



# Report of an inspection of a Designated Centre for Older People

## Issued by the Chief Inspector

Name of designated centre:	Rockshire Care Centre
Name of provider:	RCC Care Limited
Address of centre:	Rockshire Road, Ferrybank, Waterford
Type of inspection:	Announced
Date of inspection:	11 March 2020
Centre ID:	OSV-0000688
Fieldwork ID:	MON-0023158

## About the designated centre

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

Rockshire Care Centre is a two story purpose built nursing home that was constructed in 2007. The centre is registered to provide care to 38 residents and resident accommodation is provided in 32 single en suite bedrooms and three twin en suite bedrooms. There are a number of additional bathrooms and toilets suitably located and accessible. Communal accommodation is provided in a number of lounge areas on both floors which were well furnished and comfortable. The sitting room on the first floor is called the Parlour and is available for family events, birthday celebrations or private meetings. There is a large sitting room on the ground floor which leads to a well maintained, secure and sheltered garden. There is a separate large dining room, quiet room, hairdressing room, activities room and physiotherapy treatment room.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility and offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. It has one specific respite bed for residents with dementia. The centre provides 24-hour nursing care and nurses are supported by care, catering, household and activity staff. Staff are supported by the person in charge and the management team. Medical and allied healthcare professionals provide ongoing healthcare for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	36
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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
Wednesday 11 March 2020	09:20hrs to 17:40hrs	Caroline Connelly	Lead
Thursday 12 March 2020	09:10hrs to 15:40hrs	Caroline Connelly	Lead

## What residents told us and what inspectors observed

The inspector spoke with the majority of the residents present on the days of the inspection and met two visitors outside of the centre during the inspection. The centre was closed to visitors because of the Covid 19 pandemic but the visitors had come to drop off clothing and essentials and another visitor was talking to their relative through the window. Feedback was also received from questionnaires issued to the centre by the office of the chief inspector for distribution to residents and relatives for completion. Overall feedback was positive about resident's experiences of living in Rockshire Care Centre. The inspector saw that staff promoted a person-centred approach to care and were found to be kind and caring.

Despite the lack of visitors the inspector saw a lot of activity taking place throughout the inspection. This included a mixture of large group activities to smaller one to one time spent with staff. Residents told the inspector that the activities were very important to them and they looked forward to the quizzes, bingo, special events such as parties for Christmas and Valentine's Day. The inspector observed that the day room was trimmed up in flags and shamrock for the forthcoming St. Patrick's Day celebrations. The activity staff member said they always celebrate special occasions with a party. This was confirmed by residents who said they had music, special food and drinks to celebrate. They were being inventive as to how they would celebrate this St. Patrick's Day without family and live music and were enjoying the challenge and planning for same. The inspector saw that residents were fully engaged with exercise groups with the physiotherapist who was in the centre three days per week. A number of residents said this is very important to them to keep active. The inspector saw the physiotherapist taking residents for walks around the centre and many residents were seen to keep active using the exercise bike and said they did so on a daily basis. One resident told the inspector she had fallen at home and was very poorly when she came to the centre and did not think she would walk again. She said thanks to the physiotherapist and staff she is walking around with the aid of her frame.

Overall the centre was seen to be homely and well decorated and many areas including a number of resident's bedrooms, had recently been repainted thereby helping the premises to appear bright. There was a large day room divided into different areas to provide separate areas to relax or receive visitors. Other smaller sitting rooms were available including a parlour room upstairs. The majority of residents had single bedrooms and all bedrooms in the centre were seen to have large en-suite bathrooms. Residents told the inspector that they loved having their own bedroom and bathrooms as their privacy was very important to them. Bedrooms were seen to be much personalised with plenty of space for clothing and belongings. One resident loved their books and held large numbers in their room. Other rooms contained tables and chairs and numerous personal items including photos, trinkets and memorabilia which told a lot about resident's likes and hobbies. Improvements were seen in signage since the last inspection which was pictorial as well as written this assisted residents with cognitive difficulties to find areas of the

centre. A number of residents also had relevant pictures outside their bedroom doors to assist them to locate their bedroom. Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms whether they wished to stay in their room or spend time with others in the sitting rooms. One resident explained to the inspector that she liked to spend most of the day in her bedroom where she was comfortable. She also enjoyed company and was seen to be visited by another resident for "the chat" as they described it. The staff provided them with tea and biscuits as they would have if at home. The activity co-ordinator was observed to have a full understanding of resident's likes dislikes and social needs and was very popular with the residents. The inspector observed some very person centred interactions and good one to one activities taking place in resident's rooms and in the communal areas. Since the previous inspection the centre had added a kitchen area to the dining room to make it more homely. This has also facilitate baking groups for the residents and easy access for residents and relatives to make tea/coffee. Residents were delighted to show this area to the inspector and were very happy with its addition.

