Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Bishopscourt Residential Care
Centre ID:	OSV-0000200
Centre address:	Liskillea, Waterfall, Cork.
Telephone number:	021 488 5833
Email address:	info@bishopscourt.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bishopscourt Residential Care Limited
Provider Nominee:	Paul Vassallo
Lead inspector:	John Greaney
Support inspector(s):	Michelle O'Connor
Type of inspection	Announced
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	0

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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment)

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 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:
02 May 2017 10:30	02 May 2017 18:15
03 May 2017 08:30	03 May 2017 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

Bishopscourt Residential Care is a purpose-built single storey residential centre with accommodation for 60 residents. The location, layout and design of the centre was suitable for its stated purpose and met the needs of residents in a comfortable way. The centre is situated on large, well maintained grounds with ample parking facilities.

The purpose of this inspection was to inform a registration renewal decision. As part of the inspection process the inspectors met with residents, relatives, the person in charge, the assistant director of nursing (ADON), the general manager, two directors, care staff, the activity co-ordinator, catering staff, and household staff. Inspectors observed practices and reviewed documentation such as care plans, personnel records, medical records, training records, complaints file and financial records.

A new person in charge had been appointed since the last inspection. Through an interview process and throughout the inspection she demonstrated adequate knowledge of her legislative obligations to residents.

The centre was bright, clean and spacious. All areas were bright and well lit. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. There was a long corridor called "Flower Walk", in which residents could walk, uninhibited. This was a wide walkway with large glass window panels on either side. Colourful flowers, shrubs and overhanging trees decorated the route.

Questionnaires from residents and relatives were viewed by inspectors in the nursing home. The feedback from residents and relatives was predominantly one of satisfaction with the service and the care provided in the centre.

There was evidence of timely access to health care services facilitated for all residents. GPs visited the centre to review residents regularly. Residents had access to allied health services such as speech and language therapy, dietetics and tissue viability nurse through a nutritional supply company. Physiotherapy and occupational therapy were available on a referral basis, but access was poor. These services were also available privately for a fee. Residents also had access to a wound care clinic and there was evidence of referral and review.

There was significant improvement in the management of medications from the two most recent inspections. A new electronic prescribing and recording system had been introduced and based on a sample of prescriptions reviewed there was concordance with the medication administration record. Administration practice was in compliance with relevant guidance and medications were stored appropriately.

Some improvements, however, were required. For example:
• nursing documentation did not always provide adequate detail of the care delivered, in particular in instances where a resident was unwell and required medical treatment
• there were not always adequate records of the investigative process following a complaint and the outcome of complaints was not always documented
• some risks in the risk register were not rated and there was not always a review date
• some contracts of care contained signatures of relatives in the space designated for the resident
• the layout of the large sitting room required review to ensure it met the needs of all residents

The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National 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 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:
Governance, Leadership and Management

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

Findings:
The Statement of Purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was available to both residents and staff and explained the designated centre's aims, objectives and ethos of care. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
There was a clearly defined management structure. The person in charge was supported in her role by an assistant director of nursing (ADON). All nursing and healthcare staff reported to the ADON and ultimately to the director of nursing. There was a general

manager to whom catering, cleaning, maintenance, activities and other ancillary staff reported. The person in charge and the general manager reported to two directors, who were present in the centre on an almost daily basis.

There were regular management meetings that were attended by the two directors, the person in charge, the ADON, and the general manager. Minutes of these meetings were available for review and indicated that issues discussed included results of audits and staffing levels.

The person in charge met formally with nursing staff regularly and informally on a daily basis. For operational purposes staff were divided into two teams and one team was responsible for residents in Heather wing and the other team was responsible for residents in Fuscia wing. Each team was led by a staff nurse.

There was a programme of audits that included audits of falls, medication management, accidents/incidents, psychotropic medications, and the environment. There was evidence of action in response to issues identified.

