

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rockshire Care Centre
Centre ID:	OSV-0000688
Centre address:	Rockshire Road, Ferrybank, Waterford.
Telephone number:	051 831108
Email address:	info@rockshirecarecentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	RCC Care Limited
Provider Nominee:	Michael Dwyer Snr.
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	5

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:
03 May 2017 08:30	03 May 2017 18:00
04 May 2017 07:30	04 May 2017 15:30

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	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially 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	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of a two day announced inspection to inform a decision for the renewal of registration. Rockshire Care Centre was a purpose built nursing home that was constructed in 2007 and the overall design and layout of the premises was largely reflective of the period in which it was built. The centre has the capacity for 38 residents and was located in the south east region of Waterford City.

On the days of inspection there were 33 residents living in the centre.

This registration inspection was announced and took place over two days. It was the tenth inspection of the centre by the Health Information and Quality Authority since it was deemed a designated centre under the Health Act 2007. As part of this registration inspection, the inspector met with residents, staff, the physiotherapist, the person in charge, the operations manager and the provider representative. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The care provided to residents was of a good standard with an emphasis on providing a homely and caring environment. Many of the residents (73%) had been assessed as having high to maximum dependency level needs. In addition, the person in charge informed the inspector that nearly the same number of residents had a formal diagnosis of dementia. Nursing care was in line with contemporary-based practices. There was a respectful, supportive and positive atmosphere in the centre and residents had choices for example about getting up times, what to get involved in and where to have their meals. The inspector noted that residents engaged in activities within the centre that were meaningful and purposeful to them. The inspector spoke to the activities coordinator and witnessed examples of various activities such as reminiscence therapy, gentle exercises and various games that were enjoyed by residents.

The physical environment was well maintained and there was an ongoing programme of maintenance. Residents' accommodation was laid out over two floors. There were 32 single en suite bedrooms and three double en suite bedrooms. There are also seven additional toilets of which two were wheelchair accessible. There were a number of lounge areas on both floors which were well furnished and comfortable. The sitting room on the ground floor included a library area and led to a large, well maintained, sheltered garden. The sitting room on the first floor was available for family events, birthday celebrations or private meetings. There was a separate hairdressing room, activities room and physiotherapy treatment room. Overall the centre was found to be bright, spacious and well decorated.

There were 18 outcomes reviewed as part of this inspection, 10 of the 18 outcomes were compliant and five outcomes substantially compliant with the regulations. However, the following three outcomes were deemed to be moderately non-compliant; health and safety and risk management, medication management and suitable staffing. These non-compliances are discussed throughout the report and the action plan at the end of the 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:

There was a written statement of purpose that described the service that was provided in the centre. The inspector noted that the services and facilities outlined in the statement of purpose, and the manner in which care was provided, reflected the diverse needs of residents. The statement of purpose contained all of the information required by schedule 1 of the regulations and was reviewed annually.

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):

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

Findings:

The inspector spoke with the operations manager who outlined a clearly defined management structure that was in place. This structure identified who was in charge, who was accountable to whom and the reporting relationships within the organisation.

Staff who spoke with the inspector were able to demonstrate good knowledge of this system. There was a copy available of the annual review into the quality and safety of care delivered in the centre as required by regulation. There was a system in place to improve the quality and safety of the service. This included the person in charge supported by other staff undertaking regular audits. These audits were available to the inspector and included, amongst others: falls, hygiene and infection control, health and safety, the use of restraint, the quality of life, nutrition and medication. Although the person in charge was only recently appointed to this post however, he clearly outlined how these audits informed the quality and governance of the centre. The person in charge explained how the findings and actions from these audits were being used to focus areas for improvement in the centre. The provider representative met with the person in charge on a daily basis and formally at the senior management committee meetings that were held as required, but at a minimum every month.

There was evidence of meetings with staff and regular meetings were held with residents. The inspector noted the recently appointed person in charge was well know to residents and relatives to whom the inspector spoke with. He informed the inspector that he had made getting to know all the residents a priority and described how he spoke to nearly every resident each day. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge was proactive in addressing any concerns or issues raised. Where areas for improvement were identified in the course of this inspection the person in charge and the provider representative demonstrated a conscientious approach to addressing these issues and a commitment to compliance with the regulations.

