Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	The Rock Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Carrickboy, Ballyshannon, Donegal
Type of inspection:	Unannounced
Date of inspection:	09 September 2019
Centre ID:	OSV-0000623
Fieldwork ID:	MON-0025033

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The Rock Community Nursing Unit is situated on the outskirts of Ballyshannon town and provides a public service for the catchment area of South Donegal and North Leitrim. The designated centre is registered to provide accommodation for up to 22 residents. 24 hour nursing care is provided to long-stay residents with all levels of dependency and various medical conditions including increased physical frailty, dementia or palliative care needs. All residents are admitted on the basis of Fair Deal scheme. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to the provision of the service. The service promotes independence, health and well-being and aims to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected. The needs of the individual are paramount in all decision making, while recognising the importance of involving family and friends. Accommodation includes single, twin and multi-occupancy rooms. Well maintained domestic style, dining and sitting room space is available. An accessible outdoor garden is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
09 September 2019	17:30hrs to 20:30hrs	Manuela Cristea	Lead
10 September 2019	09:15hrs to 17:00hrs	Manuela Cristea	Lead
10 September 2019	14:15hrs to 17:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

The inspector spoke with multiple residents and relatives about what it was like to live in the centre. Their view was unanimous in that the care provided in the centre was of a very good quality. Both residents and relatives were positive in respect of the provision of care, the staff and the facilities and services provided.

Residents stated they had choice over how they spent their time and had access to daily activities, daily newspapers, regular entertainment, TV and radio.

Residents told the inspectors that they felt safe in the centre and that they could talk to a member of staff if they had any concerns.They were able to identify a staff member who they would speak with if they were unhappy with something in the centre. Relatives said that nursing and care staff on the units were friendly and approachable and kept them up to date with any changes in resident's condition

Residents were particularly complimentary about the staff, stating that they were extremely kind, attentive and responsive to their needs. They also expressed satisfaction with food and commented that there was a good choice available in the menu and access to drinks and snacks on request. In relation to the premises, a number of residents said that they were satisfied with their personal accommodation and that they were comfortable and their needs were met.

Capacity and capability

The findings of this inspection confirm that there were day-to day systems in place to monitor the quality and safety of care, however further improvements were required to ensure residents' safety and quality of care was maintained.

The inspector followed up on the action plans from the previous inspection and found that most of them had been successfully completed. One action plan in relation to the premises was ongoing. An additional wet shower room had been installed for the benefit of the residents. A new twilight shift had been included within the daily roster. There was documentary evidence that missing persons drills were carried out on a regular basis. Nevertheless, significant improvements were still required in relation to: staffing, fire precautions, governance and management, premises and individual assessment and care planning arrangements for residents.

The provider is the Health Service Executive (HSE), represented by the service manager for the Older Person's Services in Donegal area. The registered provider representative attended the feedback meeting at the end of inspection.

The person in charge was newly appointed to the centre in the last two months and she facilitated the inspection process. She demonstrated good knowledge of standards and regulations and the motivation to enhance the quality of service. The person in charge is a full-time nurse who works full-time in the centre. She had the required knowledge, expertise, qualifications and authority to manage the centre and to lead the team. She was supported by the registered provider representative who was actively involved in the governing arrangements of the centre.

Minutes of the monthly governance and management meetings were reviewed, which showed good service oversight. Issues discussed included risks, accidents and incidents in the centre, bed occupancy, complaints, staffing and resources. There were also quarterly quality assurance meetings where risks, accidents and incidents, the key performance indicators and the audit results were discussed and reviewed.

The day to day monitoring of the quality and safety of care and services provided included regular nursing metrics and audits on various areas such as falls, skin integrity, residents' experience, care plans, oral health, end of life care and medicine management. However records showed that the action plans in response to these audits were not always effective in addressing the areas identified for improvement. As a result recurrent under-performances in key areas such as care planning had not been appropriately addressed.

