



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

## Issued by the Chief Inspector

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:	24 September 2024
Centre ID:	OSV-0000275
Fieldwork ID:	MON-0044150

## 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. 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 provides 24-hour nursing care with nursing and care staff on duty at all times. Residents' healthcare needs are met through good access to medical and allied health professionals.

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

Number of residents on the date of inspection:	22
--	----

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
Tuesday 24 September 2024	09:15hrs to 16:45hrs	Robert Hennessy	Lead

## What residents told us and what inspectors observed

Overall, the registered provider provided residents with a good quality of life. Residents who spoke with the inspector were content living in the centre. Some of the residents spoken with were extremely complimentary of the staff working there saying they were patient and very good to the residents. The inspector spoke to all residents throughout the day and spoke with five residents in more detail.

Rochestown Nursing Home is a single-storey building on an elevated sight. The bedrooms in the centre were homely and well decorated. The residents had personal items on display in their rooms. The centre is a non-smoking residence. There is a large enclosed outdoor area which residents use during finer weather. The centre had a homely feel to it and residents had access to ample communal space.

The centre was clean and housekeeping checklists were in place, to ensure that rooms were cleaned regularly in the centre.

There was an activities co-ordinator in place for the residents, which provided a wide range of activities. Residents were seen engaging in a lively bingo in the afternoon. A member of the management team was also involved in activities, when the activities co-ordinator was not on duty. Residents spoken with were happy with the activities available to them in the centre. Some residents attended another, external, service during the day and the residents attending this were very happy with this service.

Mealtimes appeared to be a social occasion for residents. Residents that required assistance were supported by staff on the day. Residents spoke about how much they enjoyed the food and how they were well catered for.

Throughout the day of inspection, the inspector observed staff interacting with residents in a positive and respectful manner. Staff knew the residents well and were able to provide for their needs. Resident spoke very positively regarding the staff team.

Visitors attended the centre throughout the day and were complimentary of the staff and the centre overall. A visitor spoken with said that the staff team were "very respectful".

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

## Capacity and capability

In general, Rochestown nursing was a well-managed centre where residents received good quality care and services. The inspection was an announced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There was evidence that the registered provider and team of staff were committed to ongoing quality improvement, for the benefit of the residents who lived in the centre. There had been a recent change in the person in charge and additional information was required in relation to this appointment.

This unannounced inspection was carried out to assess ongoing compliance with the Health Act 2007, (Care and Welfare of Residents in Designated Centres For Older People) Regulations 2013, as amended. Rochestown Nursing Home, which was set up in 1994, is operated by the owner as a sole trader. The owner of the centre was the registered provider. The owner attended the centre regularly and liaised with management staff and residents.

The inspector found that the staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. The staffing roster was made available and this reflected the staffing levels on duty.

The inspector viewed the staff training matrix and most staff had up to date training in areas appropriate to their role. Action was required in relation to fire safety training which is discussed under regulation 16.

The directory of residents was completed with all the information required by the regulations. Policies and procedures in the centre were reviewed in a timely manner.

The statement of purpose of the centre required updating as it contained information regarding a staff member that was no longer employed in the centre.

The submission of notifications to the Chief Inspector required action, and this is discussed under regulation 31.

Complaints made in the centre were recorded, reviewed and investigated, by the person in charge of the centre. The outcome and actions of these complaints were recorded.

## Regulation 15: Staffing

Staffing levels in the centre were appropriate with regards to the needs of the residents and for the layout of the centre. There was a staff nurse present in the

centre, both day and night.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Action was required in relation to training, with 10 staff requiring updated fire safety training.
Judgment: Substantially compliant
<b>Regulation 19: Directory of residents</b>
The registered provider had established and maintained a directory of residents. This included all the information as specified in schedule 3, of the regulations.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There had been a change in person in charge at the time of the inspection.  The provider was required to submit additional information in relation to this appointment.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
Some amendments were required in the statement of purpose to comply with regulatory requirements, the management structure outlined in the statement required to be updated to reflect the staff currently working in the centre.
Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A review of the incident log showed that three incidents were not notified to the Chief Inspector. These incidents are set out in paragraphs 7 (1) (a) to (j) of schedule 4 of the regulations, and were required to be submitted within three working days of the incident. These notifications required were in relation to serious injury to the resident that required immediate medical or hospital treatment. These notifications were submitted retrospectively during the inspection.

