

**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 / 484 3640
<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>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	19
<b>Number of vacancies on the date of inspection:</b>	1

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
09 April 2019 20:00	09 April 2019 22:45
10 April 2019 08:30	10 April 2019 17:40

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in September 2018 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, the provider, the governance manager, the nurses on duty and other staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection. The centre did not have a dementia specific unit however, at the time of inspection there were 3 of the 19 residents residing in the centre with a formal diagnosis of dementia and two further residents suspected of having dementia. The inspector observed that many of the residents functioned at high levels of independence.

This centre has a history of regulatory non-compliance identified over the course of five inspections throughout 2017 and 2018. These inspections identified issues of concern around the overall governance and management of the centre, recruitment practices and the management of resident's finances. Over that period of time there has been ongoing interaction between the Office of the Chief Inspector and the provider. The Chief Inspector issued a notice of proposal to refuse to renew the registration of the centre in June 2018. On receipt of this notice the provider made representation to the Chief Inspector citing improvements which had been implemented. A further inspection was undertaken in September 2018 to assess the effectiveness of these improvements and following this and ongoing interactions with the provider, the registration renewal of Rochestown Nursing Home was granted for 20 residents only. Further restrictive conditions were attached to the registration requiring the centre to remain compliant with overall governance and management. Notwithstanding the requirements placed on the registered provider to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, the registered provider was also required to take all necessary action to comply with specific regulations that were outlined in the certificate of registration renewal.

The office of the chief inspector had also received information of concern in relation to staffing turnover and medication management issues. A provider led enquire was required and was submitted by the provider with a comprehensive response. The issues were followed up and addressed during the inspection and are discussed under the relevant outcomes. The inspector arrived unannounced to the centre at 20.00hrs. The nurse from day duty was just leaving after giving the handover to the night staff. There was one nurse and one care staff on duty for the 19 residents present. The majority of residents were in the sitting room watching a match on television and very lively banter was going on between residents who supported different teams. Two female residents were in the second lounge watching their favourite soap operas on television and two residents had retired to their bedrooms. Supper was served to all residents and the inspector observed further drinks and snacks made available as requested throughout the evening. Residents retired to bed at different times of their choosing and when the inspector left the centre at 22.45

there were still a few residents up and about having hot drinks and preparing for bed. The inspector was satisfied that there was plenty of choice for residents in times of retiring and getting up and in what they wished to be involved in.

The inspector saw that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre. The inspector found that staff were knowledgeable about residents' likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. The inspector spoke with residents, who confirmed that they felt safe and were happy living in the centre.

The person in charge had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge and provider had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors did not generally concur with the provider's judgments in health and social care needs and improvements were required in care planning, medication management and notifications. Progress was made by the provider in implementing the required improvements identified on the inspection in September 2018. The overall atmosphere in the centre was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Actions required are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with 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.

**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: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 19 residents in the centre on the days of this inspection. Four residents had been assessed at maximum and four with high dependency needs, seven residents had medium dependency needs and four residents had low dependency needs. Three residents had a formal diagnosis of dementia and two residents with a level of cognitive impairment.

Residents had a choice of General Practitioner (GP) but most residents have their medical care needs met by a local GP who visited the centre on a very regular basis and the inspector saw regular medical reviews documented in residents files. Residents had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health services. With regular visits from community mental health nurses and outpatient appointments facilitated to see psychiatrists as required. There were processes in place to ensure the safe admission, transfer and discharge of residents to and from the centre.

The inspector focused on the experience of residents with dementia in the centre on this inspection and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents.

The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of evidenced -based validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Residents had a care plan developed within 48 hours of their admission based on their assessed needs. There was evidence of regular reviewing of nursing assessments using validated tools which were generally repeated on a four-monthly basis or sooner if the residents' condition had required it. The staff demonstrated an in-depth knowledge

of the residents and their physical, social and psychological needs and care plans were generally developed and updated based on the assessments. However the inspector found that there was copious documentation in resident's files including some complex assessments that were not completed and not required. Some care plans had been reviewed and updated yet the older care plans remained in the resident's files and these were not marked as discontinued. This meant that there were a number of care plans in place for the one problem/need identifying different interventions and this practice could lead to errors. The inspector also found that the care plans were not easy to locate and some were located in the middle of the assessments. Specific care plans for dementia were not available for all residents with a dementia and social care needs were not identified for all. The inspector required that a full review of resident's documentation takes place to ensure it is more user friendly and the care plans directing care are easily accessible and visible to all to ensure the correct care is adhered to. Nursing notes were completed on a daily basis.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds in the centre at the time of inspection but they had a number of residents who were prone to pressure sore formation and appropriate measures were seen to be in place for those residents. Staff had access to support from the tissue viability nurse as required. Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The majority of the residents attended the dining room for all their meals. Mealtimes in the dining room were observed by the inspector to be a social occasion. Staff provided residents with encouragement or assistance with their meal. Staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

The inspector reviewed a sample of residents' medicine prescription records and they were maintained in a tidy and organised manner, they were clearly labelled, they had

photographic identification of each resident and they were legible. There was evidence that residents' medicine prescriptions were reviewed at least every three months by a medical practitioner as well as a pharmacist. There was a centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. The inspector observed a medication round and found it was not conducted in the correct manner, in that the nursing staff did not adhering to professional guidelines and regulatory requirements in regard to checking and administration of medicines. This was identified to the nurse and to the provider.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector reviewed the centre's policy on suspected or actual abuse and was found to be comprehensive. Staff training records were reviewed and the inspector saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

The inspector was satisfied that there were general measures in place to safeguard residents and protect them from abuse.