There was an annual review of the quality and safety of care. The review addressed issues such as, results of audits, results of relatives and resident questionnaires, the environment and care planning process. The review, however, was not yet in a format that was available and accessible to residents.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:
An up-to-date resident's guide was available at reception which included a summary of services and facilities available, the terms and conditions of residency, the procedure respecting complaints and the arrangements for visits.

Each resident had a written contract of care stored securely with details of correspondence and invoices with respect to billing. Contracts of care outlined services to be provided to the resident and fees to be charged. Fees included; bed and board, nursing and personal care, bedding, laundry, and basic aids to assist with activities of daily living. Fees for additional services such as hairdressing, transport, and social

programmes, were also listed. However, not all contracts were signed appropriately by the relevant resident. Inspectors found that relatives often signed contracts of care, on behalf of a resident, in space reserved for residents to sign.

Judgment:
Substantially 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:
Inspectors were satisfied the centre was managed full-time by a registered and experienced nurse in the area of nursing of older people. The post of person in charge was held by the director of nursing and was appointed to the role in December 2016. Inspectors met the person in charge during the inspection and interviewed her in relation to her responsibilities. The person in charge demonstrated a good knowledge of the Regulations, the Authority's Standards and statutory responsibilities. Staff members confirmed that they regularly met with her, and she held regular staff meetings, minutes of which were read by inspectors.

Inspectors spent time with the person in charge and found she was familiar with the residents and their health and social care needs, and observed her interacting positively with them during the inspection.

The person in charge was supported and deputised by an assistant director of nursing (ADON).

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Inspectors found that the designated centre had 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. An effective quality management system was in place to review policies. These were clearly laid out containing; definitions, responsibilities, procedures, staff education, audit, records and both internal and external references. Staff were familiar with the centre's policies and these were seen to be implemented in practice. While all policies had been recently reviewed, the medication management policy required further review to ensure it adequately addressed current medication ordering, prescribing, storing, and administration of medicines following the introduction of a new system of medication management.

Other records listed in Schedules 2, 3 and 4 were also maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The residents' directory was available in an electronic format. This was continuously updated by staff and contained all of the information required under Regulation 19.

Inspectors saw evidence that the centre was adequately insured in respect of buildings, contents and stock. Injury to residents and loss or damage to residents' property were also covered.

Judgment:
Substantially Compliant

Outcome 06: 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:
Governance, Leadership and Management

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

Findings:
There was no period when the person in charge was absent for a period in excess of 28

days since the last inspection and the registered provider was aware of the obligation to notify HIQA should this arise. There were adequate arrangements in place for the management of the centre in the absence of the person in charge.

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:
The centre had measures in place to safeguard residents and protect them from abuse. There was an up-to-date policy on, and procedures in place for, the prevention, detection and response to abuse. There was a safeguarding team that met on a monthly basis, which included the person in charge, the ADON, a senior staff nurse and the general manager. Issues discussed at these meetings included responsive behaviour, incidents of chemical restraint use and care plans. Inspectors spoke with a number of staff who confirmed they had received training in adult protection and were able to answer questions satisfactorily about what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. The centre's training matrix indicated that all staff had received up-to-date training in the protection of vulnerable adults.

Residents indicated that they could speak to staff if they had any concerns and confirmed that they felt they were well looked after at the centre and felt safe.

There were systems in place to safeguard residents' money. The provider was pension agent for a small number of residents and there were adequate records of transaction completed by or on behalf of the resident. The centre held small sums of money for safekeeping and there were signatures of residents and or staff for any withdrawals. A new receipt book was obtained on the second day of the inspection to record lodgements and signatures of staff or residents verifying the amount lodged.

A policy and procedure was in place in relation to managing responsive behaviour. Training records indicated that all staff had received up-to-date training on responsive behaviour. Staff spoken with demonstrated the appropriate skills and knowledge to address responsive behaviour. The only form of restraint in use were bedrails and where

these were in place, there were records of the exploration of alternatives to the use of restraint. There were risk assessments completed prior to the use of bedrails and safety checks completed while they were in place. There was only minimal use of chemical restraint and this was monitored closely.

