



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

Issued by the Chief Inspector

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| Name of designated centre: | Rochestown Nursing Home |
| Name of provider: | Brenda O'Brien |
| Address of centre: | Monastery Road, Rochestown, Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 01 April 2021 |
| Centre ID: | OSV-0000275 |
| Fieldwork ID: | MON-0031101 |

About the designated centre

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

Rochestown Nursing Home is a residential centre registered to provide care to 23 dependent people over the age of 18. The premises is a single-storey detached building. The communal areas include a dining room, two lounges, and an enclosed external patio area. There are three single bedrooms, seven twin bedrooms and two three-bedded rooms. Two shared rooms have en-suite facilities. There is one assisted bathroom and three assisted showers. The centre is situated approximately three kilometres from Rochestown, Co. Cork in a rural setting, providing views of the surrounding countryside. Rochestown Nursing Home provides accommodation for both male and female residents. It provides long-term, short-term, convalescent and respite care. Residents with various levels of needs and dependencies are admitted to the centre including residents with dementia and acquired brain injuries. The centre promotes the independence of residents and provides a variety of activities suitable to their needs. The centre provides 24-hour nursing care with nursing and care staff on duty at all times. Activity and care staff provide a wide range of social and recreational activities for residents. Residents' healthcare needs are met through good access to medical and allied health professionals.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 18 |
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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 |
|-----------------------|----------------------|---------------|------|
| Thursday 1 April 2021 | 10:00hrs to 18:00hrs | Mary O'Mahony | Lead |

What residents told us and what inspectors observed

The inspector spoke, or met, with most residents during this inspection of Rochestown Nursing Home. Feedback from residents living in this home was generally positive. They were found to be well cared for and they told the inspector that they were happy with their social and medical care. The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face mask and temperature check.

Following an opening meeting and an initial documentation review the inspector was accompanied on a tour of the premises and met with residents and staff. The inspector saw that there were two spacious, comfortable communal rooms and a dining room in the centre which were seen to be used by residents throughout the inspection. The inspector observed that the sitting and dining rooms were homely in appearance with nice furniture and pictures on display. A small number of residents attended the dining room for meals at each sitting and some dined in the sitting room by choice. The bedroom accommodation was comprised of three single bedrooms, seven double bedrooms and two three-bedded rooms. Five of the beds were vacant at the time of inspection. Bedroom seven (a double room) had an en-suite toilet and wash hand basin, while bedroom eight (a double room) had an en-suite shower and toilet. A number of bedrooms were decorated with photographs and pictures which were meaningful to residents. One resident told inspectors she was delighted to have a single bedroom as she had space for personal items and enjoyed the privacy. Residents who did not have an en-suite facility shared three shower rooms, four toilets and a bathroom. The inspector observed that all residents, who generally had low to medium dependency levels, were up and out of their bedrooms. The person in charge stated that this was very important for residents' well being as they wished to remain connected to others and be involved in the activities at this time of restricted visiting. Residents said that they felt their rights were respected as they were free to return to their bedrooms when they wished, for a rest period, to take a phone call or to watch a TV programme.

Residents had experienced an outbreak of the COVID-19 virus and they were thankful that the majority of them had recovered well. They kept up to date with the situation through daily newspapers, staff conversation and TV reports. They were delighted to have had their vaccinations and said they felt safer as a result. Residents spoke about how isolating it was to have no visitors during the pandemic but they said that staff supported them throughout. They missed the social programme which had resumed when the infection had subsided. They said while the visitor restrictions were difficult for them the management and staff had been responsive in allowing visitors in for compassionate reasons and to visit at the window. Additionally, they were glad of the new arrangements for personal visiting and visits in the enclosed visitors' pod area in the foyer, where social distancing was observed. By way of example, one such visit was facilitated during the inspection

and a number of other relatives came to the windows of residents' bedrooms to chat and deliver books and treats. Staff, relatives and residents spoken with were aware of the latest infection control guidelines from the health protection surveillance centre (HPSC). Notices about COVID-19 from the HPSC and the Health Services Executive (HSE) were prominently displayed.

Activities were organised in group and individual social activities throughout the day. A live video-link had been set up with a musician who was familiar to residents and they were seeing enjoying his show on the morning of inspection. Residents were seen to happily engage with the music session which was based on residents' preferences and new song requests were accommodated. In the afternoon the local priest came to provide an Easter prayer event, accompanied by a musician who played hymns which were suitable for the Easter season. An activity volunteer led a reminiscence session also. The inspector found that residents were very interested in the local knowledge and events which she was describing. Residents were stylish and warmly dressed in keeping with the seasonal weather. On the day of inspection residents were seen to use the desk phone, their personal phones for video calls and to enjoy visits from family or friends.

