

A guidance document has been produced from practice development to ensure a more consistent approach for staff in the interim.

Staff members will receive additional support from practice development; a system of auditing will be introduced whereby each member of the nursing team will be responsible for auditing a particular aspect of care e.g. food and nutrition. This will develop interest, skills and expertise particular to that care aspect to meet individual needs in a person centred manner and allow for shared learning.

Proposed Timescale: 31/12/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care plans were not consistently revised in response to changing needs.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Additional one to one care plan training has been requested for individual staff nurses in relation to care planning to addressing areas for improvement.

Nurses meetings will take place every 2 months at which nursing documentation and care planning will be discussed and relevant audits and results of same will be highlighted.

Individual nurses will be given responsibility for auditing specific areas of documentation e.g. a member of nursing staff will be allocated the role of auditing all documentation associated with Diet and Nutrition. This will involve Nursing staff auditing care plans written by their colleagues within the unit.

A folder has been made available for all staff to document informal discussions on residents with families and other Allied health professionals which will impact on residents care/planning.

Proposed Timescale: 31/03/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The existing action with regard to accommodating residents in multi occupancy rooms remained incomplete.

3. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Refurbishment plans have been drawn up by estates in order to address the privacy and dignity of Residents in multi occupancy rooms. This work will be starting in early 2017 date to be confirmed with HSE estates.

Plans for the new 80 bedded Nursing Unit at the Sheil Hospital have been submitted and 2021 has been estimated as the year of completion.

Proposed Timescale: 31/12/2021