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

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

Findings:
Inspectors found suitable fire equipment was available throughout the centre and a programme of preventive maintenance was in place. Signage had been put in place to identify the nearest exit in the event of a fire, as requested following the last inspection. Personal emergency evacuation plans (PEEPs) had also been updated to identify the most appropriate means of evacuation for residents and possible psychological responses in the event of a fire evacuation. All staff had participated in mandatory annual fire training and regularly practiced drills. The timing and a critical appraisal of each drill was recorded. Staff interviewed by inspectors knew their specific role in the event of a fire and which fire extinguishers to use on different types of equipment and flammable substances. A manual call point was tested on a weekly basis, followed by an inspection of door release mechanisms. However, records did not demonstrate that the emergency lighting and fire panel were checked in accordance with recommended guidance.

Bishopscourt Residential Care had a detailed policy on risk management explaining how to identify risks, analysis of risk associated with a hazard, and also evaluation and impact scoring using a risk level matrix. A health and safety team was established to maintain a high level of interest and awareness of safety. Part of the team's duties included a building walk-through to identify risks. Risks were recorded in a risk register and action was seen to be taken in relation to identified risks. However, many of the risks were not clearly dated with regard to either when the risk was identified or when progress should be reviewed. Some of the risks had not been risk rated and some completed risk assessments were also contained in a separate folder to the risk registrar.

A hand hygiene audit was conducted in response to a hand hygiene/infection control risk contained in the risk register. Results were summarised and presented in the centre's annual Quality Assurance Report. An infection prevention and control team was also

established to address infection control risks. Meeting minutes included policy discussion, further education, outbreaks and laboratory results. However, no further action or learning was seen to be discussed following the use of a Hygiene Observation Tool in March.

An emergency response plan contained instructions for how to respond to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

An incident log was maintained electronically. Details of incidents were accurately logged by staff including; description, location, possible contributory factors, vital signs, risk rating, outcome, preventative measures and updates. Arrangements were in place for further investigating, auditing and learning from serious incidents/adverse events involving residents.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Improvements had been made to medication management practices following the most recent inspection in June 2016. The centre had recently introduced electronic prescribing and electronic medication administration records (MAR.). GPs could access the system remotely and prescribe medications using a secure login feature that created an electronic signature. All nursing staff also had a password and medications were administered from a prescription on an electronic tablet. The nurses' signature on the MAR was also electronic and times of administration of medications were accurately recorded on the system.

All nurses had attended training to learn about the new system and had an opportunity to practice with it for a period of time before the system went live.

Based on a sample of records reviewed, there was concordance between the prescription and the MAR. There was a GP signature associated with each medication on the prescription record. All medications that were to be crushed prior to being administered were individually prescribed. Medications requiring special control measures were stored appropriately and were counted at the time of administration and at the end of each shift. Medications requiring refrigeration were stored in the fridge and

the door of the fridge was locked. The fridge temperature was monitored and recorded.

The medication management policy was recently updated to support the new medication management system, however, it was not sufficiently comprehensive to reflect current practice. For example, it did not address the level of access and roles of nurses, the pharmacist or GPs to the electronic system. It did not accurately reflect current prescribing, ordering or administration of medicines. This action is addressed under Outcome 5, Documentation.

Judgment:
Compliant

Outcome 10: 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(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Based on a review of records, inspectors were satisfied that notifications were submitted in accordance with the requirements of the regulations.

Judgment:
Compliant

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

Findings:
There was evidence of timely access to health care services facilitated for all residents.

GPs visited the centre to review residents regularly. Residents had access to allied health services such as speech and language therapy, dietetics and tissue viability nurse through a nutritional supply company. Physiotherapy and occupational therapy were available on a referral basis, but access was poor. These services were also available privately for a fee. Residents also had access to a wound care clinic and there was evidence of referral and review.

