

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rochestown Nursing Home
<b>Centre ID:</b>	OSV-0000275
<b>Centre address:</b>	Monastery Road, Rochestown, Cork.
<b>Telephone number:</b>	021 484 1707
<b>Email address:</b>	rochestownnursinghome@yahoo.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Brenda O'Brien
<b>Provider Nominee:</b>	Brenda O'Brien
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	Susan Cliffe Noel Sheehan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	20
<b>Number of vacancies on the date of inspection:</b>	2

## 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 21 July 2017 13:30 To: 21 July 2017 16:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate

**Summary of findings from this inspection**

This report sets out the findings of an announced inspection of Rochestown Nursing Home which is registered to deliver care to 22 residents. This was the seventeenth inspection of the centre by the Health Information and Quality Authority (HIQA). It was a specific inspection to follow up a number of issues from the previous inspection undertaken on the 05 July 2017 and this report should be read in conjunction with the report from that inspection. The centre had a history of non-compliance identified during previous inspections in January, June and September 2015 and although significant progress and improvements had been seen on an inspection undertaken in March 2016, inspections in January 2017 and 05 July 2017 again identified high levels of non-compliance. Governance and management of the centre and ineffective recruitment and retention of staff were some of the key non-compliances identified. Because of evidence of on-going and persistent non-compliances noted on the inspection in January 2017, two further restrictive conditions were attached to the registration of the centre, one which outlined that no new residents were to be admitted to the centre which came into effect on the 15 June 2017. During the inspection of the 05 July 2017, the inspectors saw that the condition which directed the registered provider not to accept any further admissions to the designated centre had been breached.

This inspection was focused on following up on staff files and residents finances which inspectors did not have full access to on the previous inspection on the 05 July 2017. Prior to this announced inspection a letter was sent to the provider requesting to have a number of items ready for inspection. This included the requirements of schedule 2 of the Care and Welfare Regulations 2013 for all staff working in Rochestown Nursing Home on a full or part time basis from 01 January 2017 to the current date. A copy of all payroll records for all staff who have been on the payroll

on a full or part time basis from 01 January 2017 to the current date. And a copy of individual accounts and receipts where the registered provider is acting as pension agent for residents.

During this inspection, the inspectors met with residents, the provider and staff members. There was a lively music session taking place in the lounge which the majority of residents attended. Residents with whom the inspectors spoke confirmed their enjoyment of the music session and the external musician who played regularly for them.

A number of significant issues were identified by inspectors during the previous inspections in January 2017 and 05 July 2017 regarding unsatisfactory practices in the recruitment of staff, lack of provision of mandatory training for staff, poor governance and a lack of senior staff. On this inspection staff files were checked for all staff working in the centre. Inspectors found that recruitment practices continued to be unsafe and put the residents at risk. The inspectors identified gaps in vetting procedures, with staff commencing employment without appropriate vetting and references being attained for them. A number of part time staff had no staff files, therefore no vetting was in place and there was no evidence that some part time nurses were registered with the Irish nursing board to practice. The provider was made aware again that this was a major non-compliance and that lapses in the recruitment process put vulnerable people at risk. Following the inspection in January 2017, the inspectors were given assurances that issues with recruitment would all be prioritised and rectified. However inspectors found this had not happened and in fact found that issues had deteriorated in that further staff had been employed without any vetting or checks taking place. Residents finances were also looked at during the inspection particularly in relation to residents that the administrator was a pension agent for. The inspectors found the systems in place to manage these finances were not sufficiently robust and improvements required at the previous inspection had not been implemented. Overall inspectors concluded that the current governance and management arrangements of the centre were not effective to safeguard residents. There was evidence of a lack of understanding of the regulatory requirements by the provider in relation to many aspects of the running of the centre. Following this inspection the provider attended an escalation meeting at the HIQA office.

Issues identified are addressed under the relevant outcomes in the body of the report and a number of improvements were required to comply with 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 (2016). These are dealt with in the Action Plan at the end of this report.

**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 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):**

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

**Findings:**

On all of the recent inspections, inspectors found that a sample of staff files did not contain all of the information required under Schedule 2 of the Regulations. On the inspections in January and July 2017 Staff had been recently recruited and did not have Garda vetting in place. The National Vetting Bureau (Children and Vulnerable Persons) Act 2012 has set out that registered providers of designated centres are required to ensure that no person recruited on or after 29 April 2016 (whether on a part-time, full-time, volunteer or other basis) is allowed to work at, or be involved with, the designated centre unless the registered provider has sought and received a vetting disclosure from the National Vetting Bureau of An Garda Síochána. The provider was made aware that this was a major non-compliance in January 2017 and assured inspectors that she had commenced the process of applying for Garda vetting. Staff without vetting were removed from duties until satisfactory vetting was in place. However on the 05 July 2017 inspectors found staff had continued to be recruited and employed without satisfactory vetting.

During the course of a number of previous inspections, there has been on-going non compliance with regard to recruitment and the maintenance of staff files in this centre. For this reason, inspectors planned to more comprehensively review staff files on this specific issues inspection. On the previous inspection a full list of staff employed in the centre was not available to inspectors but thirty-one staff were counted by looking at staff files, the roster and a signature sheet. Prior to this inspection the inspector requested a full list of all staff that were employed in the centre to be forwarded to the inspector. Also prior to this announced inspection a letter was sent to the provider

requesting to have a number of items ready for inspection. This included the requirements of schedule 2 of the Care and Welfare Regulations 2013 for all staff working in Rochestown Nursing Home on a full or part time basis from 01 January 2017 to the current date. A copy of all payroll records for all staff who have been on the payroll on a full or part time basis from 01 January 2017 to the current date. And a copy of individual accounts and receipts where the registered provider is acting as pension agent for residents.