Residents were complimentary about the food and the inspector saw that residents were offered choice. The inspector saw staff using the pictorial menu with residents with cognitive impairment to ensure they understood the choice they were making. The menu was seen to be varied and the chef said he checked with the residents regularly to see what food was popular but also ensured that those that didn't like what was on the menu had plenty of other choices. Modified diets were seen to be well presented and appetising. Meal times were generally observed to be an unhurried social event. Home baking was enjoyed on a daily basis with the homemade brown soda bread being very popular with the residents. There was two sittings for lunch and tea and breakfast went on for a good part of the morning as some residents had breakfast as they got up. Assistance was offered to residents with eating and drinking as required. There was evidence that monitoring of residents intake was maintained.

Residents and relatives were complimentary about staff with one relative saying that staff are excellent, friendly courteous and understanding. Staff were observed assisting the residents in a relaxed and attentive manner throughout the inspection. Residents stated that staff were kind and nice and are very helpful. The inspector observed resident and staff interactions throughout the two days and it was obvious that staff knew residents well and vice versa. The person in charge was seen to be actively involved in the care of residents and was a very visible presence on the floor. Residents and relatives greeted her by name and said she was very good and very approachable. Staff were seen to make a special effort to facilitate residents to talk to their families during the time of no visiting. Residents were encouraged to phone their families and the inspector saw this happening during the inspection. In order to help residents keep in touch with families the centre were implementing Skype and facilitate families to talk to residents in whatever way they could. Staff said they were making an effort to sit and chat more with residents whenever they could to ensure residents were not too lonely in the absence of visitors and residents not being able to go out with families or to day

centres as they would normally do.

## Capacity and capability

There was evidence of good governance and management arrangements that promoted positive outcomes for residents. Care was provided in accordance with the centre's statement of purpose and function. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. However some improvements were required in the oversight of fire safety, the completion of management training and in the submission of notifications.

The provider has applied to renew the registration of the centre and this inspection was undertaken in response to that application, as one component is the assessment of fitness of the provider entity. The centre was operated by Rockshire Care Centre Ltd who was the registered provider. The provider also operates another nursing home in Waterford and there is evidence of support and sharing of good practice between the two centres. There was a clearly defined management structure in place, the provider representative and the human resource manager were in the centre on a regular basis. The centre was managed on a daily basis by an appropriately qualified person in charge who was responsible for the direction of care. She was supported in her role by a Senior Nurse Manager (SNM), a nursing and healthcare team, as well as administrative, catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The person in charge and the management team displayed a commitment to continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training.

There was evidence of regular management meetings held in the centre that were attended by the person in charge and members of the senior team. Minutes of the management team meetings were reviewed and these demonstrated oversight of clinical and non-clinical matters and issues highlighted were followed up in subsequent meetings. The person in charge met formally with nursing staff, care staff, catering and household staff and informally on a daily basis with staff and minutes of staff meetings were seen. Most staff spoken to said that the person in charge and management team were approachable and supportive. Staff were provided with mandatory training and other clinical and activities training was made available. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. There was suitable recruitment

practices including the verification of written references and the on-going staff appraisal and supervision to ensure good quality care provision and improve practice and accountability. There was evidence with appropriate supervision and measures put in place to deal with disciplinary issues with staff. The provider confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre.

There was a system in place to improve the quality and safety of the service. For example, the person in charge supported by other staff, conducted regular audits and there were staff and management meetings to review and develop action plans in response to any identified issues. These audits were available to the inspector and included, amongst others: falls, hygiene and infection control, health and safety, nutrition and medication management. The person in charge outlined how these audits informed the overall quality and governance of the centre. Staffing levels had increased in the evening in response to a falls audit which showed higher levels of falls at that time. Since the increase in staff fall levels have decreased. However some issues in relation to fire drills and care planning had not been identified on the audit system.