On the previous inspection residents' finances continued to require significant improvement to safeguard residents. Concerns remain as regards the lack of a robust system in the management of residents' finances. On this inspection the inspector saw that a more robust and transparent system of financial records was maintained. Residents received invoices for care and required extras and these were seen to be clear and robust and in conjunction with the contract of care. Receipts were maintained for all added extras including individual invoices for hairdressing and chiropody. A more robust system of signing and checking of the provision of these services was in place. Residents had locked storage in their bedrooms to store their individual valuables and monies and dual signatories were evident on all financial lodgements or withdrawals if anything handed in for safekeeping.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that they had received training in responsive behaviours and specialist dementia training. There was evidence that efforts were made to identify and



alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as was discussed under outcome 1. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person centred way by the staff using effective de-escalation methods.

There was a centre-specific restraint policy which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. The inspector saw that no bedrails or other physical restraints had been used in the centre for a number of years. Alternative to restraints were put in place such as low low beds and alarm/sensor mats.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Residents' religious preferences are facilitated through regular visits by clergy to the centre with mass held regularly. Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. 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 rooms.

Staff were observed communicating appropriated 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. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly as required.

A number of visitors were observed during the inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both

when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome. They said that if they any concerns they could identify them to the person in charge and were assured they would be resolved. Family surveys were undertaken which were generally very positive. Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. Systems for consultation with residents were in place. The inspector evidenced minutes of residents' meetings which depicted how residents were consulted on the centre was run. A resident chaired the meetings, assisted by the administrator who maintained minutes of these meetings. Minutes were submitted to the person in charge and provider for follow-up, for example, residents suggested changes to the menu and activity schedule, and these had been facilitated. On inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices. The centre had access to independent advocacy services, the independent advocate had visited the centre and contact details were available on the residents notice board.

A busy activities schedule was planned for residents. On the first night of the inspection, the inspector saw the majority of the residents enjoying a soccer match with supper in the day room. The following day an exercise session took place in the morning followed by a very lively and complete pub quiz in the afternoon. Residents were encouraged to partake in the quiz and all residents attended. and it was evident staff knew residents so well as they knew their hobbies and interests. Drinks and snacks were served at half time including wine which some residents really enjoyed. Imagination gym, bingo, karaoke, games, Sonas and other group activities were organised throughout the week as evidenced by the activity schedule and the activities records maintained. Residents were kept informed of local and national events through the availability of newspapers, radio and television. Residents who spoke with the inspector were very happy with the level of activities provided and said there was always plenty of entertainment going on. As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the afternoon and evening. These observations took place in the communal room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with very good interactions seen between staff and residents.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in multi-occupancy and twin bedrooms to protect the residents privacy.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A written complaints policy was available in the centre and the inspector saw that the complaints procedure was hung in a prominent place at the entrance to the centre. There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately responded to. There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.</p> <p>The inspector reviewed the complaints log and found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. Residents and relatives all said that they had easy access to the nurses and the person in charge who to whom they could openly report any concerns and were assured issues would be dealt with. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded as required by the regulations.</p>
<p><b>Judgment:</b> Compliant</p>

***Outcome 05: Suitable Staffing***

<p><b>Theme:</b> Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Residents and relatives generally spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.</p> <p>Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and</p>

life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

The inspectors saw that a number of the actions and required improvements made from the previous inspections had been continued.

- There had been significant investment in staff training and all staff had received up to date mandatory training.
- The induction and competencies programme had continued for new staff who now had comprehensive inductions completed and appraisals were completed for other staff.
- Regular staff meetings were taking place.

Over the course of all of the recent inspections inspectors have identified gaps in the safe recruitment of staff. On this inspection there were noted improvements in the staff files viewed by the inspector. Staff files examined were found to be compliant with the regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. There was evidence of disciplinary action being taken with a number of staff documented on staff files that were being followed up by the person in charge and the governance manager however these had not been reported to the office of the chief inspector as is required and were subsequently submitted following the inspection.