There was also evidence of good consultation with residents and relatives via resident/relative questionnaires that were provided as part of this registration inspection. It was of note that the person in charge and staff were identified as being very supportive and approachable by respondents to these questionnaires. However, the allocation of staff was identified in one of these questionnaires as an issue of concern. Staffing levels at times was also identified one residents' representative to whom the inspector spoke. Staff spoken to also identified staffing as an issue particularly when replacement staff were required for example due to sick leave. In addition, improvements in staffing had been identified as an issue in the previous inspection report. The person in charge and the provider representative acknowledged that staffing had been an on-going issue. They both confirmed that they were on call to assist staff when required. In addition, the person in charge outlined that the provider representative had recruited an additional three health care assistants and three additional staff nurses that had just commenced working in the centre. In addition, the person in charge informed the inspector that he was in the process of establishing a relief bank of staff to replace any unplanned staff vacancies. This issue was further detailed and actioned under outcome 18 of this report.

Judgment:
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:

Copies of both the standards and regulations were maintained on site. Records checked against Schedule 2 in respect of documents to be held in relation to members of staff were adequate. All of the records to be maintained by the centre, in accordance with Schedule 3, such as a complaints log, records of notifications and a directory of visitors were available. The inspector reviewed the available documentation for matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Up-to-date, site specific policies and procedures were in place and the majority had been recently reviewed and updated as appropriate.

There was a suitable resident records in place and these included computerised care plans, care assessments and nursing records. There were paper based medical notes, and also a directory of residents which incorporated the necessary biographical information. Maintenance records for equipment including hoists and fire-fighting equipment were also available. A plan for responding to emergencies including fire and evacuation procedures was in place. The inspector reviewed a selection of contracts of care that had been signed as per the regulations. The contracts' set out the services to be provided and set out all fees to be charged to the resident including fees for an additional services. The contracts of care reviewed also contained details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

A Residents' Guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

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 person in charge was recently appointed and the inspector interviewed him during the second day of inspection. The inspector found that the person in charge was a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The person in charge operated on a full-time basis and had extensive experience in clinical care and had held the position of person in charge in his previous employment. He had achieved PhD level in the area of dementia care and had published extensively in this and many other related areas such as end of life, cognitive impairment and older persons care. The person in charges' academic achievements were particularly relevant in the context of 24 residents currently living in the centre with a diagnosis of dementia. In addition, the person in charge had held previous senior management positions, was a qualified nurse tutor, a registered general and psychiatric nurse and held a management qualification.

The person in charge had attended various clinical and professional development training courses to keep his skills up-to-date and also attended relevant conferences during the year. The person in charge was well known to residents and both residents and staff confirmed that he was available to provide support at any time. The person in charge confirmed that he maintained an open door policy to residents, their representatives and staff.

Throughout the course of the inspection the person in charge demonstrated a highly professional approach to the role that included a strong commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities.

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:

The inspector reviewed the available documentation for matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Up-to-date, site specific policies and procedures were in place. Copies of both the standards and regulations were maintained on site. Records checked against Schedule 2 in respect of documents to be held in relation to members of staff were adequate. All of the records to be maintained by the centre, in accordance with Schedule 3, such as a complaints log, records of notifications and a directory of visitors were available. However, records required under Schedules 3 and 4 of the Regulations were not adequate for example the end of life care plan for a resident who recently passed away was not person centred and this finding is detailed and actioned under outcome 14 of this report. Documentation relating to fire drill practices were not adequate this failing was detailed in outcome 8 of this report. In addition, the documentation in relation to medication management was not adequate with gaps for example in the recording of staff signatures in relation to medication administration. This issue was actioned under outcome nine of this report.

There was a suitable maintenance records for equipment such as beds and hoists and records of fire-fighting equipment were also available. A plan for responding to emergencies including fire and evacuation procedures was in place.

Records and documentation available were securely controlled, maintained in good order and retrievable for monitoring purposes. A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

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:

Both the provider representative and person in charge understood the statutory requirements in relation to the timely notification of any instances of absence by the person in charge that exceeded 28 days and also the appropriate arrangements for

management of the designated centre during such an absence.

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):

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

Findings:

The provider representative and person in charge outlined a recently reported incident that was being managed as an alleged incident of abuse in the centre. The provider representative and person in charge provided assurance in relation to the current safeguarding actions that they had instigated in response to this alleged incident. The inspector noted that suitable notification to HIQA in relation to this allegation had been made and the provider representative and person in charge were adhering to the centres' policies and procedures in relation to the safeguarding of residents from abuse.

The inspector noted that documentation on the prevention, detection and reporting of abuse was in keeping with the national guidelines and contained both indicators of abusive behaviours and a format for an internal investigation and screening process. The provider and person in charge were present and actively engaged in the operation of the centre on a daily basis. Residents informed the inspector that they felt safe in the centre and identified the staff and the person in charge as being very approachable. Staff interviewed confirmed their attendance at suitable prevention, detection and reporting of abuse training. They were clear on their responsibilities, the requirement for on-going "vigilance" and their confidence in the person in charge to take appropriate action if and when required. All staff had attended training in relation to the prevention, detection and reporting of elder abuse.