The inspector saw that an annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards. This review was made available to the inspector and there was evidence of consultation with residents and relatives through residents meetings chaired by residents. The inspector noted that issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response. A number of resident surveys were also conducted in 2019 and recommendations from that in relation to dining and food had been implemented. The provider had appropriate arrangements in place to discharge their duties as a pension agent.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration was submitted to the chief inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had the required managerial and nursing experience in order to manage the service and meet its stated purpose, aims and objectives. The



person in charge did not have a management qualification and was currently completing a Fetac level 6 in management which was due to be completed in May 2020.

Judgment: Substantially compliant

### Regulation 15: Staffing

Staffing levels had increased in the evening following the previous inspection. During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a minimum of two nurses on duty during the day and one at night and the person in charge and SNM were additional to the nursing compliment during the week.

Judgment: Compliant

### Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided in the centre with further training dates scheduled for the year ahead. Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, responsive behaviour training and responding to elder abuse.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was found to contain all the required information.

Judgment: Compliant

### Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well

maintained and contain the requirements of schedule 2 of the regulations.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The provider had an up to date contract of insurance in place against injury to residents and protection of residents property.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a clearly defined management structure in place. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated ongoing improvements in the quality and safety of care.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
Since the previous inspection the provider had provided a new more detailed contract of care to all residents which clearly outlined the services provided, the costs for the services and any costs for additional services required and provided. The contracts also stated the room to be occupied. The contracts were seen to be compliant with legislative requirements.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose was updated during the inspection. This contained a

statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

### Regulation 31: Notification of incidents

Most incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period. However one serious accident had not been notified to HIQA and this was notified during the inspection.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Staff spoken with were familiar with the policies which guided practice in the centre.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. The centre ensured that the rights and diversity of residents were respected and promoted. There was evidence of good consultation with residents. Formal residents' meetings were facilitated and resident's religious preferences were ascertained and facilitated. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Improvements were required with the oversight of fire drills, oxygen storage and in care planning.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives generally gave very positive feedback regarding all aspects of life and care in the centre. The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. It was suitably decorated with an ongoing programme of painting and maintenance in place. There was a full-time activity co-ordinator who fulfilled the role of meeting residents' social care needs. There was a comprehensive programme of activities available to residents which included Sonas, art and crafts, bingo, sing-songs, exercise sessions, religious activities, trips out and other more individualised activities.

Staff supported residents to maintain their independence where possible and residents' healthcare needs were met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and outpatient services. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. The Psychiatrist and community mental health nurse were visiting the centre during the inspection to review residents. The centre provided in-house physiotherapy where every resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre three days per week and provided exercise classes for residents. The dietician visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

The assessment process involved the use of a variety of validated tools and care plans were found to be person centred to direct care. However as identified on the previous inspection there was some duplication of care plans. Also when treatment plans were superseded for example in the case of a wound care review the older interventions were not marked as no longer required and this could lead to errors.

Written operational policies advised on the ordering, prescribing, storing and administration of medicines to residents which were adhered to by staff. Medications that required special measures were all counted at the start of each shift as required from the previous inspection. Audits of medication management were taking place

and errors were being recorded and actioned appropriately. There were systems in place to ensure residents' nutritional needs were met, and that 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 meals at mealtimes and the inspector saw staff assist residents with eating and drinking. This was undertaken in a discreet and sensitive manner. Residents were generally complimentary about the food and choice provided. Pictorial menus were made available since the previous inspection.

Measures were in place to protect residents from being harmed or suffering abuse. Staff had completed training in adult protection and demonstrated their knowledge of protecting residents in their care and the actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. There were systems in place to safeguard residents' money handed in for safekeeping. 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 the centre had reduced its bedrail and lap belt use at the time of the inspection, and there was evidence that other alternatives such as low-profiling beds and alarm mats were in use to prevent restraint.

Systems were in place to promote safety and effectively manage risks. Policies and procedures were in place for health and safety, risk management, fire safety, and infection control. There were contingency plans in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed annually by all staff. Fire drills had been undertaken on a regular basis but the drill records lacked detail on the specific scenario tested, the number of residents evacuated and did not always identify learning to inform future drills. Although drills had taken place with night time staffing levels the person in charge confirmed they had not simulated a drill of a full compartment.

A fire drill report was subsequently submitted by the provider following the inspection. Evacuation time for two simulated night time scenario demonstrated a full evacuation of the centre's largest compartment. This drill indicated that, although good times were found some improvements were required and ongoing practice with all staff is required. This is to ensure that all staff are competent and familiar with the evacuation needs of residents and a full compartmental evacuation is required on an ongoing basis.