There was a draft annual review on the quality and safety of care delivered in 2018. It briefly outlined the service provided, audits undertaken, management of risk, incidents and complaints. However, it required a more robust quality improvement plan with specific action plans, clear timelines for improvement actions and clear evidence of residents and relatives being involved in the review process.

Improvements were required in relation to staffing levels at night to ensure the safety of the residents. Taking into account the size and the complicated layout of the building, the residents' dependency levels and complexity of their needs, the inspector was not assured that all residents could be evacuated safely in the event of a fire emergency. Following the inspection the inspector issued an urgent action plan to the provider. Satisfactory assurances were received the following day that one additional night time staff had been added to the night duty roster.

In addition, a second urgent action plan in respect of fire safety was issued in relation to the layout of an inner bedroom in which three residents were accommodated. Again, the provider responded promptly to the issues raised and the required changes to the layout of the room to ensure the safe evacuation of residents in the event of an emergency evacuation.

There was a safe and robust recruitment process in place. Records showed that a programme of training, professional development, and appraisal of staff was ongoing. Staff had completed mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Inspectors were informed there were no volunteers involved in the centre at the time of the inspection. The person in charge confirmed that all staff had a Garda Vetting disclosure completed prior to their commencement in employment.

Most reportable incidents has been appropriately notified to the Chief Inspector of Social Services. However one quarterly notification regarding restrictive practices had not been submitted and this notification was received retrospectively at the request of the inspector.

There were no open complaints at the time of inspection.The inspector reviewed the complaint log and found that complaints were well-managed and the outcome and the complainant's level of satisfaction was recorded. There was a policy and procedure for the management of complaints. The procedure for making a complaint was prominently located at the entrance of the centre. The policy required review to ensure it met the regulatory requirement and that a nominated person to oversee the management of complaints was identified.

The directory of visitors to the designated centre was kept in a signing book at the entrance to the centre. The times of entry and exit from the building were not always entered and as a result the record did not give a clear account of who was visiting in the building at any one time. The inspector found that the directory of visitors did not ensure the protection of residents and visitors in the event of fire evacuation, as per regulatory requirement and as outlined in the designated centre's own statement of purpose.

Regulation 14: Persons in charge

The person in charge was a very experienced nurse, working in a full-time role. She had the required qualifications, was knowledgeable of residents' needs and understood her role and regulatory responsibilities under the legislation. She was well-known to residents, relatives and staff, who commented that she was always approachable.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skill mix of staff were not appropriate to the assessed needs of residents and the size and layout of the centre, particularly at night time.

While it was acknowledged that as part of the contingency plans a list had been drafted with names of staff living nearby that could be called in to provide assistance in the event of fire evacuation, the inspector was not assured that the night time staffing levels were adequate to ensure the safety of residents. This was urgently addressed by the registered provider at the request of the inspector.

A sample of staff files were reviewed and all were found to include the information required by Schedule 2 of the regulations. All staff had completed An Garda

Síochana vetting disclosures in place prior to commencing employment. All nursing staff had evidence of current professional registration with the Nursing and Midwifery Board of Ireland (NMBI). The inspector was satisfied that there was always one registered nurse on duty in the designated centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff induction, supervision, development and appraisal formed part of the recruitment process.

There was an ongoing programme of mandatory and relevant training for all staff. Records indicated that all staff had completed up-to-date mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse.

However, the findings of this inspection confirm that further training for staff in the use of restrictive practices would be benefficial. This will be addressed under regulation 7.

Judgment: Compliant

Regulation 21: Records

The directory of visitors at the entry in the centre required a more robust oversight. While visitors were observed to be signing the book, the actual times of entering and leaving the centre were not documented, to ensure the protection of all visitors in the event of fire evacuation.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre had a current certificate of insurance.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not provide sufficient resources to ensure the effective delivery of care to residents, particularly in relation to adequate staff being available at night to ensure that fire safety measures such as evacuation could be undertaken in a safe and timely manner.

Although there were systems in place to monitor that the service provided was safe, appropriate and consistent, further improvements were required to ensure that where deficits such as those identified during this inspection were identified that these were appropriately addressed to bring about the changes required to bring the centre into regulatory compliance.