There was evidence of adequate recruitment practices including verification of references. There was a good level of visitor activity and one relative to whom the inspector spoke stated that they visited the centre at various times including during the morning and evening times and had no concerns. Other regular visitors included transition year students from a local school, students from Waterford institute of Technology and students on placement completing Further Education and Training Awards Council (FETAC) level 5 course.

There was a policy in place on the safeguarding of residents' property, finances or possessions. The inspector spoke with staff who articulated adequate practices in the management of a small number of residents' finances including mechanisms for auditing such records.

The inspector observed that there was an easy rapport between staff and residents and also that residents were comfortable in asserting themselves and bringing any issues of concern to any of the staff. In addition, over the course of the two days of the inspection, it was clear that the person in charge was "hands on" in his management approach. He maintained a highly visible presence in the centre on a daily basis, attended each morning handover and was approachable to all residents, visitors or staff.

The management of behaviours that challenge policy was adequate. The training records of responding to behaviours that challenge training indicated that staff had received training in 2016/2017. The inspector noted that most but not all staff had attended training in responding to behaviours that challenge. In addition, the person in charge outlined his plans for training in relation to the management of residents with dementia to be provided to all staff by end of this year. However, not all staff had received training in dementia care.

The person in charge stated that they were working towards promoting a restraint free environment. The inspector saw that the person in charge along with staff promoted a reduction in the use of bed-rails. This reduction had occurred following the completion of an audit into the incidence of restraint and the development of a strategy to reduce their use. This included increasing the awareness around the hazards of the use of restraint and training of staff in the provision of alternatives such as low-low beds, crash mats and/or bed alarms. Regular safety checks of all residents were being completed and documented. The level of restraint used was monitored and audited closely. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with the inspector confirmed this. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails or lap belts. From the sample of care plans reviewed the inspector noted that all risk assessments in relation to the use of restraints had been reviewed every four months or more often if required.

Judgment:
Substantially 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):

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

Findings:

The fire policies and procedures reviewed were centre-specific and the fire safety plan was found to be adequate. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to most but not all staff on dates in 2016 and 2017. The person in charge told the inspector and records confirmed, that fire drills were undertaken twice per year with the most recent recorded in April 2017. However the actions taken and outcome of the fire drill was not documented, therefore there was no record of learning from the drill or improvements required as a result.

There were emergency exit (running man) directional signs positioned at suitable locations throughout the centre however, one sign was not positioned correctly and pointed the wrong way. In addition, fire safety doors into the sitting room were wedged open by a armchair. The inspector examined the fire safety register with detailed services and fire safety tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in February 2017, emergency lighting was last inspected in May 2017 and the fire alarm was last tested in January 2017. In addition, there were records of weekly fire alarm and emergency lighting and daily monitoring of fire exits.

A record was maintained of all accidents and incidents in the centre and the records seen satisfied the requirements of Schedule 3. Each incident was reviewed individually with evidence of corrective actions to prevent a reoccurrence. There were arrangements in place for learning from adverse incidents involving residents. The centre had centre specific policies relating to health and safety and the safety statement had been reviewed in April 2017. There was a plan in place for responding to major emergencies likely to cause death, injury, serious disruption to essential services or damage to property. There was a risk management policy in place and the policy included measures and actions in place to control specified risks as required by regulation. However, the inspector found that the hazard identification process was inadequate as a number of potential hazards were identified by the inspector that had not been risk assessed including:

- there was unsecured access to the staff changing room which contained a number of staff personal items including a number of unsecured personal bags
- the hit and miss fencing around the outdoor garden area to the rear of the centre required risk assessing
- there were no grab rails to support residents with reduce mobility from the centre into the garden area
- there was unrestricted access to a small storeroom that contained bottles of chemicals that may have been hazardous to a resident with a cognitive impairment

There was a shelter provided for residents' who smoked tobacco. The person in charge confirmed that currently no residents who smoked tobacco. A policy was in place and referenced the requirement for risk assessments to be completed for any resident that

did smoke in relation to their capacity to smoke safely.