As identified on previous inspections, inspectors were concerned about the number of nurses working in the centre that had full time posts elsewhere and the implications for the sustainability of the staffing arrangements. There was one nurse had been newly recruited but the remaining nursing staff were part-time. All staff working part time are regular staff and the governance manager and person in charge had put some systems in place to ensure effective communication with these staff and supervision of practices to ensure continuity of care. The management team would attend the centre unannounced at nights, weekends and evenings. The person in charge went through minutes of staff meetings with staff who were unable to attend the meetings and some medication management competency assessments were carried out with nursing staff at these times. Another full time nurse is currently being recruited.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, management of responsive behaviours and safeguarding vulnerable persons. Other training provided included, dementia specific training, infection control, and food and nutrition. Nursing staff confirmed they had also attended clinical training including blood- letting, infection control and medication management. Staff told the inspector that they were encouraged to attend training and to identify if there was any extra training they required. The provider and person in charge had undertaken supervisory management training since the previous inspection and the administrator was also currently undertaking this training and had also enrolled on a human resources course. The provider had also completed a course on regulation which she said she found very beneficial. The inspector saw that other training courses had been booked and were scheduled for the coming months including a restrictive practice conference and dementia training.

Duty rosters were maintained for all staff and during the two days of inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents as there were a lot of residents who required only minimal

assistance. Staff were able to assist and be involved with the social aspects of care and group activities with the residents. The provider was requested to keep the staffing levels under review to ensure they adequate staff with the right skills to meet the needs of the residents if the dependency levels or the needs of the residents change.

Information received by the office of the chief inspector stated that there had been a high turnover of staff. The inspector looked into this during the inspection and found while a few staff had left to go to other roles, the majority of the staff had worked at the centre for long periods of time. Staff spoken to reported satisfaction with the current management structure and said overall there had been many improvements for all staff and residents over the previous six months.

**Judgment:**

Substantially Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

Rochestown Nursing Home is a residential centre registered to provide care to 20 dependent people over the age of 18. The premises is a single-storey detached house set in a rural area on the outskirts of Rochestown. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. The premises could accommodate a maximum of 23 residents but is currently only registered for 20 residents and the inspector saw an empty three bedded room not in use. Two of the shared bedrooms have en-suite facilities. There is one assisted bathroom and two assisted showers available for residents use plus an additional toilet.

The design and layout of the centre fitted with the aims and objectives set out in the statement of purpose. There had been an ongoing programme of maintenance and painting of the centre. The centre and the grounds overall were noted to be clean and in a good state of repair and décor. There was easy access to the external enclosed courtyard from the dining area and residents were seen to use this area independently. The external courtyard was well maintained and residents stated they particularly enjoyed this during the summer. This space was partially covered and provided a safe outdoor space. Residents' bedrooms were personalized with memorabilia and residents had good access to televisions, radios, papers and magazines. There were clocks and calendars available in residents' bedrooms and in other locations throughout the centre to assist residents particular residents with dementia, to remain orientated in time. Access to and from the centre was secure. Improvements in relation to signage and

cues was evident and was available to assist and orient residents with perceptual difficulties. For example, toilets, bedroom doors, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. The centre was seen to be small and homely and very clean throughout.

The inspector saw evidence of the use of assistive devices, for example, hoists, wheelchairs, walking aids, clinical monitoring equipment and specialist seating provided for residents' use. Up-to-date service records were in place for equipment. There was a functioning call-bell system in place.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

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

### ***Report Compiled by:***

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>	09/04/2019
<b>Date of response:</b>	16/05/2019

### 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 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

The inspector found that there was copious documentation in residents files. Some care plans had been reviewed and updated yet the older care plans remained in the residents file and were not marked as discontinued which meant that there were a number of care plans in place for the problem identifying different interventions. This practice could lead to errors. The inspector also found that the care plans were not easy to locate and some were located in the middle of the assessments. Specific care plans

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

for dementia were not available for all residents with a dementia and social care needs were not identified for all.

**1. Action Required:**

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

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

Person in charge reviewed all residents care plans and removed any older care plans from residents files and assured all the new care plans are updated to ensure continuity of care, information concerning the residents circumstances, medication, treatment, and for ongoing support by medicinal and other professionals which is provided by the Pic to the subsequent care provider as appropriate. Residents with dementia have their social care needs identified and recorded in their own personalised care plans.

Nursing home is planning on changing our current care planning system. We plan to do them electronically and transfer existing records once operational This will be a user friendly system and in turn help eliminate errors. Electronic care plan training to take place on the 16/05/2019.

**Proposed Timescale:** 31/07/2019

**Theme:**

Safe care and support

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

The inspector observed a medication round and found it was not conducted in the correct manner, in that the nursing staff did not adhering to professional guidelines and regulatory requirements in regard to checking and administration of medicines.

**2. 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:**

The Person in charge shall 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 the resident's pharmacist regarding the appropriate use of the product.

Person in charge does the regular medication observational audit with nursing staff to ensure medication rounds are conducted in the correct manner.

However if the Pic finds any nursing staff are not adhering to the professional guidelines for administration of medication, then disciplinary actions are taken and records kept in staff files. This was done and notification sent to Hiqa and follow up



documentation also sent.

**Proposed Timescale:**

### **Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

The provider failed to notify the office of the chief inspector of allegations of misconduct against staff and the subsequent disciplinary action taken. These were retrospectively notified.

**3. 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:**

Registered provider notified allegation of misconduct and the subsequent disciplinary actions that were taken were sent through Hiqa portal notification system and supporting documentation. Any future allegation of misconduct will be notified and the records kept in any respective staff file.

**Proposed Timescale:**