There was a clearly defined management structure that identified the lines of authority and accountability, specified roles and responsibilities for all areas of care provision. All those participating in the management of the centre were experienced and suitably qualified. They demonstrated sufficient clinical and operational knowledge and had sufficient knowledge of the legislation and their responsibilities.

Based on the implementation and appropriate response to the urgent action plans issued as well as the positive attitude to the regulation that the registered provider had demonstrated, the inspector was assured that the current governance and management of the centre had the ability to drive the necessary improvements required and to ensure compliance with the regulations and standards.

The annual review of the quality and safety of care delivered to residents in the centre required further development and the involvement of relatives and residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose in the centre, which outlined the facilities and services, provided details about the management and staffing and described how the residents' wellbeing and safety was being maintained. As per regulatory requirements, the statement of purpose had been reviewed and revised accordingly in the past year.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all three-day notifiable incidents were brought to the attention of the Chief Inspector in a timely manner. All six-monthly notifications had been timely submitted as per regulatory requirements, however inspector noted that a quarterly notification had not been submitted. This was addressed retrospectively.

Judgment: Substantially compliant

Regulation 32: Notification of absence

The registered provider was aware of the need to send in a notification if the person in charge was going to be absent from the centre for a period longer than 28 days.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure for the management of complaints, which was accessible to residents, their relatives and representatives.

The policy required review to ensure that there was a nominated person to oversee the complaints system as per regulatory requirements. There were no open complaints at the time of inspection. A comments and suggestion box was located at the entry in the centre.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider was clear of the need to set out the arrangements in place when the person in charge was absent for more than 28 days.

Judgment: Compliant

Quality and safety

The inspector saw evidence of systems in place to review and monitor the quality

and safety of care provided in the centre. However, significant improvements were required in respect of fire safety precautions, premises and residents' individual assessments and care planning arrangements.

From residents' and relatives' feedback as well as direct observation, the inspector was satisfied that each resident's individual needs were being met to a good standard. However a review of documentation showed that improvements were required in the care planning arrangements to ensure residents' needs were consistently met.

For example, the designated centre had recently introduced a new computerised care planning system. Resident's records were maintained in both hard and soft copy formats. Staff continued to use residents' assessments and care plans initiated by other care providers as part of an integrated care pathway. However the inspector found that not all staff were using this information to ensure that each residents admitted to the designated centre underwent a comprehensive assessment and had an up to date care plan initiated within 48 hours of their admission to the designated centre, in line with regulatory requirements.

Residents' care plans included the arrangements to meet individual needs, but in some cases these were generic and did not contain sufficient information to guide care. There was a range of validated assessment tools used to assess each resident's abilities and needs. In most cases, the assessments informed the care planning process. However, inspector found that there were many gaps in the documentation and that not all care plans and assessments had been reviewed within a four month period.

While the care planning documentation required improvement, the inspector was satisfied that residents were receiving a good standard of healthcare. There were no pressure sores or wounds at the time of inspection and adequate pressure relieving equipment was available to support residents' needs. Some care plans contained person-centred information and a 'this is me' document was available which detailed residents expressed wishes, and preferences and their likes and dislikes. However this was not consistent in all care plans.

There was a very low level of responsive behaviours (how people with dementia may express or communicate their physical discomfort, or discomfort with their physical and social environment) in the centre. While the care plans on positive behavioural support were not always sufficiently clear to guide staff, those staff who spoke with inspector did know the residents' needs well and were able to verbalise the residents' current needs, their preferences for care, the daily routines and what self- care abilities the resident did have. Staff were seen to provide appropriate support to residents who displayed responsive behaviours throughout the two days of inspection.

