



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Foxrock Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Westminster Road, Foxrock, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	15 May 2024
Centre ID:	OSV-0005238
Fieldwork ID:	MON-0034443

About the designated centre

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

This centre is a custom-built facility which can accommodate 40 residents in single or twin bedrooms that have en-suite facilities. It is a mixed gender facility catering for dependent persons aged 18 years and over, but the majority of residents are 65 years and over. It provides long term care, respite and convalescence service. Care is provided for residents with a range of needs and abilities: low, medium, high and maximum dependencies. It does not provide a day care service. There are nurses and care staff on duty covering day and night shifts. The centre is situated in a rural location on the outskirts of Foxrock village. It is constructed over three floors and five levels. Access between floors and levels is serviced by a lift and stairs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 May 2024	08:45hrs to 15:50hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful, kind, patient and respectful towards residents. The inspector met many of the residents during the inspection and spoke with eight residents in more detail. Feedback from residents was that they were happy living in Foxrock Nursing Home. Residents were complimentary of the staff in the centre and the care they received. Visitors spoken with also praised the care residents received and the staff in the centre, with one visitor saying the centre was "extraordinary". Another visitor described the staff as "kind". Staff were observed to be familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Throughout the day of inspection residents were observed to be neatly-dressed and very well-presented with their preferred style.

Following an opening meeting, the person in charge and the clinical nurse manager accompanied the inspector on a tour of the centre. Foxrock Nursing Home is located in rural Dublin on the outskirts of Foxrock village. The centre is a custom-built facility registered to accommodate 40 residents and provides long-term residential care, respite residential care and convalescence care services to adults over 18 years of age. It is set out over three floors and five levels with access between the floors and levels via a lift and stairs. There were no vacancies on the day of inspection.

Residents were accommodated in 32 single occupancy bedrooms and four twin occupancy bedroom, all of which were en-suite. The inspector observed that improvements had been made to some twin bedrooms since the last inspection. Two of the twin bedrooms had been reconfigured and now the layout ensured that residents had adequate space to complete their personal activities and relax in private. Privacy curtains had been moved to allow both residents sharing a room natural light and access to the window bay. A television and headphones was also available to each resident. Residents who shared an en-suite also had individual cabinets installed to store their toiletries. Another twin bedroom had been reconfigured to become a single bedroom. Residents bedrooms were homely, comfortable, personalised with photographs, pictures, art and items of significance belonging to the residents. Each bedroom had a bedside locker, locked storage, a wardrobe, seating, call bell and television facilities.

The centre's design and layout supported residents' free movement and comfort, with wide corridors, sufficient handrails, and armchair seating within communal areas. Communal space consisted of two large communal rooms and a large bright dining room which lead out to a conservatory overlooking a garden. The garden was well-maintained with pathways clear from debris. On the day of inspection, works were being undertaken to widen the pathway in the garden.

Overall, the centre was nicely decorated with fresh flowers placed throughout the centre, clean and had a very pleasant atmosphere. One communal room, the sitting

room, was used for more lively activities. It was observed to be a very social room with many residents spending most of their day there watching television, reading a newspaper, engaging in planned activities or chatting with each other. Across from this room was the second communal room, the piano room, which was a quieter space for residents to use. Throughout the day, soft music was playing on a television and residents were observed to read a newspaper while enjoying a cup of tea and biscuits while some had a nap. At dinner and tea time, this room was also used to serve meals to a small number of residents who preferred to be in a quieter area. At least one staff member was observed to be present throughout the day between the two communal rooms. Outside the communal rooms there was a tray with refreshments available to residents throughout the day and some chairs where some residents preferred to sit.

The inspector observed a mealtime in the dining room as a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Each table was set with flowers and a menu for residents to choose from, with two dinner options available to them. Overall, residents were complimentary of the quality and quantity food on offer.

Adjoining the dining room was a small bright conservatory. Residents were observed to spend time relaxing here looking out at the view of the garden, reading books and listening to the radio. The garden had a well-manicured lawn with ample seating for residents to use. Throughout the day, residents were seen to sit out in the garden enjoying the sunshine, take small walks and meet with their visitors.

Residents meetings were taking place regularly which gave residents the opportunity to be consulted in the running of the service. There was a newsletter which included pictures of different activities and events residents had taken part in over the previous months, which was shared with families also. There was an activity board in the corridor near the main communal area which clearly displayed a weekly planner of activities and had relevant information available to residents. For example, the annual report and residents guide.