The internal circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. Staff confirmed that personal protective equipment such as latex gloves and plastic aprons were available. Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place including reading materials and regular training. Overall the centre including the communal areas and bedrooms were generally found to be clean and there was adequate standard of general hygiene at the centre. However, there were a number of infection control issues including:

- while there was a daily cleaning schedule available however, there was no deep cleaning schedule available
- the floor of one of the sluice rooms was unclean and there was cobwebs in both sluice rooms
- there were four bags of soiled laundry unsuitably stored on the floor near the prayer area
- the management of soiled linen as described by some staff was not in keeping with the centres' policy or best practice in relation to the prevention and control of healthcare associated infections
- there was two large opened containers of creams/ointments unsuitably stored on the toilet cistern in a public bathroom
- there was a urinal unsuitably stored on the floor of a public toilet
- there were one soiled incontinence pad unsuitably located on the floor of one residents' ensuite bathroom
- the shower drain covers in a number of residents' ensuite bathrooms were unclean and contained matted hair
- there was dust in the shower extractor fans of a number of residents' ensuite bathrooms
- the bins in some of the residents' ensuite toilets were unsuitable as they did not have any lid/covers
- some of the cleaning mops were unsuitably stored in the cleaning buckets
- there was evidence of rust like material located at the base of one of the sinks in a sluice room
- the cleaning practice as described by staff was not in keeping with the centres' cleaning policy or best practice

Documentation seen indicated that hoists required for moving techniques in resident care were serviced regularly. Care plans contained a current manual handling assessment and plan that referenced the specific equipment required for resident and staff safety. Manual handling practices observed were seen to be in line with current best practice and the training matrix recorded that all staff were trained in manual handling.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The person in charge had audited medication management practices. The centre implemented measures to monitor the safety of medication at each stage of the medication management cycle and there was evidence that errors directly attributable to practice within the centre were detected and managed. The centre had operational policies relating to the ordering, prescribing, storage and administration of medicines. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system. Residents were facilitated to have their medicines dispensed by their pharmacist of choice. All medicines were stored securely within the centre and a fridge was available for all medicines or prescribed nutritional supplements that required refrigeration, and the temperature of this fridge was monitored. Nursing staff with whom the inspector met outlined an adequate procedure for the ordering and receipt of medicines in a timely fashion. The medication trolley was secured and the medication keys were held by the staff nurse on duty. The inspector observed a nurse administering the lunch time medications on the second day of the inspection in line with An Bord Altranais and Cnáimhseachais na hÉireann guidance to Nurses and Midwives on Medication Management (2007).

The inspector reviewed a number of medication prescription charts and noted that most included the resident's photograph, date of birth, general practitioner (GP) and details of any allergy. Medication administration sheets identified the medicines on the prescription sheet and allowed space to record comments on withholding or refusing medications.

There was a system in place for reviewing medications on a three monthly basis by the GP and pharmacist and this was documented in residents' notes.

However, the practice of transcription of medication was not in line with the centre-specific policy or the guidance issued by An Bord Altranais agus Cnáimhseachais for all prescriptions seen. One transcribed prescription had not been co-signed by the prescriber within 72 hours.

Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start and end of each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records. However, the inspector noted that there were some co-signing gaps in the records for controlled medications. In addition, the times of medication administration did not match the times on the prescription sheet.

The option for residents to self-medicate was in place and this was supported by a

centre specific policy. There was adequate and secure storage provided for the residents' medicinal products and access was limited to the resident. However, The practice described to the inspector by staff was not in keeping with the centres' policy or the guidance issued by An Bord Altranais agus Cnáimhseachais. For example there was unsuitable supervision or recording provided to facilitate the resident with self-administration. There was inadequate evaluation (including on-going evaluation) of the residents' ability to self-administer as appropriate. The practice of self-administration of medications was not adequately evaluated and audited.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents and incidents as required.

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):

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

Findings:

At the time of inspection there were 33 residents living in the centre and staff had assessed the level of residents' dependence in their activities of daily living as follows; one low, eight medium, 13 high and 11 maximum dependency. This equated to the vast majority (73%) of residents as being assessed as high to maximum dependency level. In addition, the person in charge informed the inspector that nearly the same number of residents (24) had a formal diagnosis of dementia.

There was evidence that timely and appropriate access to medical review and treatment was provided and was supported by the medical records seen. Residents' choice of general practitioners (GP's) was facilitated and the inspector noted that there were currently up to 17 general practitioners (GP's) attending the centre. On the second day of inspection, the inspector met one of the general practitioners (GP's) and the person in charge described the commitment and clinical support that the GP's provided to residents and staff in the centre. There was documentary evidence of adequate access to other health professionals including speech and language therapy, dietetics, tissue viability, optical review and chiropody.

The inspector noted that there was suitable referral and discharge records and records of the information provided when a resident was temporarily transferred or discharged from the centre were maintained

The inspector spoke to the physiotherapist who worked three days a week in the centre and the inspector observed her working with residents in group and individual sessions. Residents to whom the inspector spoke described how the regular access to the physiotherapist had supported and aided their recovery. The physiotherapist outlined on-going work in relation to falls prevention which included measures identified in falls prevention care plans. There was evidence of falls being monitored including reassessments of falls risks and the updating of the falls prevention care plans by staff after each fall. Falls were reviewed individually to identify any possible antecedents or changes as appropriate. The inspector observed staff in the delivery of care to residents, interacted with staff and reviewed records including medical records, nursing records, correspondence from other healthcare facilities and clinical audits. The inspector was satisfied that all staff spoken with were familiar with each resident's needs and care plans and overall few deficits were identified in between planned and delivered care. Residents and their representatives to whom the inspector spoke were complementary of the care, compassion and consideration afforded to them by staff in the centre.