The provider furnished the inspector with a list of 32 staff, this did not include the provider and the administrator. On the previous inspection, inspectors also identified a number of staff who were not on the providers current list. It was very difficult to establish from the duty roster the identity of staff as the duty roster only featured first names or often names people were known by which were not their official name. The provider was advised that this need to be rectified immediately to ensure the duty roster was fully reflective of the full identity of who was working in the centre. Although a copy of the duty roster of people working at the centre was available there was not a record of whether the roster was actually worked. The inspector saw the name of a staff member on the roster who was on sick leave yet the roster did not indicate who replaced the staff member.

The provider made available all staff files for the inspectors to review. However the inspectors found that although the provider had put the files into a more organised manner, in that staff now had individual files instead of all being in one large file. There continued to be major gaps evident in the majority of files. In summary, there continued to be a number of staff without staff files and Garda vetting as had been identified on the previous inspection. Some had references missing, gaps were evidenced in CV's. The provider had taken some steps to attain vetting for some of the staff identified on the inspection in January 2017. However, this was not available for all staff and further staff were recruited and vetting records were not available. One newer member of staff commenced employment in May 2017, but management had not received Garda vetting clearance until a month later. This same staff member did not have any references on file. Inspectors also saw that while a number of staff files were marked as audited, gaps remained in CVs with regard to work experience. Staff files were not maintained in line with best practice in record keeping and as previously identified there were no staff files available for a number of staff. The centre did not maintain a correct record of all persons currently and previously employed at the designated centre, including in respect of each person, the dates on which he or she commenced and ceased to be employed, the position he or she holds and the work he or she is to perform. Which is required by legislation. There was also not a full record of staff training for all staff available.

Due to issues of noncompliance on the inspection in January 2017, the Chief Inspector decided to attach two additional conditions to the registration of this centre. These conditions restricted all admissions until regulatory non-compliances were addressed. A new certificate of registration was issued to the provider on the 15 June 2017. On the 05 July inspection an older version of the certificate was on display at the entrance to the centre. However on this inspection the new certificate was displayed as is required by the Health Act.

**Judgment:**

Non Compliant - Major

***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):**

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

**Findings:**

There were some systems in place to safeguard resident's money. Residents had individual safes in their bedrooms to keep their valuables and most residents were responsible for their own finances. There were receipt books available for chiropody and hairdressing demonstrating residents' receipt of these services. The administrator was a pension agent for a number of residents and a sample of records viewed showed that pensions were collected and then paid directly into the nursing home account. The department of social protection requires that the full amount must be paid to the resident before any deductions can be made. However these residents did not have personal bank accounts and inspectors saw that sums of money were being paid into and held within the nursing home account and not in a separate resident account. The provider deducted the money required for their care and generally returned the money to resident in block payments. This goes against the requirements of the social welfare which requires the balance of payment to be lodged to an interest bearing account for the resident. It also requires that there should be clear separation between the residents account and that of the service.

Inspectors saw that the service had written a cheque of the balance to be given back to one resident, the resident did not wish to have it in cash so an un-cashed cheque was held for them which meant the money remained in the nursing home account. The system currently being used did not facilitate residents to accumulate interest on their savings and their finances were not fully protected as it was in the nursing home account. The provider reassured inspectors that this would be addressed on the previous inspection but the situation remained the same on this inspection.

**Judgment:**

Non Compliant - Moderate

## 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:***

Caroline Connelly  
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 report<sup>1</sup>**

<b>Centre name:</b>	Rochestown Nursing Home
<b>Centre ID:</b>	OSV-0000275
<b>Date of inspection:</b>	21/07/2017
<b>Date of response:</b>	21/08/2017

**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 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:**

The centre did not maintain a correct record of all persons currently and previously employed at the designated centre, including in respect of each person the dates on which he or she commenced and ceased to be employed, the position he or she holds and the work he or she is to perform. And a record of staff training for all staff was not available..

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

A copy of the duty roster of people working at the centre and a record of whether the roster was actually worked.

**1. Action Required:**

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

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

The Governance Manager is undergoing a review of all staff files to ensure they are in compliance with Schedule 2. Mandatory training has taken place since the last inspection. These include responsive behaviour training, elder abuse, infection control, CPR, & Fire training with more training scheduled to take place.

Proposed Timescale: Ongoing

**Proposed Timescale:**

**Theme:**

Governance, Leadership and Management

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

A large number of staff files did not contain the requirements of schedule 2. The inspectors identified gaps in vetting procedures, and staff commencing employment without appropriate vetting and references being attained for them. A number of part time staff had no staff files, therefore no vetting was in place and there was no evidence that some nurses were registered with the Irish nursing board to practice. The provider was made aware again that this was a major non-compliance and that lapses in the recruitment process put vulnerable people at risk.

**2. Action Required:**

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

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

A new member of staff has been recruited in relation to governance and management. This was outlined in the proposed Governance and Management plan which was submitted on the 11/08/17.

Due to a number of emergency unplanned absences of nursing staff there was a reliance and urgent need to provide emergency cover of nursing staff on an ad-hoc basis. This practice has now discontinued and a number of these staff have now been placed on a bank system which will ensure that all of the necessary staff files are in place should emergency cover be required from this staff pool in future.

**Proposed Timescale: 30/08/2017**

## Outcome 07: Safeguarding and Safety

**Theme:**

Safe care and support

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

The system in place to protect residents finances was not sufficiently robust.

**3. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

After consultation with the bank and Department of Social protection, the nursing home is currently setting up individual resident accounts for which would be used only for the purposes of paying residents pensions into.

Proposed Timescale: Ongoing

**Proposed Timescale:**