## Regulation 10: Communication difficulties

Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in resident's care plans. Photo menus were seen to be used and communication boards ensured effective communication.

Judgment: Compliant

### Regulation 11: Visits

Due to the Covid-19 outbreak the centre was closed to visitors but the inspector observed residents been facilitated to ring their families and a few relatives were seen dropping off items and talking to their family member through the windows so they could hear and see them.

Judgment: Compliant

### Regulation 12: Personal possessions

Plenty of storage space was available for residents to store and maintain control over their own possessions. Each bedroom contained locked storage which residents appreciated. Rooms were generally homely and much personalised.

Judgment: Compliant

### Regulation 13: End of life

The inspector saw that care practices at end of life met residents needs in a dignified and person centered manner. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

### Regulation 17: Premises

The premises and external gardens were suitable for the centers stated purpose and

met the residents' individual and collective needs in a homely and comfortable way. Residents had easy access to safe enclosed gardens.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met. Meals and meal times were observed to be an enjoyable experience.

Judgment: Compliant

### Regulation 20: Information for residents

There was a comprehensive residents guide readily available that contained all the required information on the centre and services available.

Notice boards contained information on activities in the centre and other information relevant to residents.

Judgment: Compliant

### Regulation 26: Risk management

Oxygen cylinders were seen to be inappropriately stored in the nurses office and other areas in the centre.

Judgment: Substantially compliant

### Regulation 27: Infection control

The centre was observed to be clean and regular hygiene audits were conducted by the person in charge. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

### Regulation 28: Fire precautions

Assurances were required that residents could be evacuated in a timely manner in the event of a fire in the centre. A full compartment evacuation had been undertaken following the inspection with night time staffing levels, further full drills are required to ensure the competency of all staff .

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector, contained appropriate identifying information. Good medication administration practices were in place and were supported by effective pharmaceutical services.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector required review to ensure only information that was relevant to direct care was documented and older interventions no longer in use were discontinued. The inspector also saw some duplication of care plans for example there were a number of care plans in relation to food and nutrition. The inspector saw that when a change to residents dietary requirements took place only one plan may be updated and this could lead to errors.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in



residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language, chiropody, psychiatry and tissue viability as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team.

The centre had significantly reduced the use of restraint since the previous inspection. If restraint was used there was evidence of a full assessment to ensure it was used for the minimal time and as a least restrictive method.

Judgment: Compliant

### Regulation 8: Protection

Residents reported to feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse.

Improvements were seen in the management of residents finances since the previous inspection, with double signatures on all transactions and a system of audit in place.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were upheld and residents had facilities for occupation and recreation in accordance with their interests and capabilities. There was a comprehensive programme of activities and external musicians had attended the centre on a Saturday. Residents were consulted about and participated in the organisation of the centre through regularly held residents meetings and resident surveys.

Judgment: 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rockshire Care Centre OSV-0000688

Inspection ID: MON-0023158

Date of inspection: 12/03/2020

## 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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The Person in Charge is currently completing QQI Managing People Level 6. This is due to be completed in May 2020, the certificate of which will be submitted once received.	
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 will ensure any incidents or allegations will be reported in writing to the Chief Inspector as required under the regulations within the required time period.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: After consultation with an external health & safety advisor and as per their guidance, dedicated storage space has been allocated to oxygen cylinders where they are stored securely with statutory hazard notices in place.	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Full compartment evacuations will be undertaken each month taking into account both daytime and nighttime staffing levels. Regular fire drills will be completed to ensure the competency of all staff.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  The Person in Charge has commenced individual training sessions with the nursing staff, the primary focus of these sessions will be to address the issues of duplication and highlight the risk this could cause.  To ensure continuous improvements the Senior Nurse Manager will complete monthly audits until the required standard is achieved and highlight any further areas for improvements with the named nurses.</p> <p>Care plans that required immediate actions have been reviewed in consultation with the resident and/or next of kin and any duplicated care plans have now been deactivated.</p>	

## 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 14(6)(b)	A person who is employed to be a person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a post registration management qualification in health or a related field.	Substantially Compliant	Yellow	16/06/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	01/05/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and	Substantially Compliant	Yellow	20/05/2020

	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.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	02/04/2020
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 necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	14/05/2020