The inspector observed the centre to be clean and spoke with two of the housekeeping staff who were busy cleaning during the inspection. They explained the products they were using and the daily cleaning arrangements. The centre was also generally found to be in a good state of repair and decoration. New flooring had been installed and painting had been carried out since that last inspection which brightened and freshened the environment. In addition, a new generator had been installed. Even though the inspector saw that a number of renovations were still to be completed there was a programme of works in place. This was confirmed by the maintenance personnel member, who spoke with the inspector about the garden landscaping and the newly painted exterior.

The inspector saw kind and calm staff and resident interactions during the day. Residents said they were very grateful to the staff who had worked so hard during the pandemic to keep them well and help them recover. They said that staff were friendly and understanding. One resident when asked about the personal protective equipment (PPE), especially mask wearing, said she understood the need for it and was happy to see staff wearing it. She said she was very familiar with their voices and that they introduced themselves where necessary. Two residents said that staff spoke too fast some times and they would like to have name badges for staff as they found some names difficult to pronounce. This was discussed with the person in charge who undertook to address this issue. Most residents said they were satisfied with their accommodation and meals. The inspector spoke with the chef who was familiar with any modifications and was very accessible to residents for individual requests.

Residents expressed confidence in the staff and they felt that their complaints were addressed. Documentation seen confirmed this. Residents said that they enjoyed the residents' meetings which provided a forum to express their choices and wishes. Minutes of these meetings were viewed and issues discussed were addressed in the

feedback which was provided at the next meeting.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Rochestown Nursing Home was operating as a nursing home since 1994. The centre was owned by the registered provider who was also the registered provider representative (RPR). Findings on previous inspections had led to the Chief Inspector attaching a condition to the registration of the centre relating to the maintenance of an appropriate and consistent management system. At the time of this inspection the inspector found that this was a well run centre. There had been an incremental improvement in compliance with the regulations. The compliance plans following the previous inspections in 31 January 2020 and 7 May 2020 had been sufficiently progressed. Resources had been made available for additional staff as well as for a programme of renovations. The overall day to day governance structure for the service was clearly set out. Weekly management and staff meetings were held. The records of these meetings indicated that a range of issues were discussed such as: the COVID-19 preparedness plan, audits, supervision, training, residents' medical requirements, visiting and any concerns.

A new assistant person in charge had been recruited. She worked in the centre on a full time basis providing management support to the person in charge. As the assistant person in charge was on annual leave at the time of inspection additional management support had been engaged for the holiday period. This person was seen to be included on the staff roster for the days when the person in charge was off duty.

The regulatory annual review was available. A number of actions had been completed and an action plan for the remaining items had been developed. Due to the pandemic restrictions some items had been delayed. However, a clear plan was set out: this included ongoing premises renovations, painting and further repairing and replacing of flooring.

The inspector found evidence of quality improvement strategies and monitoring of the service. There was a good system of audit in place for example; audits were carried out in relation to care planning, complaints, hygiene and falls. Following completion of audits, there was evidence of comprehensive recommendations with action plans assigned to staff who were responsible for completion of the actions.

Resources had been made available for a plentiful supply of PPE, the provision of a suitable changing room, social distancing measures and a visitors' area. These actions were included in the COVID-19 contingency plan to support residents, their

families and staff in preventing an outbreak in the future.

Daily, weekly and three monthly fire safety checks were carried out and documented. Fire safety equipment was serviced. Staff attended annual fire safety training facilitated by a suitably qualified person. Residents had individual personal evacuation plans on file (PEEPS) and fire drills were carried out.

The staff roster was up to date. Where staff were not available they had been replaced by another staff member to maintain adequate staffing. On this inspection the sample of staff files reviewed were well maintained. They contained the documents required under Schedule 2 of the regulations for the sector. The person in charge and management staff were qualified to deliver in-house training for example, protection from abuse and training in supporting residents with dementia. Other aspects of training were provided by external facilitators such as training in end of life care and manual handling procedures. New staff were undergoing induction training and this was supervised by senior managers. Performance improvement plans were in place where appropriate. This meant that staff were supervised and offered opportunities to learn and improve where necessary.