The local policy on the use of restraint, was in line with the national policy 'Towards a Restraint Free Environment' designed to ensure that residents were protected from potential harm. However, the practice in the designated centre did not reflect this policy as the number of residents using bedrails had increased since the last

inspection. A restraint register was maintained which showed that half of the residents living in the centre were using bedrails on a regular basis. Although the use of bedrails was based on a risk assessment and regular review, the inspector found that there was poor understanding and knowledge and a lack of clarity around the use of bedrails as restraints or as enablers. A number of alternatives were available in the centre such as safety wedges, sensor alarms, low low beds, floor mats and half bedrails. However, the documentation did not always show the alternatives trialled before the use of bedrails. The person in charge informed the inspector that training in restrictive practices would be prioritised to ensure staff had up to date skills and knowledge to promote a restraint-free environment in line with local and national policy.

Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The centre had a policy in place that provided comprehensive information to guide staff on what to do and how to report and investigate any instance of alleged abuse. Staff had received safeguarding training to enable them to identify and respond to abuse. The person in charge and staff who spoke with the inspectors displayed good knowledge and all were clear on reporting procedures. There were systems in place to safeguard residents' money, including responsibilities associated with being the pension-agent for two residents living in the centre.

The rights and diversity of residents were respected and safeguarded. The centre had access to an independent advocacy service which was advertised along with other supportive agencies.

Residents said they felt safe in the centre and that they were well cared for by committed staff. They spoke very highly of the activity coordinator and the programme of activities available to them on a daily basis. The activity programme included group activity as well as one to one sessions for the residents who require enhanced engagement and support. Adequate arrangements were in place for when the activity coordinator was absent due to unplanned leave, to ensure residents continued to enjoy a varied and rich social programme. Residents were particularly complimentary about the weekly baking session which was followed by an afternoon tea party. Other activities included French lessons for the residents, bingo, music and pet therapy.

Residents' meetings were held regularly to evaluate the service and residents confirmed that they were consulted with in a range of matters for example the daily routines and day-to-day routines in the centre. They were offered opportunities to exercise their choice, which was respected.

Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. Residents had good access to information about activities, events and changes occurring within the centre. This was also summarised in a quarterly newsletter that was accessible throughout the centre.

Residents were seen to be well groomed and dressed in their own clothes with

personal effects of their choosing and preference. The inspectors observed that staff interactions with the residents were courteous and respectful. Call bells were answered promptly.

On the evening of the first day of inspection, the inspector noted that the call bell system in the designated centre was very loud, which would cause significant disturbance and broken sleep for residents at night. This was discussed with the person in charge who confirmed that a new pager system had been ordered and they were looking into alternative options in relation to this.

The inspector observed residents during mealtimes and found that residents had access to wholesome and nutritious meals and there was plenty of choice available. Sufficient number of staff were available to provide discrete assistance and support to residents who required it. There was a vibrant social atmosphere in the dining room, with residents actively engaged and chatting with each other and staff.

The designated centre is a two storey building. Staff quarters, an Oratory, the training room and the administration offices were located on the first floor. A lift was available and in working order and records showed that it had been regularly serviced.The inspector found that the current premises did not meet the needs of the residents in relation to privacy and dignity, access to communal lounges and quiet spaces. In addition, there was inadequate storage both for personal possessions and for the range of assistive equipment that residents required to meet their needs.

Residents' accommodation was provided on the ground floor of the building. The male unit included a single room and three interconnected bedrooms (two twin and one three-bedded room). The female unit was comprised of three three-bedded rooms and five single bedrooms. Two of these three-bedded rooms were the only point of access into other single and three-bedded rooms in the centre, which meant that they were areas of transit for staff, relatives and other residents.

As a result, the size and layout of some of the multi-occupancy rooms did not ensure that the privacy and dignity of residents could be maintained. Although full length privacy curtains were available around each bed, it was difficult to provide person-centred care in a way that respected residents privacy and dignity, due to the high volume of people accessing the bedroom space.

Efforts were made to personalise residents' rooms, however residents in the multi-occupancy rooms had limited storage space around their beds as they only had one small locker and a slim single wardrobe allocated to them to store personal clothes and belongings such as books, photographs or radios.

There was appropriate signage to assist residents and visitors. The centre was adequately equipped with grab rails along the corridors, staircases and the toilet and shower areas. However the corridors were narrow and dark and in some areas they were accessible via a ramp.