There was an activity programme in place with planned activities daily. Group activities took place in the sitting room. On the morning of the inspection, residents were observed to have a hand massage and nail treatment which they said they enjoyed. In the afternoon, many residents took part in an exercise class. Other residents were observed to spend time in the garden.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector was assured that the residents were supported and facilitated to have a good quality of life living at the centre. A clear management structure was in place and the registered provider had systems to support the provision of a good standard of evidence-based care. The centre had a good history of compliance with the regulations and this was evident on the day of inspection. Improvements had been observed by the inspector in relation to premises. However, some improvements were required in relation to complaints and end of life care. This will be further discussed later in the report.

This inspection was unannounced to assess compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and associated standards. The inspector found that the actions identified from the previous inspections' compliance plan had been addressed. A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review. Foxrock Nursing Home is operated by Costern Unlimited Company who is the registered provider.

The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. The person in charge was supported in their role by the registered provider representative and the clinical operations manager and was overseeing a team consisting of a clinical nurse manager, a team of nurses, healthcare assistants, an activity coordinator, catering and domestic staff, maintenance and administration staff.

There was a clearly defined management structure in place with effective management systems ensuring oversight of the service. The provider had audit and monitoring systems in place to oversee the service. Actions identified for quality improvement were assigned to a nominated person and it was clearly documented when actions were complete. Updates on these actions were discussed in management meetings. The systems in place identified areas for quality improvement that enhanced the service delivered to residents. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations. New meetings had recently been introduced to improve the oversight arrangements and communication within the centre. The person in charge met with the clinical operations manager every two weeks and monthly with the registered provider.

The provider had resourced the designated centre with an appropriate number and skill mix of staff, to support the residents' assessed needs. The centre's staffing rosters for the previous two weeks, the week of the inspection and the week following the inspection were reviewed. A minimum of one nurse was rostered both day and night. There was a sufficient number of domestic staff available across the week. Activities staff were rostered Monday to Friday with healthcare assistants providing activities for residents at the weekend.

The complaints procedure was on display within the centre and there was an up-to-date policy guiding complaints management. Throughout the centre there was information available on independent advocacy services available for residents to

access if they wished. The provider had a record of complaints made and actions taken to respond to complaints. The nominated complaint officer and review officer had received training to deal with complaints within the centre. However, some improvements were required which is discussed under Regulation 34: Complaints.

On the day of inspection, there was no volunteers working in the centre, however, there previously had been volunteers since the last inspection. Volunteers were given an induction which included their role and responsibility. They were also provided with some mandatory training. While working in the centre volunteers were paired with a permanent staff member who supervised and supported the volunteer. Volunteers files reviewed contained An Garda Siochana (police) vetting disclosure for all volunteers which was obtained before they started.

Registration Regulation 4: Application for registration or renewal of registration

An application for the renewal of registration of the designated centre had been received by the Chief Inspector and was under review.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place with clear lines of authority and accountability. The registered provider ensured that sufficient resources were available to provide a high standard of care for the residents. Management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed within the last year and this updated copy was available for review. Overall, it contained all the information outlined in Schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

All volunteers had An Garda Siochana (police) vetting disclosures on file. Volunteers had their role and responsibility set out in writing and received supervision and support.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had reported all notifiable incidents to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaints procedure was on display on each floor of the designated centre. The complaints policy and procedure identified the complaints officer, review officer and outlined the complaints process. It also included an internal and external appeals process should the complainant be dissatisfied with the outcome of the complaints process. Complaints were investigated as required. However, some complaints did not have a record of a written response informing the complainant whether or not their complaint had been upheld, the reason for that decision, any improvements recommended and details of the review process.

Judgment: Substantially compliant

Quality and safety

Residents were receiving care and support that met their needs and residents reported that they felt well cared for in the centre. The inspector observed kind and compassionate staff treating the residents with dignity and respect and were seen to know their needs very well. The inspector observed some improvements in relation to premises with the reconfiguration of some multi-occupancy bedrooms to provide residents with adequate floor space and privacy. While some good practice was noted, some action was required to further improve end of life.

The designated centre had an up-to-date policy on the use of restraints and a restraints register in place. Residents care plans to respond to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were in place and they were person-centred. Residents care plans also described the behaviours and psychological signs and symptoms the resident displayed, while also detailing interventions to use to support the resident. Staff had up-to-date knowledge and skills for their role to appropriately respond to and manage behaviour that was challenging.