The complaints records indicated that complaints were managed appropriately and the outcome was discussed to improve the service. Staff were familiar with the complaints procedure and residents spoken with said they could raise concerns and were satisfied they would be addressed. The satisfaction, or not, of the complainant was recorded.

There was a record maintained of all accidents and incidents that occurred in the centre and appropriate action was taken following each incident. Incidents had been notified to the Chief Inspector where required by the regulations. Assurance was provided that all staff had the required Garda vetting (Irish police) clearance in place prior to commencing work in the centre. Evidence of this was seen in the sample of staff files reviewed.

Procedures were in place for the management of residents' monies and locked storage was provided for residents' valuables. The centre did not act as a pension agent for any resident.

Registration Regulation 4: Application for registration or renewal of registration

The required documents for renewal of the registration had been received.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The regulatory annual fees had been paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was very well experienced in older adult care. She demonstrated knowledge of the regulations and standards. She had the required management qualifications and engaged in continuous professional development. She was completing a post graduate qualification in gerontology (older adult care).

Judgment: Compliant

Regulation 15: Staffing

- An adequate number of nurses, health care assistants, housekeeping staff and kitchen staff were available in the centre on the day of inspection. The RPR and the administration staff were also on site.
- The roster seen confirmed the staffing levels as discussed with the person in charge.
- The person in charge said that a new nurse was due to commence in the centre and interviews for more care staff were underway.
- The provider was required to keep staffing levels under review in light of COVID-19 and in the event that resident numbers increased from the existing 18 residents to the maximum occupancy of 23 residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were made available to the inspector.

The training matrix indicated that staff had attended a range of training modules related to infection control processes, hand hygiene procedures, COVID-19 information and the wearing of personal protective equipment (PPE). Staff had undertaken mandatory and appropriate training such as, safeguarding training, fire safety and manual handling.

Staff confirmed their attendance at this training.

Judgment: Compliant

Regulation 23: Governance and management

The system of governance and management currently in place for the centre provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There were clearly defined roles and responsibilities set out for management of the centre and staff were aware of the line management reporting protocol. The RPR was in the centre on a daily basis so there was effective communication between senior managers relating to residents' care and staffing issues.

The person in charge was knowledgeable of her role, of staffing requirements and of residents' backgrounds and needs. She said that the assistant person in charge supported the management team in supervising staff, undertaking audits and managing training requirements. This meant that effective, safe and appropriate management systems were maintained.

Weekly management meetings were held to discuss the COVID-19 preparedness plan and relevant issues such as supervision, training, individual medical requirements, visiting and any concerns. Records were reviewed which demonstrated a clear, comprehensive exchange of important information.

Staff supervision processes were comprehensive and staff appraisal forms indicated that a range of issues were discussed with performance improvement strategies set up where necessary.

Nevertheless, increased supervision and training was required in relation to:

- ensuring comprehensive medicine management
- social distancing was not always maintained in the very popular social group events in the larger sitting room.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents which were set out under Schedule 4, part 7 (1) (a) to (f) of the regulations had been notified to the Chief Inspector within three working days as required, for example, an outbreak of infection, serious injury to a resident or the unexpected death of a resident. The inspector reviewed documentation during the inspection and it was evident from that sample that relevant incidents had been notified.

Judgment: Compliant

Regulation 34: Complaints procedure

- A centre-specific complaints policy was in place.
- The complaints policy identified the complaints officer and included an independent appeals process.
- The inspector reviewed the complaints log which detailed the complaint, investigation, responses and outcome of any complaints and whether the complainant was satisfied.
- All complaints viewed had been dealt with.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required by Schedule 5 of the regulations had been developed and updated on a three yearly basis in line with regulatory requirements.

There was a suite of infection prevention and control policies, a risk register and a relevant COVID-19 contingency plan in place.

Judgment: Compliant

Quality and safety

On this inspection, the inspector found that residents' health care needs were met to a good standard. Residents were supported and encouraged to have a good quality of life, which was respectful of their wishes and choices. The person-centered approach to care including opportunities for family communication, exercise and social engagement.

The inspector found that residents' health care needs during the COVID-19 outbreak had been well managed with a planned and coordinated approach by the Health Services Executive (HSE), the public health team and management staff in the centre. The challenges presented by a shortage of staff in the centre was met by the aforementioned groups coordinating an appropriate response. Dedicated staff in the centre, in addition to HSE, public health, the HSE infection prevention and control team and agency staff, had worked tirelessly to maintain care to residents at the height of the outbreak. This resulted in a good outcome for most residents.

