<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rochestown Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0275</td>
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<tr>
<td>Centre address:</td>
<td>Monastary Road</td>
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<td></td>
<td>Rochestown</td>
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<tr>
<td></td>
<td>Co Cork</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021-484 1707</td>
</tr>
<tr>
<td>Fax number:</td>
<td>021-484 1707</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:rochestownnursinghome@yahoo.ie">rochestownnursinghome@yahoo.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>☒ Private ☐ Voluntary ☐ Public</td>
</tr>
<tr>
<td>Registered providers:</td>
<td>Brenda O'Brien</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Vijayalakshmi Dhanasekaran</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11 February 2010</td>
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<tr>
<td>Time inspection took place:</td>
<td><strong>Start:</strong> 10:30hrs  <strong>Completion:</strong> 15:30hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Patricia Sheehan</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>☒ Follow up inspection ☐ Announced ☒ Unannounced</td>
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</table>
About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Additional inspections take place under the following circumstances:
- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the Social Services Inspectorate of a significant event affecting the safety or well-being of residents
- to randomly “spot check” the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.
Background

Rochestown Nursing Home was first inspected by the Health Information and Quality Authority's Social Services Inspectorate on 11 November 2009 and 12 November 2009. The inspectors found that the provider and person in charge were clear on their respective roles and levels of responsibility and that there were good quality health care practices within a clean environment.

There were significant areas for improvement in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Standards for Residential Care Settings for Older people in Ireland. These significant areas were regarding safe administration of medication, restraint practices, and the lack of key operational policies, including risk management systems. The provider was required to complete an action plan to address these areas and the lead inspector provided clarification to the provider and person in charge during their compiling of the action plan.

This additional inspection report outlines the findings of the follow up inspection that took place on 11 February 2010. The inspection was announced, but only by an hour before the inspector went out to the centre, and focused on the specific areas within the action plan to ensure that the action required of the provider had been taken.

Summary of findings from the follow up inspection

The follow up inspection was facilitated in a helpful and welcoming way by the provider, person in charge, administrator and staff.

Overall the centre had made improvements and begun to address the majority of the actions in their action plan within the agreed timeframe. Restraint practice had been reviewed and improved, some of the key policies and procedures had been implemented, and a statement of purpose and function had been developed. Maintenance of staff records was ongoing as the centre was waiting for Garda vetting and references for a number of the staff. Recommendations made in the first inspection regarding clarifying the management structure, keeping a more secure register of residents and ending the practice of opened toiletries kept in the bathroom, had been implemented.

The inspector found that five of the 13 actions required in the action plan had been satisfactorily addressed and five were not satisfactorily addressed. The remaining three actions were being addressed within the agreed time scale. The findings on all 13 actions taken by the provider are set out below.
Further action plans have been identified at the end of this report in relation to developing policies and procedures and reviewing existing policies, completing accurate reason for restraint and obtaining consent for the use of restraint, activities and representative group, statement of purpose, complaints.

**Issues covered on inspection**

1. **Action required from previous inspection**

   Develop written operational policies and procedures in accordance with best practice and that meet the criteria set out in schedule 5 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

   Review existing policies to ensure they are sufficiently comprehensive, evidenced to best practice, dated, and outline the procedures for staff to follow.

   Make all staff aware of policies and procedures dealing with the general welfare and protection of residents

   The inspector viewed the operational policies and procedures and found that a number of key policies had been developed since the first inspection. An example of this was the policy on prevention, detection and response to abuse. However, not all the required policies were in place. Examples of missing policies were those relating to risk management, emergencies and provision of information to residents. Existing policies had all been dated; however, they were not all sufficiently comprehensive with procedures to guide staff and referenced and evidenced to best practice. An example of this was the restraint policy. The person in charge explained that recently introduced staff meetings were used for ensuring staff awareness of policies with staff signing to verify their familiarity with the content. The inspector spoke with staff and viewed the staff meeting minutes which demonstrated that this was happening in practice.

2. **Action required from previous inspection:**

   Record all incidents detrimental to the health or welfare of the resident and make arrangements for the learning from such incidents

   There had been no serious incidents or adverse events recorded since the first inspection and the person in charge informed the inspector that no such incidents had occurred. She explained that the arrangements for the learning from serious incidents were part of her continuous improvement plan which involved quarterly audits of incident. The inspector saw evidence of the system developed to collect quarterly data and found it to be adequate.
3. Action required from the previous inspection:

Maintain a record of occasions when physical restraint is used, the nature of the restraint, and its duration.

Complete an assessment of the need for restraint in line with best practice.