The inspector noted a large damp patch on one of the walls from a corridor where residents' accommodation was located. The person in charge informed the inspector

that this had been recently caused by a blocked gutter and that it had already been addressed by the local maintenance team. The inspector reviewed the local risk register and noted that an appropriate risk assessment had been completed in relation to this. It included adequate control measures to prevent further damage to the building. The person in charge informed the inspector that remedial action to the damaged walls will be undertaken as soon as it was possible when the walls were dry.

Residents had access to a large enclosed garden at the back of the centre which was accessible from various points in the centre.

A review of the fire safety processes was completed as part of the inspection and found that overall appropriate measures had been taken in respect of fire safety checks, emergency lighting, daily, weekly, quarterly and annual checks and servicing of the fire alarms and fire equipment. However, significant non-compliance were found in relation to the fire safety procedures associated with an inner room within the male compartment area, fire drills and night time staffing levels. As a result, the provider was required to complete a number of urgent actions in relation to fire safety to ensure regulatory compliance. These will be further addressed under Regulation 28.

Regulation 11: Visits

Visits were unrestricted and there were suitable arrangements available for a resident to receive visitors. Numerous visitors were seen visiting residents throughout this inspection.

Judgment: Compliant

Regulation 17: Premises

An additional condition had been placed on the registration of this designated centre, which stated that the current premises will be brought into regulatory compliance with a planned new build by the end of December 2021.

Inspectors found that the current layout of the multi-occupancy bedrooms, especially those rooms acting as an access route between different parts of the building did not ensure that the privacy and dignity of residents could be met at all times.

The dining room was small but welcoming and homely in appearance. It could accommodate approximately two thirds of the residents in the designated centre.The person in charge had systems in place to ensure that all residents who wished to access the dining room for their meals were able to do do. Tables were

nicely set with table cloths and condiments.The dayroom area was adjacent to the dining room and was tastefully furnished. There was also a visitor's room with access to the garden and another quiet area where residents could choose to spend time if they wished to sit quietly or to meet with their visitors in private.

Storage facilities were not adequate to store equipment such as hoists, wheelchairs and specialist chairs. As a result some of these were stored in bathrooms, corridors, in the quiet area or in the visitor's room.

The centre was clean and well maintained. There were systems in place for routine and other maintenance work and records showed that equipment was serviced regularly.

A sufficient number of showers and toileting facilities were available for the number of residents accommodated in the designated centre. There were adequate laundry and sluicing facilities.

Judgment: Not compliant

Regulation 18: Food and nutrition

Communication systems were in place to ensure that residents' nutritional and care needs were known to nursing and care staff supporting residents to eat and drink and to the catering team preparing and serving food. The menu was varied and offered choices. A pictorial menu was also available for residents which reflected the choices available on the day.

Overall, there were good procedures in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition.

Staff were knowledgeable of residents specific dietary requirements and of recommended food and fluid consistency. An adequate number of staff were available to assist residents at meals and when other refreshments were served.

There was a sufficient supply of food and drink in the centre for residents, including snacks and sandwiches available throughout the day or at night, if required.

Judgment: Compliant

Regulation 20: Information for residents

Information was available for residents in the residents' guide as per regulatory requirements and opportunities for resident feedback were facilitated and confirmed.

The information guide was available in large print and made good use of colours and pictures to ensure accessibility. Information leaflets were available throughout the centre on various topics relevant to residents and their visitors such as end-of-life care, flu prevention, dementia and fall prevention measures.

A hospital newsletter issued on a quarterly basis was available and provided residents with information on a range of issues such as quality improvement initiatives, social events, future refurbishment plans and services available.

Judgment: Compliant

Regulation 27: Infection control

There were procedures in place consistent with the national standards for the prevention and control of healthcare associated infections, which were implemented by staff. The inspector saw evidence of regular hygiene and environmental audits. Overall the premises were clean including the bathroom and toilet areas.