Judgment: Not compliant

## Regulation 34: Complaints procedure

Residents were aware of how to make a complaint and the complaints policy had taken in account the latest regulations. Complaints were seen to be logged and the outcome of the complaint documented along with the satisfaction of the complainant.

Judgment: Compliant

## Regulation 4: Written policies and procedures

All policies listed under Schedule 5 of the regulations were available on request, and these were reviewed in a timely manner.

Judgment: Compliant

## Quality and safety

Overall, residents in Rochestown Nursing Home were supported and encouraged to have a good quality of life. Some action was required in relation to infection prevention and control, which were mostly addressed on the day of inspection. These actions are discussed under regulation 27.

The premises was well maintained and clean. Residents had adequate communal space and had an enclosed outdoor area to use. Residents bedrooms had adequate storage spaces for residents clothing and personal possessions.



Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals. Care planning documentation was available for each resident in the centre. A sample of care plans viewed by the inspector were generally comprehensive and person-centred. Care plans were generally sufficiently detailed to guide staff in the provision of person-centred care.

Systems were in place to promote safety and effectively manage risks. The risk management policy included the regulatory, specified risks and a risk register was in place that was updated annually.

The centre appeared clean and there was a cleaning schedule in place for the residents. Action in relation to infection prevention and control is discussed further in the report.

Fire safety equipment in the centre was correctly maintained and evidence of the equipment being correctly serviced in a timely manner was shown to the inspectors. Evacuation plans on the units and personal emergency evacuation plans for residents, were in place and available throughout the centre. Evidence of staff education, training and simulation drills involving most members of staff was provided to the inspector.

Residents views were sought on the running of the centre through residents' meetings where relevant issues such as dining menus and activities were discussed. Management and staff promoted respected the rights and choices of residents in the centre. Dedicated activity staff implemented a varied schedule of activities and there was an activities programme available daily, which offered residents a wide range of activities to choose from.

## Regulation 12: Personal possessions

Residents have adequate storage space in their bedrooms. Residents laundry is managed well in the centre and returned to residents on a daily basis.

Judgment: Compliant

## Regulation 17: Premises

The premises was appropriate to the needs of the residents. There was adequate outdoor and communal space for the residents. Residents had adequate storage space in their rooms.

Judgment: Compliant

### Regulation 26: Risk management

The provider had an up to date risk management policy which contained measures and actions to control risks identified. The actions and measures were in place to control the specified risks identified in the regulation.

Judgment: Compliant

### Regulation 27: Infection control

Action was required in order to ensure that the provider ensures that procedures, consistent with standards for the prevention and control of health care associated infections are implemented by staff:

- a waste disposal bin in a bathroom was rusting (this was removed on the day of inspection)
- a shower chair was rusting which meant effective cleaning could not take place.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire safety management folder was examined. Residents had personal emergency evacuation plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The care plans reviewed were person centred, with completed comprehensive assessments. Care plans had detailed information which guided care. Care plans were reviewed every four months or more frequently as required.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents' health care needs were well met and had appropriate medical and allied health professionals. Residents had good access to the general practitioner (GP).

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights and wishes were well promoted in the centre and residents' choices were also respected in the centre. There was an dedicated activities person each day in the centre.

Residents meetings took place monthly and it could be seen from the notes that the provider was responsive to the request made by residents.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rochestown Nursing Home OSV-0000275

Inspection ID: MON-0044150

Date of inspection: 24/09/2024

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Updated fire training completed 10-10-24	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Statement of purpose reviewed and updated to reflect the management structure. Required additional information submitted.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement Of Purpose has been updated to comply with regulatory requirements.	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC will review all adverse events, incidents and will ensure that all notifiable incidents are reported to the chief inspector in accordance with regulatory requirement.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>New shower chair was ordered on the day of inspection and put in place 25-09-24</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	10/10/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	02/10/2024
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	02/10/2024



Regulation 27	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.	Substantially Compliant	Yellow	25/09/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	02/10/2024
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.	Not Compliant	Orange	24/09/2024