The inspector saw that records were being maintained for the use of physical restraints. The person in charge informed the inspector that the aim was to reduce the periods of lap belt use in order to achieve a restraint free environment and the inspector saw evidence of this reduction in the records. It was also evident from the records that residents’ skin condition was being checked and monitored. Restraint plans for three residents, who currently had lap belt restraints during the day and bed rails at night, documented the type of restraint, the checking arrangements and opportunities for motion and exercise. However, the restraint assessment did not accurately describe the reason for the restraint and the overall goal and there was no evidence of resident consent to the use of restraint.

4. Action required from the previous inspection:

Make certain that the centre has appropriate and suitable practices relating to the administration of medicines to residents in accordance with professional regulatory requirements in specific areas of photographic identification, leaving medications in their blister packs, secure and appropriate storage for all drugs.

The inspector viewed medication administration records and saw that they contained photos of all residents in accordance with professional regulatory requirements. All medications are kept in their blister packs, and not placed into individual containers and left in an unlocked office in advance of their being administered. A locked trolley for appropriate storage of drugs had been purchased.

5. Action required from the previous inspection:

Provide training to all staff in protecting residents from abuse, the moving and handling of residents and any other mandatory training necessary for the provision of care.

Make certain that individual staff training records show evidence of fire drill training.

Make certain that staff are knowledgeable of Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and National Quality Standards for Residential Care settings for Older People in Ireland.
Introduce a performance appraisal and training needs analysis process for all staff.

The administrator informed the inspector that manual handling and patient lifting training had been completed 30 November 2009 and certificates to show completion of this training were available. The timeframe for completion of training in adult protection and fire safety was 31 March 2010 as was the introduction of a performance appraisal and training needs analysis process. The person in charge discussed her plan to educate staff regarding the regulations and standards at the staff meetings with a timeframe for starting this education of 31 March 2010.

**6. Action required from the previous inspection:**

Make certain that there are opportunities for meaningful fulfilment provided to residents that reflect their preferences, interests and abilities.

Make arrangements to facilitate residents’ consultation and participation in the organisation of the centre.

On the day of this follow up inspection, mass took place and an art activity was observed by the inspector. An activities book had been introduced to keep a record of daily activities such as puzzles, games, music, exercise and art. This record showed whether each resident had participated in the activity. If a resident chose to stay in their room and spend time by themselves this was also recorded. There was no evidence that the activities offered reflected the preferences, interests and abilities of residents and two residents said they did not know daily events were scheduled. There was no written programme of activities available.

The administrator informed the inspector that a residents’ representative group had been established in February 2010 with plans to have the group meet on a monthly basis. He reported that a resident, who has since left the centre and returned home, had been nominated as a facilitator to encourage resident views and opinions. There were no minutes available from the first meeting for the inspector to view and two residents asked about this group were not aware of its establishment.

**7. Action Required from the previous inspection:**

Compile and keep under review a statement of purpose which contains the matters as outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2009.
The completed statement of purpose and function was not sufficiently comprehensive to comply with Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The staffing complement by grade and whole time equivalent was not accurate and the complaints process was outdated. The statement did not cover the aims, objectives and ethos of the centre and arrangements for residents to attend religious services of their choice.

8. Action required from previous inspection:
Implement a system to review and improve the quality of care and the quality of life of residents which incorporates both consultation with residents and their representatives.

The person in charge had implemented a system to collect quarterly data for quality monitoring and continuous improvement purposes across care and quality of life areas such as weight loss, significant events, falls and complaints. She aimed to use this data for the first quarter to take appropriate action in response to any findings of concern arising from these audits.

9. Action required from previous inspection:
Develop and implement written operational policies and procedures relating to the making, handling and investigation of complaints

A comprehensive policy relating to the making, handling and investigation of complaints, and referenced to best practice, was not developed. A complaints procedure was displayed; however, it did not contain an independent appeals process and guided complainants to the Health Information and Quality Authority if they were unsatisfied with the outcome of their complaint. The document used for recording complaints did not show if the complainant was satisfied with the outcome of the investigation of their complaint.

10. Action required from the previous inspection:
Obtain full and satisfactory information in respect of the matters set out under Schedule 2 for all people managing or working in the centre.

The administrator informed the inspector that all staff had been instructed to supply birth certificates, photographs, a full employment history, and three references. The inspector viewed personnel files and saw that they were being updated with this information. Garda Siochana vetting applications had not yet all been returned back to the centre.
11. Action required from the previous inspection:

Produce a written resident’s guide which should be supplied to each resident in an accessible format to assist in decision making.

The timeframe for completion of the residents’ guide is 9 April 2010.

12. Action required from the previous inspection:

Improve reception on television sets and maintain floor coverings and resident chairs as part of the overall renewal of the fabric and decoration of the premises.

Remove the edge where the ramp meets the floor in the lounge.

Equip shared bedrooms with sufficient screening to assure privacy.

Ensure the use of lockable cupboards for safe storage of chemicals.

Improve signage for hand washing in the bathrooms.

Make certain radiator temperatures protect residents safety.