Residents who died due to COVID-19 were still mourned. Staff were very upset when speaking about their deaths and especially when speaking about one person in particular who had been in the centre for a number of years. Unfortunately due to the fact that this death had occurred in hospital, staff said that the sense of loss was intensified as they were not able to support the resident at the time of death.

The COVID-19 contingency plan was reviewed weekly in order to mitigate any risk of a further outbreak of infection. Learning from the previous outbreak had been documented. Serial testing of staff was carried out in line with public health guidance. The centre was cleaned to a high standard with generally, good opportunities for hand hygiene such as hand sanitising gel observed in convenient locations throughout the building. PPE was readily available to staff and was used in line with the national guidance.

Residents had very good access to medical care. Additional health care services were available such as dietitians and speech and language therapists (SALT) who reviewed residents' care needs regularly. These services were available remotely during the restrictions and the COVID-19 outbreak. Access to geriatrician appointments were facilitated and palliative care advice was readily available. The physiotherapy service was available by private appointment or by referral to the HSE service.

Residents' individual assessments and care plans were updated within the required time frames. A number of end of life care plans were seen, with evidence of collaboration with residents and their families to ascertain the preferences of each resident. However, a number of these care plans required review to ensure that they were not generic in nature and that they were based on a good knowledge of the residents involved and an understanding of the services available to them. Thank you cards seen by the inspector described the care at end of life as "exceptional" and that residents and families had been shown "love and compassionate" in their final days.

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. Risk assessments were seen to be completed and there was evidence that some less restrictive alternatives such as low-profiling beds and alarm mats were in use.

Residents had access to daily newspapers and shared access to small TVs in the multi-occupancy rooms. Resident's privacy and dignity was maintained in so far as practicable in the three bedded multi-occupancy rooms with curtains around each bed. The rooms were sufficiently spacious for the needs of the present occupants who were up all day, and the beds were configured to afford additional space. Toilets and assisted shower rooms were seen to be clean and spacious with adaptive and assistive devices such as, grab-rails and shower chairs, in place.

Systems were in place to promote safety and effectively manage risks. Fire safety systems were maintained such as the fire detection and alarm system and emergency lighting. Residents had personal emergency evacuation plans (PEEPs) in

place and these were updated regularly. This document identified the different evacuation methods applicable to individual residents for day and night evacuations. Fire training was completed annually. The next fire safety evacuation drill was scheduled for April 2021.

The outdoor garden patio area had been completed to a safe standard with the provision of walkways, opportunities for planting and garden furniture for residents' use and enjoyment. The garden patio area was secure and residents had easy access to this.

Regulation 10: Communication difficulties

- Residents were facilitated to use mobile phones to talk with family members. Electronic tablets were available to enable video calls.
- Residents were kept up to date with news from the community by staff and through phone calls with relatives.
- Residents were updated daily about the virus and were well able to discuss this with the inspector.
- An appropriate care plan was in place to guide staff on supporting the identified communication needs for residents. The person in charge said that psychotropic drug use on a PRN basis (give when required) was kept under review and non-pharmaceutical approaches were favoured for the behaviour and psychological symptoms of dementia (BPSD), where this was appropriate. Care plans seen and staff practices observed during the inspection supported this finding.

Judgment: Compliant

Regulation 11: Visits

Visits were now accommodated within the slightly more relaxed restrictions set out by the HPSC for designated centres. Residents were very happy with this and were seen to eagerly await the visits. One resident was seen to wave and call out to his great grandchildren who were able to come up to the window of his bedroom. He said that they had got "very big".

Indoor visits were allowed for residents up to twice a week. Compassionate visits and window visits were also facilitated. The indoor visitors' pod area had made visiting more enjoyable as visitors were protected from the weather.

Visitors spoken with were very happy with the arrangements and one visitor described the management staff as having "very strong, open, transparent communication" with them.

Judgment: Compliant

Regulation 13: End of life

End of life care was described by families as "compassionate".

Staff were trained in this aspect of care and families were kept updated of changes in residents conditions.

Residents' preferences were generally recorded.

A care planning deficit found by the inspector was addressed under Regulation 5: Individual assessment and care plan.