The centre had a computerised care planning system in place and all staff could access this system through computers in nurses offices and via touch screen technology with screens conveniently located in a number of areas in the centre. There was a system of nurse allocation or named nursing to ensure consistency of approach and person centred care. Each resident's assessed needs were set out in residents' care plans. Based on a random sample of care plans reviewed; the inspector was satisfied that the care plans generally reflected the resident's assessed needs, assessment was supported by a number of evidenced-based assessment tools and plans of care to meet needs

were appropriate and generally adequate. Overall the assessments and care plans were reviewed four-monthly or more frequently as required. A daily nursing record of each resident's health, condition and treatment given was maintained and each resident's vital signs were recorded regularly with action taken in response to any variations. However, as found on previous inspections, some care plans were generic and did not adequately elaborate on the care interventions required by residents, nor did they always reflect the care observed in practice. There continued to be a lack of evidence of resident and/or family or next of kin involvement in the development of care plans. As identified on the previous inspections, end-of-life care plans were not adequate for residents in the sample of files reviewed and this issue was actioned under outcome 14 of this report.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

Rockshire Care Centre was a purpose built nursing home that was constructed in 2007 and the overall design and layout of the premises was largely reflective of the period in which it was built. Residents' accommodation was laid out over two floors. There were 32 single en suite bedrooms, three double en suite bedrooms. There are also seven additional toilets of which two were wheelchair accessible. There were a number of lounge areas on both floors which were well furnished and comfortable. The sitting room on the ground floor included a library area and led to a large, well maintained, sheltered garden. The sitting room on the first floor was available for family events birthday celebrations or private meetings. There was a separate hairdressing room, activities room and physiotherapy treatment room. Generally the centre was found to be bright, spacious and well decorated.

Rockshire Care Centre was located in the south east region of Waterford City and was in walking distance of shops and other local amenities. On the days of inspection there were 33 residents living in the centre. Most resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. Signage throughout the centre had text and pictures to help residents to identify communal rooms and to support way

finding. The inspector noted that where signs were located on residents' bedroom doors; they had been positioned at eye height. A separate kitchen was located off the main dining room. The internal circulation areas, toilet facilities and shower/bathrooms were adequately equipped with hand-rails and grab rails. Working call bells were accessible from each resident's bed and in most rooms used by residents and the inspector observed that call bells were answered in a timely manner. However, there were a number of improvements required in relation to the premises including:

- the door of one public toilet did not have any locking mechanism
- paintwork on some walls and doors was marked or slightly damaged by friction from beds and other equipment and required attention
- some of the tiles in one ensuite bathroom were cracked required replacement
- there was no call bell available in the hairdressing room
- the covers of some chairs were stained or worn and required attention.

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:

There was a policy and procedure for making, investigating and handling complaints dated as reviewed by the person in charge in April 2017. The complaints process was displayed in the main reception area and was also outlined in the statement of purpose and function and in the residents' guide. There was evidence that complaints were discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback was given to the complainant. It was noted that the level of satisfaction or otherwise was also recorded. All complaints were reviewed regularly by the person in charge to identify any learning or changes that were required. However, the person in charge agreed to review the low level of recorded complaints.

Judgment:

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:

At the time of inspection there were no residents receiving end of life care and the inspector reviewed a care plan of a recently deceased resident. Generally there was evidence of a good standard of medical and clinical care provided and the person in charge outlined that if required appropriate access to specialist palliative care services would be provided. The inspector found that staff were aware of the policies and processes guiding end of life care in the centre. Staff to whom the inspector spoke outlined suitable arrangements for meeting residents' needs, including ensuring their comfort and care and were able to describe suitable and respectful care practices in relation to end of life care provision. The inspector noted that families were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly as required. There were some facilities to support relatives remain with their loved ones during end-of-life including facilities to enable families remain overnight, if required. However, as already referenced under outcome 11; in relation to the documentation and end of life care not all residents' care plans were adequately completed.

Judgment:

Substantially 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):

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

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. Drinks such as water, milk, tea and coffee were available. Access to fresh

drinking water was available at all times and jugs of water were observed at various locations in the centre. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by staff.