Inspectors reviewed care plans for residents and these were seen to be person centred and reviewed at least four-monthly. Care plans were maintained on an electronic system and there were facilities in the centre for nursing staff to update resident files after care was delivered. Care plans were easy to follow, up to date and were individualised. There was a comprehensive assessment of all activities of daily living and appropriate risk assessments were completed in the care plans reviewed, such as moving and handling, skin integrity, falls and nutritional risk assessments. Residents and/or their relatives were involved in the development and review of the care plans.

There was evidence of good care in the management of wounds and care plans provided adequate guidance on the care to be provided. Some improvements, however, were required in relation to nursing documentation detailing what care was delivered. For example, in the case of one resident whose condition had deteriorated resulting in transfer to hospital, nursing documentation was scant around the level of observation and care provided to the resident in the hours leading up to the transfer. It was not possible to determine from the nurses notes if doctors instructions had been followed or if there were any complications following a procedure carried out earlier in the afternoon.

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:
Bishopscourt Residential Care is a purpose-built single storey residential centre with accommodation for 60 residents. The location, layout and design of the centre was

suitable for its stated purpose and met the needs of residents in a comfortable way. The centre is situated on large, well maintained grounds with ample parking facilities.

The centre was bright, clean and spacious. All areas were bright and well lit. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. There was a long corridor called "Flower Walk", in which residents could walk, uninhibited. This was a wide walkway with large glass window panels on either side. Colourful flowers, shrubs and overhanging trees decorated the route. Residents participated in the selection of plants, herbs and vegetables, potting out and maintenance of this walkway, in conjunction with the activities coordinator. The enclosed garden was a peaceful retreat, sheltered from the wind. It contained raised plant beds, wooden benches and umbrellas. Residents were seen relaxed, sitting out, and enjoying the sunshine.

Resident' accommodation comprised 36 single and 12 twin-bedded rooms, all of which were en suite with shower, toilet and wash-hand basin. For operational purposes the centre was divided into two sections, Fuschia which contained bedrooms one to 30 and Heather, which contained bedrooms 31 to 48. There were 30 residents in each section.

All bedrooms were adequate in size and some were seen to be personalised. It was observed that there was adequate room in the bedrooms for furniture, including a bed, a chair and storage. The rooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side.

Parts of the centre were repainted since the last inspection and there was noticeable improvement in relation to the removal of scuff marks and chipped paint. Approximately 52 of the 60 residents had dementia or some degree of cognitive impairment. Signage had been enhanced since the last inspection to support residents navigate around the centre. However, there continued to be minimal use of contrasting colours. Efforts were seen to have been made since the last inspection to decorate living space with memorabilia, to create a more familiar and homely environment for residents. This included antique sideboards, gramophones, gilded mirrors, typewriters, telephones, piano and historical photographs.

There was a large bright day room with a floor to ceiling glass wall at on end. This was a large, long room that was used by most of the residents and was where some of the main activities took place. High backed chairs aligned in rows for some events and activities created a somewhat institutionalised atmosphere. The positioning of the TV meant residents couldn’t see it from many parts of the room. There were two smaller sitting rooms decorated to a high standard and had comfortable seating. There was also a visitors' room with tea and coffee making facilities.

Some improvements were required in relation to the premises. For example:
- the hairdresser’s room contained the only assistive bath in the centre. However, the layout of the room was not suited to private bathing
- activities props and equipment were seen to be wedged under protective casing boxes in a store room
- on the second day of the inspection some door closure devices did not function properly.

There were adequate sanitary facilities, such as communal toilets and bathrooms and adequate sluicing facilities. There was a large well-equipped kitchen with adequate hand hygiene and changing facilities for staff. There was evidence of good practice in relation to the management of clinical and domestic waste.