The inspector observed that satellite television had been installed and a large flat screen television purchased for the larger sitting room. New signage was displayed for hand washing in bathrooms, and cupboard that stored chemicals was locked. Radiator temperatures were controlled by means of the heating turning on and off in a timed manner. A decision had been made to purchase new chairs and the timeframe for completion of this, improved screening in shared bedrooms, and removal of the edge of the ramp in the small lounge, was 1 March 2010.

13. Action required from the previous inspection:

Develop written policies and procedures relating to the recruitment, selection and vetting of staff.

A policy and procedures relating to the recruitment, selection, and vetting of staff had been developed and was viewed by the inspector and the content found to be adequate. The policy was not referenced to best practice.

Report compiled by

Patricia Sheehan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

18 March 2010
Provider’s response to additional inspection report

Centre: Rochestown Nursing Home

Centre ID: 0275

Date of inspection: 11 February 2010

Date of response: 19 April 2010

1. The provider is failing to comply with a regulatory requirement in the following respect:

Not all the policies and procedures to meet the criteria set out in schedule 5 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 were developed. Not all the existing policies were sufficiently comprehensive, referenced, and evidenced to best practice.

Action required:
Develop all the policies and procedures to meet the criteria set out in schedule 5 in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Review existing policies to ensure they are sufficiently comprehensive with procedures for staff to follow and referenced and evidenced to best practice.

Reference:
Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems
### 2. The provider is failing to comply with a regulatory requirement in the following respect:

The restraint assessment form did not accurately describe the reason for the restraint and the overall goal and there was no evidence of resident consent to the use of restraint.

**Action required:**

Maintain a completed record that documents the reason for the use of restraint, the overall goal, and the evidence of resident consent to the use of restraint.

**Reference:**

- Health Act, 2007
- Regulation 22: Maintenance of Records
- Standard 21: Responding to Behaviour that is Challenging

### Please state the actions you have taken or are planning to take with timescales

**Provider response:**

Reason for restraint, consent and goal to be done

<table>
<thead>
<tr>
<th>Timescale</th>
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<tbody>
<tr>
<td>7 April 2010</td>
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</table>

### 3. The provider is failing to comply with a regulatory requirement in the following respect:

There were insufficient opportunities for residents to participate in activities appropriate to his or her interests and capacities.

**Action required:**

Offer activities that reflect the residents’ interests, preferences, and capacities and make all residents aware of the activity programme.
### Reference:

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Standard 17: Autonomy and Independence

### Please state the actions you have taken or are planning to take with timescales

<table>
<thead>
<tr>
<th>Provider response:</th>
<th>Timescale</th>
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</thead>
<tbody>
<tr>
<td>Make out leaflets to be handed out daily for activities, ask each resident for their preferences, with the activity programme.</td>
<td>10 April 2010</td>
</tr>
</tbody>
</table>

### 4. The provider is failing to comply with a regulatory requirement in the following respect:

There was no record of the arrangements to facilitate residents’ consultation and participation in the organisation of the centre.

### Action required:

Maintain a record of the arrangements to facilitate residents' consultation and participation in the organisation of the centre and ensure all residents are aware of these arrangements.

### Reference:

Health Act, 2007  
Regulation 10: Residents’ Rights, Dignity and Consultation  
Standard 2: Consultation and Participation

### Please state the actions you have taken or are planning to take with timescales

<table>
<thead>
<tr>
<th>Provider response:</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>Completed</td>
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### 5. The provider is failing to comply with a regulatory requirement in the following respect:

The completed statement of purpose and function was not sufficiently comprehensive to comply with Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2009.
**Action required:**
Review the statement of purpose and ensure it covers:
- an accurate description of the staffing complement by grade and whole time equivalent
- an up to date complaints process
- the aims, objectives and ethos of the centre
- arrangements for residents to attend religious services of their choice.

**Reference:**
Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

<table>
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<tr>
<th><strong>Please state the actions you have taken or are planning to take with timescales</strong></th>
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</thead>
<tbody>
<tr>
<td>Provider response:</td>
<td></td>
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<tr>
<td>Statement of purpose being updated and changed</td>
<td>1 May 2010</td>
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**6. The provider is failing to comply with a regulatory requirement in the following respect:**
A comprehensive policy relating to the making, handling and investigation of complaints, was not developed.

**Action required:**
Develop a comprehensive policy relating to the making, handling and investigation of complaints and ensure that it contains a clear and fair internal appeals process.

Review the complaints form and ensure it shows whether the complainant was satisfied with the outcome of the investigation of their complaint.

**Reference:**
Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

<table>
<thead>
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<th><strong>Please state the actions you have taken or are planning to take with timescales</strong></th>
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<tr>
<td>Working on a complaints policy</td>
<td>15 April 2010</td>
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Any comments the provider may wish to make:

Provider’s response:

None received

Provider’s name: Brenda O’Brien

Date: 19 April 2010