Residents who had communication difficulties were supported to communicate freely. Care plans were in place to support residents communication needs. These were detailed and individualised to each resident, clearly outlining how to support them to communicate.

There were systems in place to promote residents autonomy over access to their personal property and possessions. There was adequate storage space and a lockable drawer provided for residents to store their clothes and personal possessions. Residents clothes were laundered daily within the centre and returned to them without issue. The registered provider was not a pension agent for residents at the time of inspection.

Measures were in place to ensure that residents approaching the end of life would receive appropriate care and comfort to address the physical, emotional, social, psychological and spiritual needs of the resident. Residents family and friends were informed of the residents condition and permitted to be with the resident when they were at the end of their life. Care plans for residents approaching end of life were completed and individualised for each resident. However, some further action was required, which is detailed in Regulation 13: End of life.

Overall, the premises was in a good state of repair and met the needs of residents. The centre was found to be warm and bright with a beautifully manicured garden. The provider had an on-going maintenance programme which included repair work following a leak that had been identified, which was underway on the day of inspection. The provider also has installed a new shed in the garden and works were being completed on the day of inspection to widen the paths to ensure residents had a suitable walkway in the garden. Areas of improvement identified on the

previous inspection, such as, the layout of some twin rooms had been addressed by the provider. The reconfiguration of the twin bedrooms ensured that both residents had access to the window and the natural light, their own television and additional floor space to attend to activities in private.

There was effective management and monitoring of infection prevention and control practices within the centre, by means of audits and daily walkarounds by management. The centre was clean on the day inspection and the housekeeping staff were knowledgeable regarding cleaning systems.

A sample of medication management charts were examined. The systems in place were safe and staff had a good knowledge of safe medication management, which was observed by the inspector during this inspection. The medication management policy was available, up-to-date and included information in relation to safe prescribing, storing, dispensing, shared medications, and administration of medicines.

Regulation 10: Communication difficulties

Residents who were identified on assessment as having communication difficulties were facilitated to communicate freely. Specialist communication requirements were documented in care plans and was clear, concise and personalised. Staff were knowledgeable of residents who had communications difficulties.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control over their personal property, possessions and finances. All resident bedrooms seen on inspection contained sufficient storage space for residents to store their clothes and other possessions. The registered provider did not act as a pension agent to residents at the time of inspection.

Judgment: Compliant

Regulation 13: End of life

Residents who were approaching the end of their life had appropriate care and comfort based on their needs which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. There was a policy in place to ensure residents end of life wishes were documented and individualised in their care

plan. All residents had an End of Life care plan in place which detailed their religious and cultural needs and any arrangements they wished to have in place. However, for residents who shared a bedroom and had a preference for privacy when at the end of their life this was not detailed in their care plan. The majority of residents had their own bedroom with four twin bedrooms in the centre.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the designated centre. It was in a good state of repair with a well-organised maintenance schedule. Communal areas contained comfortable furniture to meet residents' needs, while corridors and bathrooms had handrails to assist residents' mobility.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which met the requirements of the regulations. The centre maintained a risk register setting out hazards identified in the centre and control measures in place to minimise the associated risk.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed that the centre had processes in place to ensure protocols relating to infection protection and control were being observed and practised by the staff team. The designated centre was clean and tidy. Management oversight including audits were used to ensure that a high standard of hygiene was maintained.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

The inspector observed good medication administration practices. A sample of medication administration charts were reviewed and these were comprehensive. Nurses administered medication from valid prescriptions.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence that when restraint was used, an assessment was completed and protocols were in place to ensure it was used in line with best practice. The assessments were used to inform behavioural plans which were regularly reviewed by a multi-disciplinary team.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Foxrock Nursing Home OSV-0005238

Inspection ID: MON-0034443

Date of inspection: 15/05/2024

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints investigated as required will have a record of a written response informing the complainant of the outcome .	
Regulation 13: End of life	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: End of life: Discussions have taken place with the residents and their representatives in shared rooms regarding their end of life location preferences and this has been documented in their care plan	

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 13(1)(d)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that where the resident indicates a preference as to his or her location (for example a preference to return home or for a private room), such preference shall be facilitated in so far as is reasonably practicable.	Substantially Compliant	Yellow	06/06/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that	Substantially Compliant	Yellow	31/07/2024

	decision, any improvements recommended and details of the review process.			
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