Judgment: Compliant

Regulation 17: Premises

The premises consisted of a single storey bungalow set up to accommodate 23 residents. Since the previous inspection the building had been painted externally and the gardens had been landscaped. The driveway had been resurfaced and there were accessible garden areas available to residents. Internally, painting had been carried out, a number of floors had been replaced and woodwork had been painted. The RPR stated that the renovations were a work in progress and would continue in line with the plans to renovate the entire centre.

However:

- An area of flooring in the kitchen, in one bedroom and in a sluice room was stained. The inspector found that tiling in some toilet areas was damaged or worn.
- A rack was required in the sluice room for the proper storage of urinals or bedpans.
- The worktop in the laundry /janitorial room required replacement as the damage to a section of it impeded effective cleaning.
- The legs of some bed tables required painting, again to support effective cleaning.

The inspector was assured by the RPR that all these matters were included in the planned renovations and would be dealt with proactively and incrementally.

Judgment: Substantially compliant

Regulation 26: Risk management

- The risk register was updated.
- The risk management policy was in line with regulatory requirements.
- Health and safety meetings were held.
- Oxygen was moved to a safe external storage area.

Judgment: Compliant

Regulation 27: Infection control

There was evidence that the centre had effectively managed the recent outbreak of COVID-19 and had a comprehensive preparedness plan in place should another outbreak occur. Policies had been updated to guide staff and specific training had been provided which included hand hygiene technique, cough etiquette, donning and doffing PPE and symptom monitoring.

Cleaning procedures were updated and frequency increased for specific areas of the centre. Protocols were in place for symptom monitoring for COVID-19 and health checks for residents, staff and visitors to the centre. All bedrooms contained a hand-washing sink and hand sanitisers were located along corridors.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

An immediate action was issued in relation to the need for signed doctor's prescriptions on site:

In a sample of medicines reviewed:

- staff had administered a number of medicines without a written signed doctors' prescription available on site
- it was not clear to the inspector that the prescriber's signature was present on the electronic prescription system available on site to the nursing staff
- a small number of medicines had not been returned to pharmacy when the resident was no longer in the centre
- a new label was required for a controlled medicine where the frequency of the dose had been changed.

A number of these issues were addressed while the inspector was in the centre and

the person in charge confirmed that all issues had been resolved in a timely manner following the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

- Care plans in general were detailed and updated within the four-monthly time frame.
- Language used in the care plans was person-centred and respectful.
- Care plans were individualised and the information read by the inspector indicated that residents' needs were understood and addressed by staff.
- Care plan training was ongoing with staff and certificates were made available which confirmed this training.
- Life story information informed the care plans which meant they were generally person-centred.

However:

A number of end of life care plans and records of residents' wishes for end of life care required review, to ensure that they were detailed, were not generic in nature and that they were based on a good knowledge of the residents and an understanding of the services available to them.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had adequate access to medical services and they had regular pharmacy and general practitioner (GP) service. Medical notes were up to date and the GP visited the centre regularly. The centre also had access to a consultant geriatrician for residents. The inspector found that other health care professionals such as, the physiotherapist, dietitian, chiropodist and the speech and language therapist (SALT) had inputted information in residents' files. These services were available through the nutritional company, by referral to the HSE or by private appointment.

Staff explained that access to these services was limited at present due to the virus, even though referrals were continuing over the phone, thereby maintaining a holistic health care service for residents. Advice from these referrals was documented and adhered to by staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

- Staff had attended training to update their knowledge and skills in this aspect of care.
- The care of residents with behaviour associated with the effects of dementia was evaluated using appropriate records and care plans seen supported a person-centred approach.
- A non-pharmaceutical, best-evidence approach to behaviour escalation was adopted such as walks, distraction techniques and allowing residents freedom to walk around if this relieved their anxiety. These strategies, and their positive effects, were observed by the inspector during the inspection.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from being harmed or suffering abuse. Prevention of abuse education was provided by the person in charge. Staff spoken with were knowledgeable of their training. A number of staff had undertaken the HSEland (on-line training) training on safeguarding older adults.

Procedures were in place for the management of residents' finances and locked storage was provided for residents' valuables.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in a range of activities and recreation facilitated by volunteers and staff. Residents confirmed that activities were a daily occurrence and records were maintained of a number of these as well as photographs of parties and celebratory events. For example, residents had been visited by the Easter Bunny and residents had been gardening on the week of the inspection. Singing, on line concerts, a religious event and reminiscence were observed during the inspection. Family contact was seen to be maintained through visiting, telephone, video calling and letters.