There were two sittings and the dining experience was a social occasion with a number of residents seen chatting with each other throughout their meal. Staff also used meal times as an opportunity to engage in a meaningful way with residents, particularly with residents to whom they gave assistance. Those residents on modified diets were offered the same choices as people receiving normal diets. A rolling menu was in place to offer a variety of meals to residents. The inspector noted that most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. Residents spoken with agreed that the food provided was always tasty, hot and appetising. The dining experience had been subjected to a residents satisfaction survey in February 2017. Overall residents were happy with the food provided and some residents stated that that "the food was really very good/excellent". Food was served from the nearby kitchen by a team of staff and was well presented. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. The inspector spoke with the chef who outlined how she was knowledgeable about residents dietary needs and preferences. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were available in the kitchen.

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:

Respect for privacy and dignity was evidenced throughout both days of inspection. Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to

stay in their room or spend time with others in the communal room. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in each of the three multi-occupancy bedrooms to protect the residents' privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents' care plans for example residents who used hearing aids. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Residents choose what they liked to wear and staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards residents. A number of visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. The inspector noted that the recently appointed person in charge clearly knew all residents. A number of residents told the inspector that the person in charge had attended a recent residents' committee meeting. They gave examples of changes brought about following this meeting such as changes to menu options and activities provided in the centre.

The residents' committee met regularly and minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. A number of residents spoke of their involvement in the committee and said it was a useful forum to have their say in the running of the centre. There was evidence that residents with dementia were consulted with and were represented in the committee.

Closed circuit television (CCTV) was positioned at the entrance to the building, in corridors, and outside in the grounds. However, the provider was requested to review the positioning of one CCTV camera to ensure that it was positioned in accordance with the data protection legislation and to maintain the privacy and dignity of the residents.

Residents had access to the daily newspaper, magazines, books and several residents were observed enjoying the newspapers. Residents also had access to radio, television, and information on local events. It was evident that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. A range of activities were facilitated, for example, live music sessions, story telling, dancing, social evenings, prayers/mass, bingo. The inspector spoke to the activities coordinator and witnessed examples of various activities including gentle exercises and quizzes that were enjoyed by residents. On the second day of inspection there were a number of school children from a local secondary school observed participating in activities with residents. In addition, some residents left the centre to go to restaurants or local social events.

From speaking to residents it was clear that a number were not able to advocate for themselves and relied on the support of their relatives/representatives. In addition, residents' were facilitated to have access to an independent advocacy service.

The person in charge confirmed that the provider representative visited the centre daily. The person in charge outlined as the centre was relative small; he was able to actively consult with residents and their representatives on a regular basis. However, in relation to the use of residents' photographs the inspector noted that written consent was not

always obtained.

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:

Laundry facilities were provided off-site, there were appropriate arrangements in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. There was a policy signed and dated by the person in charge in April 2017 in relation to the management of residents' personal property and the safekeeping of any personal items or monies. The inspector spoke with a member of the management team with responsibility for the managing residents' finances. He outlined robust procedures to support the policy including a record log and system of double signing for transactions. Residents and relatives that the inspector spoke with indicated that they were satisfied with the arrangements in place in relation to the management of residents' personal property and on the safekeeping of any personal items or monies in the centre.

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):

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

Findings:

Staff spoken with were aware of the regulations and the HIQA standards and where to access them in the centre. The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Up to date registration for 2017 was seen for nursing staff as required by an Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland.

From a review of staff files and from speaking to staff the inspector noted all staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. There was evidence of good recruitment practices including the verification of written references and the on-going appraisal and supervision to ensure good quality care provision and improve practice and accountability. The provider confirmed that all staff working in the centre had been Garda vetted.

The staffing rota confirmed that there was a nurse on duty at all times. Whilst on the days of inspection, there was a full complement of staff according to the staff duty roster however, the inspector was not satisfied that at all times, there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of the residents. This view was formed from speaking to residents and staff, from review of complaints' records, minutes of residents committee meetings and feedback from resident/relative questionnaires. The person in charge accepted staffing had been an issue at times for example following an unexpected absence of a staff member due to sick leave and a replacement staff member had not always been available. The operations manager confirmed that the number of residents' vacancies had been kept at five until there had been sufficient staff resources available. The person in charge outlined recent improvements in staffing. These included a significant increase in the number of staff available to work in the centre. In addition, the person in charge had recently developed a bank of relief staff to provide additional cover for when unexpected staff vacancies occurred.

There was an education and training programme available to staff and the training matrix indicated that a number of staff were up-to-date with the majority of mandatory training. However, as described in a number of outcomes of this report there was inadequate training of some staff as required by regulation for example in relation to behaviours that challenge and dementia care which was actioned under outcome 7 of this report.