There were up-to-date records of the maintenance of equipment such as beds, clinical equipment, speciality chairs and hoists.

Judgment:
Substantially 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(s):
No actions were required from the previous inspection.

Findings:
The centre had an up-to-date policy and procedure on the management of complaints.The person in charge was the complaints officer and the general manager was the independent appeals officer. The policy did not, however, detail who was responsible for overseeing complaints to ensure they are all responded to and that adequate records are kept.

The procedure for making complaints was on display in a prominent place at the reception area and there were also leaflets available at reception for residents and relatives which explained the complaints process. Residents told inspectors that they could speak with the person in charge or a staff member if they had any complaints and felt that they would be listened to.

Inspectors reviewed the complaints log and found that improvements were required in relation to the maintenance of records. For example, the details of all complaints were recorded, however, details of the nature of the investigation undertaken were not always recorded. Additionally, for some complaints there were adequate records of the investigation process but a conclusion was not made by the complaints officer as to whether or not the complaint was upheld.

Judgment:
Substantially 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(s):
No actions were required from the previous inspection.

Findings:
There were written policies and procedures in place for end-of-life care and for the management of residents' resuscitation status. The centre was in the process of documenting residents wishes in relation to end of life care. Staff provided end of life care to residents with the support of their GP and the community palliative care team, to which there was good access. Religious preferences were documented and there was evidence that they were facilitated. Most residents were catholic and a priest visited the centre each Tuesday to celebrate mass. The needs of other denominations were respected and supported. 36 of the 48 bedrooms were single rooms, so the option of a single room was usually available. Family and friends were facilitated to remain with the resident and there were adequate facilities for relatives to remain overnight.

Judgment:
Compliant

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

Findings:
There were policies and procedures to guide practice in relation to the management of nutrition. There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were assessed for the risk of malnutrition on admission and at regular intervals thereafter using a validated tool. Residents' were weighed regularly. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on weight reducing, diabetic, high protein

and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served.

All residents had breakfasts in their bedrooms but had their lunch and supper in the dining rooms, with the exception of one or two residents. There was one large dining room that was partitioned and a smaller adjacent dining room. Breakfast was served for most residents from 08:00hrs, lunch was served from 12:15hrs and supper was served from 17:00hrs. Dining tables were nicely set out with table cloths and cutlery, and while they were quite crowded at mealtimes, it provided for a social occasion. Residents were seen to interact with each other during meals and were supported to be as independent as possible with their meals. Residents that required assistance with their meals were assisted by staff in a respectful and dignified manner. Choice of food was available at mealtimes and meals appeared to be nutritious and were attractively presented.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Inspectors found extensive efforts were made to involve residents in the running and improvement of the centre. Communication channels included staff meetings, one-to-one meetings, residents' and relatives' group meetings, newsletters, notice boards, information leaflets, letters from management, suggestion boxes and organisational surveys. A residents' charter of rights was displayed in the reception in addition to contact information for SAGE advocacy services.

Resident's individual communication needs were clearly explained and available in care plans. A sample of communication plans were viewed for residents with auditory and visual impairments. Instructions set out how to approach and deal with various types of communication difficulties.

The results of a client questionnaire were included in the annual Quality Assurance Report. Twenty-five families responded with an overall satisfaction with the service of 93%. Residents' meetings were held on a monthly basis covering topics such as food,

activities and the environment. Each meeting was responded to with a letter from management outlining any actions taken to address issues raised. Relatives support meetings took place quarterly and minutes indicated topics discussed included care plans, end of life, activities, ethical questions and mental capacity. A newsletter was published every two months. It contained a note from management, an upcoming event schedule and photos of residents, events and entertainment. There was also a large uptake by residents and relatives, on HIQA questionnaires distributed prior to the inspection.

In general, common themes could be seen throughout resident and relative feedback. People were very happy with staff "very helpful and kind", the quality of care, the 'Flower Walk', the food and the cleanliness of the centre "The place is gleaming!". However, some recurrent issues highlighted included the busyness and crowding of the day room at times, corridors not wide enough, issues with bathing, the front door alarm, and requests for more excursions.