It was evident that residents had been consulted about the public health measures in place and any changes to these as they were found to be informed when spoken with.

Minutes of residents' meetings indicated that staff members respected residents'

rights and acted on the requests of residents:

- including improvements on menu planning
- a resident's request for a lie-in at weekends
- and a request to return to previous activities such as quiz, garden parties and Sonas (a method to enhance communication through the senses).

People in the community were described as being very kind, sending in gifts to residents. Local children had sent in letters and drawings to keep in touch with residents during the lockdown. A number of 'thank you' cards were seen which were very complimentary of the staff and of the care available to residents.

Residents rights were seen to be supported by the interesting and appropriate conversations which were heard by the inspector during the inspection and the meaningful activity sessions available to them. Residents were heard to contribute information from their experience and personal knowledge and this was received with respect and interest.

There was a TV in each bedroom. Residents informed the inspector that they could choose to watch the news or alternatively a favourite programme for distraction and relaxation. One resident enjoyed watching the races and said he liked to go to his room to watch these uninterrupted. However, there was only one very small TV in the two bedded and three bedded rooms which did not facilitate easy viewing for all three residents or a choice of programme. The RPR said that this would be reviewed and appropriate TVs made available in consultation with residents.

The complaints process and independent advocacy arrangements was on display for residents so that they had a choice in the how they could express their concerns.

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 | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Not 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 | Substantially compliant |

Compliance Plan for Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0031101

Date of inspection: 01/04/2021

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 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</p> <p>Pic will ensure that effective, comprehensive medication management is in place by regular medication usage review by GP which is every 4 month's. These are signed by GP and uploaded onto epiccare in each of the resident's individual medication folder.</p> <p>Pic will monitor same with regular medication observation and regular medication management audit.</p> <p>Further audit is done by pharmacy on a regular basis which is an added measure to provide person centred and effective, safe services to residents.</p> <p>Pic consulted with activity coordinator in relation to social distancing during activities and how this plays a vital role in prevention of infection. Social distancing encouraged and maintained during activities at all times and where possible some group activities are planned for outside where risk is reduced and where social distancing can also be maintained.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The damaged tiling in the toilet area was repaired. 06-04-21 Completed</p> <p>Sluice flooring around the sluice machine cleaned. 06-04-21 Completed</p> <p>Storage for urinals is provided. 08-04-21 Completed</p> <p>Worktop in laundry to be replaced 31-05-21</p> <p>Kitchen floor covering to be replaced awaiting confirmation of a callout and fitting 30-06-</p> | |

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|--|-------------------------|
| 21 Replacement of bedroom flooring in remaining bedrooms to be completed 31-07-21 Bed table painting to be completed 31-05-21 | |
| Regulation 27: Infection control | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control: The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the authority are implemented by staff. | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: - Pic will ensure that all medicinal products are administered in accordance with the direction given by prescriber of the resident concerned. All of the residents medication cardex is updated 4 monthly which was done this April 21 and Gp's signed both manually and electronically and also reviewed medication. Copy of prescription is made available to nursing home in a timely manner. Completed - Pic ensured that medicinal products of residents who no longer reside in centre were returned to pharmacy post inspection. Completed - New label was delivered on day of inspection by pharmacy for controlled medicine where the frequency of dose was changed. - Pic ensured that all nursing staffs completed their medication management training and refresher training organized with pharmacy for long serving staff and full training arranged for new nursing staff. June 2021 | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 5: Individual | |

assessment and care plan:

Pic ensured all the current residents has a person centred end of life care plan based on ongoing comprehensive assessment of their personal, health, and social care needs. All of the nursing staff completed their training in care planning documentation. Copies of same submitted to lead inspector. Pic formally reviewed the careplan's at regular intervals not exceeding 4 month period. Completed

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Larger televisions were purchased and put into bedrooms 9 and 12. 16-04-21 Completed

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 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. | Substantially Compliant | Yellow | 31/07/2021 |
| 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 | 29/04/2021 |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare | Substantially Compliant | Yellow | 29/04/2021 |

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|------------------------|---|-------------------------|--------|------------|
| | associated infections published by the Authority are implemented by staff. | | | |
| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | Not Compliant | Orange | 29/04/2021 |
| 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 | 29/04/2021 |
| Regulation 9(3)(c)(ii) | A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and | Substantially Compliant | Yellow | 29/04/2021 |

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| | other media. | | | |
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