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:

Vincent Kearns
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:	Rockshire Care Centre
Centre ID:	OSV-0000688
Date of inspection:	03 and 04 May 2017
Date of response:	06 June 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 07: Safeguarding and Safety

Theme:

Safe care and support

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

To ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging and dementia care.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

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

The Person in Charge has developed a 10-session teaching programme which will be rolled out over the next 12 months. All staff will take sessions on Introduction to Dementia; Understanding & Managing Behaviours in Dementia and Communication in Dementia. In addition, all nursing staff will take a session on Medication Management in Dementia. These sessions will be mandatory for staff and each will be presented a number of times so that all staff have more than one opportunity to attend. The remaining 6 sessions will be optional however staff will be facilitated and encouraged to attend these also. The 6 optional sessions will only be made available after all staff have completed the mandatory dementia training.

Proposed Timescale: June 2017 to June 2018

Proposed Timescale: 30/06/2018

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:

To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre including risk assessing the following:

- there was unsecured access to the staff changing room which contained a number of staff personal items including a number of unsecured personal bags
- the hit and miss fencing around the outdoor garden area to the rear of the centre required risk assessing
- there were no grab rails to support residents with reduce mobility from the centre into the garden area
- there was unrestricted access to a small storeroom that contained bottles of chemicals that may have hazardous to a resident with a cognitive impairment

2. 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:

- A new lock has been installed on the staff room door and notices have been erected to remind staff to keep this door locked at all times.
- Plastic "wire" is being tacked on to the surface of this fencing to prevent anyone from being able to climb it. This fence has been risk assessed.
- Grab rails will be installed/erected to support residents using these doors.
- A new lock has been installed to the store room door and a notice has been erected to

remind staff to keep it locked at all times.

Proposed Timescale: June 2017 to August 2017

Proposed Timescale: 31/08/2017

Theme:

Safe care and support

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

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 including:

- there was no deep cleaning schedule available
- the floor of the sluice room was unclean and there was cobwebs in both sluice rooms
- there were four bags of soiled laundry unsuitably stored on the floor near the prayer area
- the management of soiled linen as described by some staff was not in keeping with the centres' policy or best practice in relation to the prevention and control of healthcare associated infections
- there was two large opened containers of creams/ointments unsuitably stored on the toilet cistern in a public bathroom
- there was a urinal unsuitably stored on the floor of a public toilet
- there were one soiled incontinence pad on the floor of one residents' ensuite bathroom
- the shower drain covers in a number of residents' ensuite bathrooms were unclean and contained matted hair
- there was dust in the shower extractor fans of a number of residents' ensuite bathrooms
- the bins in some of the residents' ensuite toilets were unsuitable as they did not have any lid/covers
- some of the cleaning mops were unsuitably stored in the cleaning buckets
- there was evidence of rust like material located at the base of one of the sinks in a sluice room
- the cleaning practice as described by staff was not in keeping with the centres' cleaning policy or best practice

3. 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:

● A deep cleaning schedule has now been developed and has commenced. Housekeeping staff are being trained in this regard. A checklist has been developed which must be signed by the housekeeper who undertook the cleaning and this will be countersigned daily by the nurse on duty. A hygiene audit has been undertaken in May

2017 and this will be incorporated into our regular audit schedule. Rooms will be deep cleaned on a rotational basis with two being deep cleaned each day. Rooms will also be deep cleaned after a resident has been discharged/deceased.

- The issue of blocked shower outlets; dirty floors in sluice; cobwebs will be addressed in the deep cleaning schedule.

- Separate laundry skips are being sourced currently. Residents' soiled laundry will be placed in sealed plastic bags with a name tag attached, or in orange alginate bags if contaminated with body fluids/secretions. These will not be placed on the corridor for collection by the contracted laundry service to collect. Rather they will be placed in a linen skip to be collected by the laundry staff. Linen requiring laundering will be placed in a separate skip as this is sent to a different laundry. At no times should any bags of laundry/linen be placed on the floor. All relevant staff have been told this on a number of occasions since the inspection and this will be reiterated to staff at the daily handover meeting. A number of teaching sessions will be held between June and September to ensure all staff are aware of our policy and best practice guidelines in regard to management of soiled laundry. The issue of using communal tubs of creams will be banned and staff will be informed both verbally and in writing. Notices will also be erected in communal/public bathrooms to this effect. Staff will be reminded about and a notice erected in sluice rooms about the proper storage of urinals. Staff have been reminded about placing used incontinence pads directly into the bins provided and never on the floor.

- Blocked/dirty shower covers; drains; tiles; extractor fans etc will be addressed in the general cleaning and deep cleaning schedules.

- Bins without covers in residents' bathrooms will be replaced.