Staff had access to personal protective items such as gloves and aprons and hand-washing facilities were available throughout the centre. Staff were seen to follow best practice guidelines in hand-washing practices.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire or to ensure that adequate systems were in place to ensure the safe and effective evacuation of residents. The issues in relation to night time staffing levels are addressed under Regulation 15.

The fire evacuation procedures involved progressive horizontal evacuation by compartment. One of the identified compartments was a seven bedded area divided into three interconnected bedrooms. An urgent action plan was issued to the provider in respect of this compartment, as it contained an inner room. The middle bedroom could not be accessed from an outside space such as a corridor, but required passing through another bedroom. Consequently, this room was not compliant with fire safety regulations as it did not provide adequate means of escape for the three residents that it accommodated. This was being addressed by the provider in the urgent action plan that was sent by the inspector the day after the inspection.

Residents' personal emergency evacuation plans were up to date and included information on how to evacuate at night and day time. Risk assessments had been

completed and appropriate mitigating controls had been implemented in respect of residents with more complex evacuation requirements.

Adequate arrangements had been made for the maintaining of the fire equipment. The fire alarm and emergency lighting was serviced on a quarterly basis. Fire extinguishers were serviced on an annual basis. All exit routes were unobstructed and a fire evacuation plan was on display. Evacuation equipment was available and staff knew how to use it. The fire register was up to date.

Staff had been trained and could describe what to do in the event of the fire alarm sounding. Numerous fire drills, which included night time scenarios had been completed on several occasions with all staff. The fire drill records showed that the smaller compartments could be evacuated within appropriate timeframes to maintain residents' safety.

However, due to the lack of larger compartment evacuation drills, the inspector was not assured that residents could be safely evacuated from the three interconnected bedrooms in a safe and timely manner. As part of the urgent action plan issued to register provider, the inspector requested that a fire evacuation drill of the whole compartment be carried out with the revised nigh-time staffing levels. The providers' response did not provide satisfactory fire drill evacuation times and required further improvements.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

This inspection's findings are that not all residents had a care plan based on a comprehensive assessment initiated within 48 hours of admission to the designated centre. There was mixed evidence in relation to care planning arrangements. While some care plans contained sufficient person-centred information to guide care, others were generic in nature. Not all residents' assessments and care plans had been reviewed on a minimum of four-monthly basis. Care plans did not always contain the most up to date information to reflect residents' current condition.

Improvements were required to ensure each care plan was personalised to reflect the resident's needs, interests, wishes and preferences so that in the event of changing needs and circumstances the care plan guided staff interventions.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Relevant training including how to support residents with dementia and behavioural

and psychological signs and symptoms of dementia (BPSD) had been provided to most staff and this training was on-going.

Whereas the centre's stated aims were to move towards a restraint free environment and despite the many alternatives available, the use of bedrails remained high. This was not in accordance with the National Standards (2016) whereby the residential service implements a strategy to continually reduce the use of restraints supported by evidence-based changes in the planning, design and delivery of care.

Judgment: Substantially compliant

Regulation 8: Protection

Measures to protect residents being harmed or suffering abuse were in place and appropriate action was taken in response to allegations, disclosures or suspected abuse. A policy was in place and staff had received training and refreshing on what constitutes abuse and neglect. Staff spoken with were clear what actions to take if they observed, suspected or had abuse reported to them.

There were good systems in place to safeguard residents' money, including pension-agent arrangements.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with and had opportunities to participate in the organisation of the centre. There were regular residents meetings and formal meetings with family and friends were also carried out twice a year. Staff were courteous and respectful in their interactions with residents and visitors.

The centre was part of the local community and residents had access to radio, television, newspapers, information on local events. Efforts to personalise most residents' bedrooms were evident despite the reduced space available in some of the multi-occupancy room.

Residents were facilitated to communicate and most were enabled to exercise choice and control over their day-to-day routine to maximise their independence. However, due to the physical infrastructure and layout of the centre, residents' privacy and dignity was compromised in the multi-occupancy rooms. These rooms were each equipped with one television set, which meant that not all residents could exercise choice in respect of what they wanted to watch or if they did not want to

watch tv.