Residents were facilitated to exercise their civil, political and religious rights. A secure ballot box, brought to the centre under Garda Síochána supervision, enabled residents to participate in the election process. Residents were kept informed of local and national events through the availability of newspapers, radio and television. The centre recognised and supported the spiritual needs of residents. The rosary was held every evening in the dayroom at 6pm. Mass was held on a Tuesday followed by the singing of hymns. Ministers of the Eucharist also attended residents on a Saturday evening.

An extensive activities programme was organised for residents between 11am and 9pm during the week, and from 2pm to 9pm on weekends. The programme was designed to promote physical health, mental health and wellbeing, and was also seen as an opportunity for residents to socialize. Activities included music, Sonas, harp therapy, percussion therapy, art therapy, flower arrangement, spiritual occasions, reminiscences and bingo. Physiotherapy exercise groups were smaller and usually reserved for residents who had recently experienced a falls incident or were at high risk of falls. While there was an additional charge for activities, residents had the option to not subscribe and participate. A quarterly report was submitted to management, outlining events, occasions and detailing how activities were conducted.

An open visiting policy was in place and relatives spoken with said they had always felt welcome in the centre. A family room with tea and coffee making facilities and landscaped gardens were available for private conversations. Telephones were also installed in all bedrooms which allowed residents to stay in touch with family and friends.

Judgment:
Substantially Compliant

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

Findings:
The centre had a policy on residents' personal property and possessions. Inspectors viewed evidence of the maintenance of residents' personal property records. Some included photographs of residents' valuables. Residents had the option of storing such valuables securely in the centre's safe, which was accessible only by senior management.

Residents appeared well groomed and had adequate storage space for personal belongings in their rooms, including access to a lockable drawer. All clothes, bedding and linen was laundered on site. Colour coded bins were used to separate laundry and red alginate bags were used to identify contaminated infectious material. All clothes were clearly labelled and residents and relatives seemed happy with the service. The laundry facility itself was efficiently organised but lacked hand washing facilities.

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

Findings:
On the previous inspection, issues arose with staff files and vetting disclosures. Inspectors viewed evidence that staff were now recruited, selected and vetted in accordance with best recruitment practice and in line with the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2013. All staff nurses had up-to-date registration with An Bord Altranais agus Cnáimhseachas na hÉireann. Volunteers were supervised appropriate to their level of involvement in the centre.

Inspectors were satisfied that the centre had sufficient staff with appropriate skills, qualifications and experience to meet the assessed needs of residents and the size and layout of the designated centre during the day and at night. All staff had had mandatory in-house training in fire safety, manual handling and safeguarding vulnerable people. Other in-house training provided on an ongoing basis to continually update the knowledge of staff included; responsive behaviour, medication management, nutrition, food safety, dysphagia, end of life, dementia, CPR, wound care, clinical audit and venepuncture. However, approximately half of staff had not received training in evidence-based hand washing techniques. This was particularly relevant considering there had been a recent outbreak of an influenza like illness. Attendance at conferences, courses and seminars was encouraged and opportunities for private study were encouraged. All staff underwent induction training followed by a six month probationary period. Annual performance appraisals considered staff productivity, targets and performance.

Staff were aware of the Regulations, Standards and previous inspection reports. These were available in both the staff room and at nurse's stations. Staff meetings were held every two to three months for both nurses and health care assistants. Topics covered included responsive behaviour, medication management, wound assessments, incident reporting and fire drills.

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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Bishopscourt Residential Care
Centre ID:	OSV-0000200
Date of inspection:	02 and 03 May 2017
Date of response:	29 May 2017

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:
The annual review was not yet in a format that was available and accessible to residents.