- Wall clasps have been installed in sluice rooms and the cleaners cupboard so that mops can be stored upright against the wall.

- The base of the sink with rust will be repaired/replaced.

Proposed Timescale: June 2017 – August 2017

Proposed Timescale: 31/08/2017

Theme:

Safe care and support

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

To ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

4. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire extinguisher training has been scheduled for August/September 2017. All staff will have completed training by late September 2017.

Proposed Timescale: July – September 2017

Proposed Timescale: 30/09/2017

Theme:

Safe care and support

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

To make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents including ensuring that all safety doors are not wedged open and suitable emergency exit signage.

5. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Doors that have been wedged open have been attended to and are now compliant. The incorrect emergency exit sign has been replaced.

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:

To make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

6. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency

procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Notices will be erected throughout the building displaying action to be taken if someone's clothes catch fire. This information will also be incorporated into the fire training schedule. The fire training schedule and attendance grid has been reviewed and staff requiring updating in this training have been identified. A training schedule has now recommenced to address this deficit.

Proposed Timescale: June to September 2017

Proposed Timescale: 30/09/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

To ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product including the management of transcribed medications, the co-signing records for controlled medications, the times of medication administration and the times on the prescription sheet and the management of residents to self medicate.

7. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All nursing staff will update their HSE Land medication management training; will renew their in-house medication management training; and will attend a workshop in house on medication management with a specific focus on documentation. The Director of Nursing has identified the staff whose medication management documentation was inadequate. All staff have been corresponded with in this regard.

Proposed Timescale: 31/10/2017

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:

To prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre and ensure that care plans are person centred with individualised care interventions that reflect the care observed in practice.

8. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Staff training will be commenced to address any deficiencies in care planning, including the 48 hour rule and end of life care planning. All nursing staff have been corresponded with in this regard and a notice has been displayed on epicCare. A system will be put in place whereby the matter of the 48 hour rule will be captured in our care plan audit schedule.

Proposed Timescale: June to September 2017

Proposed Timescale: 30/09/2017

Theme:

Effective care and support

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

To make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

9. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

This issue will be addressed in the careplanning staff training schedule set out above. Resident and/or family careplanning reviews and information/collaboration sessions will be held every 3 months for each resident (or more frequently if indicated by a significant change in a care plan). Residents and/or family members will be invited to co-sign the resident's care plans.

Proposed Timescale: July 2017 – December 2017

Proposed Timescale: 31/12/2017

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:

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 including:

- the door of one public toilet did not have any locking mechanism
- paintwork on some walls and doors was marked or damaged by friction from beds and other equipment and required attention
- some of the tiles in one ensuite bathroom were cracked required replacement
- there was no call bell in the hairdressing room
- the covers of some chairs were stained or worn and required attention.

10. 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 above issues will be addressed in the on-going risk assessment and maintenance schedules as both these schedules are intertwined. Paintwork will be attended to; tiles will be replaced; cracks will be repaired; locking mechanisms will be installed; and a new call bell will be installed in the hairdressing salon. Chair covers will be cleaned and/or repaired and/or replaced as necessary.

Proposed Timescale: June – October 2017

Proposed Timescale: 31/10/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

To provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned that includes suitable end of life care plans.

11. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

This issue will be addressed in the care planning workshop which has been outlined above. Emphasis will be placed on personalising all care plans, particularly those whose focus is on end of life matters. I also plan to reinstate the practice of compiling a life story book for each resident in conjunction with the resident and their family as this will assist in personalising care plans.

Proposed Timescale: July 2017 – December 2017

Proposed Timescale: 31/12/2017

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:

To ensure that each resident can exercise their civil, political and religious rights including given consent in relation to the use of personal data such as personal photographs.

12. Action Required:

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

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

All residents will be consulted and consent will be sought for all photographs used and for the use of any other personal data.

Proposed Timescale: June 2017 – August 2017

Proposed Timescale: 31/08/2017

Theme:

Person-centred care and support

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

To ensure that each resident may undertake personal activities in private including the appropriate use of CCTV cameras in the centre.

13. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The cameras in question have been realigned and the CCTV monitors confirm that they are no longer intruding into residents' space.

Proposed Timescale: June 2017

Proposed Timescale: 30/06/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

To ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

14. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Two nurses were recruited in April 2017 to replace 2 who left and they are now on staff. Another new nurse is awaiting a visa and will commence work soon and a fourth nurse is also being recruited and will be available from September 2017. The DoN has also recruited 2 new Care Assistants and a relief panel of nurses and care assistants has been developed to assist in times of staff shortages.

Proposed Timescale: May 2017 – September 2017

Proposed Timescale: 30/09/2017