Each resident had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A variety of activities were seen being provided on inspection that formed part of the planned weekly activity programme.

Residents were supported to practice their religion as they chose. An independent advocacy service was available to residents, should they require one.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Rock Nursing Unit OSV-0000623

Inspection ID: MON-0025033

Date of inspection: 09/09/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider has increased the night staffing levels at the Rock from 2 staff to 3 staff each night to ensure safe delivery of care in accordance with the Standard Operating Procedure. Completed 12/9/19.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The person in charge has informed each resident and their representatives in writing of the need to sign the directory of the visitor's book and the need to record actual times of entering and leaving the centre. Improved signage indicating the need to do this is also now on display in the centre. Completed 11/10/19.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1) The Registered Provider has increased the night staffing levels at the Rock from 2 staff to 3 staff each night to ensure safe delivery of care in accordance with the Standard Operating Procedure. Completed 12/9/19	

2) Annual review to be strengthened to include Quality Improvement Plan and evidence of Residents and Relatives being involved. 31/12/19

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The person in charge had retrospectively corrected the over sight which had occurred by the previous PIC.
The PIC will ensure all notifications are submitted as per Regulation 31
Completed 11/09/19

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints policy will be reviewed to include a nominated person to oversee the complaints procedure going forward.
Date to be completed 31/10/19

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1) A review will be carried out to improve the storage area in order to provide more space for equipment when the physical environment improvement commence to accommodate the residents from the Sheil on site. Date to be completed by 01/06/20

2) An additional door area onto the corridor has been created in the Male 7 bedded area which will improve privacy dignity of the residents there. Completed 25/10/19

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Regulation 28 (1)(b)
A Report from our Fire Officer has been sought and reported on 17/09/19 in relation to above.
Based on findings and on the policy of progressive horizontal evacuation it will be necessary to provide a door between the middle bedroom and the main corridor. The plans will be progressed to provide same by 18/11/19. – is this done if so change date
Regulation 28 (1)(e)
A compartment evacuation drill has been completed for the 7 bedded compartment using night time staffing levels on 17/09/19 to assure management staff and residents that a safe evacuation can take place and procedure followed. (see attached report)

Regulation 28 (2)(4)
A compartment evacuation drill has been completed 17/9/19 using the revised and improved night time staffing levels (3 staff on duty) to assure management staff and residents that a safe evacuation can take place and procedure followed.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Each resident has been consulted and allow participating in developing their own care plan based on their ongoing comprehensive assessment of their needs. These care plans will reflect the resident's needs, interest, wishes and preferences to guide staff interventions as circumstances change for the resident.
Completed 10/10/19

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Each resident that has an individual care plan on managing behaviors that is challenging will be reviewed in accordance with the National Standards (2016) whereby we will aim to reduce the use of restraints i.e. bedrails and move to a restraint free environment

Date to be completed 30/11/19	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The residents environment within the multi-occupancy rooms will be reviewed to improve the residents privacy and dignity. Individual televisions set will be sourced and provided for each resident who wish to have one. Date of completion 30/11/19 An additional door entrance onto the main corridor has been created in the Male 7 bedded area which will improve privacy and dignity of the residents in those 3 room areas. Completed 25/10/19	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	12/09/2019
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	01/06/2020
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	10/10/2019

	and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	12/09/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/09/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/12/2019
Regulation 23(e)	The registered	Not Compliant	Orange	31/12/2019

	provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.			
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Substantially Compliant	Yellow	31/12/2019
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	18/11/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/09/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Orange	30/09/2019

	event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	11/10/2019
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Not Compliant	Orange	31/10/2019
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Not Compliant	Orange	31/10/2019
Regulation 5(1)	The registered provider shall, in	Not Compliant	Orange	10/10/2019

	so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	10/10/2019
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	10/10/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Substantially Compliant	Yellow	10/10/2019

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	30/11/2019
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/11/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	25/10/2019