1. Action Required:
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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

Please state the actions you have taken or are planning to take:
The Quality Assurance Summary Review has been summarised and made available to Residents

Proposed Timescale: 31/05/2017

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all contracts were signed appropriately by the relevant resident. Inspectors found that relatives often signed contracts of care, on behalf of a resident, in space reserved for residents to sign.

2. Action Required:
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

Please state the actions you have taken or are planning to take:
Contracts signed by relatives will be reviewed and residents requested to sign them. Where a resident does not wish to sign this will be documented.

Proposed Timescale: 30/06/2017

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:
While all policies had been recently reviewed, the medication management policy required further review to ensure it adequately addressed current medication ordering, prescribing, storing, and administration of medicines following the introduction of a new system of medication management.

3. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
The Medication Policy is being updated in light of the introduction of the e medication system.

Proposed Timescale: 30/06/2017

Outcome 08: 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:
Some of the risks in the risk register had not been risk rated.

4. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
All risks identified will be risk rated.

Proposed Timescale: 30/06/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Many of the risks in the risk register were not clearly dated with regard to either when the risk was identified or when progress should be reviewed.

5. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
All risks will be dated when identified and when progress will be reviewed

Proposed Timescale: 30/06/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documented action or learning in response to the findings of a hygiene audit carried out in March 2017.

6. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
The actions and learning have been implemented and documented in response to the findings of the hygiene audit carried out in March 2017

Proposed Timescale: 31/05/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records did not demonstrate that the emergency lighting and fire panel were checked in accordance with recommended guidance. .

7. Action Required:
Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:
That the emergency lighting and fire panel were checked and who did so is now recorded.

Proposed Timescale: 31/05/2017

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:
Some improvements, however, were required in relation to nursing documentation detailing what care was delivered. For example, in the case of one resident whose condition had deteriorated resulting in transfer to hospital, nursing documentation was scant around the level of observation and care provided to the resident in the hours leading up to the transfer. It was not possible to determine from the nurses notes if doctors instructions had been followed or if there were any complications following a

procedure carried out earlier in the afternoon.

8. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Provide further training in documentation to all nurses. Ongoing Audits are now in place to determine compliance and quality.

Proposed Timescale: 30/06/2017

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:
Some improvements were required in relation to the premises. For example:
- the hairdresser's room contained the only assistive bath in the centre. However, the layout of the room was not suited to private bathing
- activities props and equipment were seen to be wedged under protective casing boxes in a store room
- on the second day of the inspection some door closure devices did not function properly
- the positioning of the TV meant residents couldn't see it from many parts of the room.

9. 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:
The layout of the Assistive Bathroom will be reviewed.
Activities props and equipment have been removed and the area kept clear.
Door closure devices have been checked and repaired.
Layout of main dayroom will be reviewed.

Proposed Timescale: 31/07/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints policy did not detail who was responsible for overseeing complaints to ensure they are all responded to and that adequate records are kept.

10. Action Required:
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
Complaints Procedure has now been updated with a nominated person to oversee complaints.

Proposed Timescale: 31/05/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors reviewed the complaints log and found that improvements were required in relation to the maintenance of records. For example:
• details of the nature of the investigation undertaken were not always recorded
• for some complaints there were adequate records of the investigation process but a conclusion was not made by the complaints officer as to whether or not the complaint was upheld.

11. Action Required:
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:
Complaints Officer will ensure all complaints are investigated and records maintained in line with policy.

Proposed Timescale: 31/05/2017

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:
There was not always documented evidence of a response from management to issues raised in questionnaires, such as the busyness and crowding of the day room at certain times, corridors not wide enough, issues with bathing, the front door alarm, and requests for more excursions.

12. Action Required:
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:
Response will be made following issues raised through questionnaires and committee a response will be made with those issues.

Proposed Timescale: 31/05/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Approximately half of staff had not received training in evidence-based hand washing techniques.

13. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
All Staff have now received training in hand washing

Proposed Timescale: 31/05/2017