



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

## Issued by the Chief Inspector

Name of designated centre:	Rockshire Care Centre
Name of provider:	RCC Care Limited
Address of centre:	Rockshire Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	26 November 2021
Centre ID:	OSV-0000688
Fieldwork ID:	MON-0034977

## About the designated centre

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

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

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

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

Number of residents on the date of inspection:	35
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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
Friday 26 November 2021	09:05hrs to 15:45hrs	Catherine Furey	Lead
Monday 6 December 2021	15:35hrs to 19:45hrs	Catherine Furey	Lead
Monday 13 December 2021	09:00hrs to 16:00hrs	Catherine Furey	Lead
Friday 26 November 2021	09:05hrs to 15:45hrs	Marguerite Kelly	Support
Monday 6 December 2021	15:35hrs to 19:45hrs	Marguerite Kelly	Support
Monday 13 December 2021	09:00hrs to 16:00hrs	Mary O'Donnell	Support

## What residents told us and what inspectors observed

The inspection of Rockshire Care Centre took place over three days on 26 November, 6 December and 13 December. At the time of the inspection, the centre had an outbreak of COVID-19 and on the first two days all the residents were confined to their bedrooms on the advice of Public Health and the majority of residents were still confined to their rooms on the third day. Therefore, the lived experience for residents at this time was not reflective of how residents normally spent their day and was not in keeping with the overall vision for the centre as set out in the centres statement of purpose. Many residents had cognitive impairment and could not converse or share their views. Some residents seemed contented to sit in their room or to stay in bed. Two residents were restless and appeared to be unhappy with one resident telling inspectors that she wanted things to be normal again. Residents who spoke with inspectors said they missed family visits but accepted that the restrictions including isolating in their rooms was required for their safety. They praised the staff and remarked how busy there were. They appreciated the work staff did at this difficult time.

Visiting was currently restricted due to level 5 restrictions and an outbreak of COVID-19 which was affecting most of the residents and staff. Visiting on compassionate grounds was allowed under very strict controls.

Concerns in relation to the governance and management of the centre during the outbreak of COVID-19 were such that inspectors returned for two further days, to ensure that residents were receiving adequate care and support, and the provider was implementing an effective system to contain and manage the outbreak in line with best practice guidance. Inspectors arrived unannounced on days one and two, and the third day of inspection was announced in advance to ensure that members of the management team were present to support the inspection.

Inspectors observed a centre that was not sufficiently staffed, where residents were left for long periods of time without care interventions or social interaction. While walking around the centre, inspectors saw that many residents were in bed, and appeared weak and sleepy. Some residents were sitting out in chairs at their bedside. Inspectors alerted staff on a number of occasions to residents who appeared uncomfortable in bed and who were calling out for attention. Some bedrooms were in disarray, with residents belongings in bags on the floor, and equipment such as hoists and wheelchairs hurriedly stored in residents' rooms. The person in charge explained that the centre had completed zoning of residents to the COVID-19 positive "red" zone and the COVID-19 negative "green" zone the previous day and many residents had moved from their original room hence the untidy nature of some of the rooms. By day three the bedrooms were more organised and residents' clothing and personal possessions stored appropriately.

Inspectors spoke with several staff during the three days of inspection. It was evident that staff shortages and increased care needs meant that staff were under

pressure to meet the residents' care needs. Staff members told inspectors that they were too busy to maintain daily care records such as personal care and repositioning of residents. Inspectors were not assured that there was enough staff to ensure that residents received appropriate care, including food and drink. Inspectors saw that many residents could not access drinks and food that had been left on bedside tables out of their reach.

The lack of staff resulted in incidences of task-based care. For example, inspectors observed that residents who required assistance had milk pudding at tea time. When asked if this diet was required by all these residents, a staff member said that they fed residents a soft diet as it was "quicker for them to eat it". Residents personal choice was not informing the provision of care.

The centre was laid out over two floors, with each floor accessible from external entrances. Separate staff changing and break areas had been set up and staff in different zones entered and exited from different areas. There was a sufficient supply of PPE in stock. Alcohol hand sanitisers were available throughout the centre. Notwithstanding these good practices, on day one of the inspection, inspectors immediately identified poor practices in relation to infection prevention and control, which could potentially impede the containment of the outbreak. Only one cleaner was on duty, who attended the green zone first and then in the afternoon attended the red zone. This meant that no cleaning took place before 2:30 pm in the red zone where 17 residents with COVID-19 were accommodated. The impact of the lack of cleaning in this zone was evident. Inspectors observed clinical waste bins overflowing, and full bags inappropriately stored in the clean linen and PPE storage area.

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

## Capacity and capability

This was an unannounced risk inspection of the designated centre which had been triggered as a result of a significant outbreak of COVID-19. The person in charge had notified the Chief Inspector of the first confirmed staff case of COVID-19 on 13 November 2021. By November 21, three staff and three residents were confirmed positive. Following mass testing of all residents and staff on foot of advice from the public health department, significant transmission of the virus had occurred, affecting 17 residents and four staff members. Onward transmission of the virus continued and from the date of the outbreak to completion of day 3 of the the inspection, the numbers increased to a total of 23 residents and six staff. Prior to the COVID-19 outbreak, the centre had a history of generally good compliance with the regulations. The previous inspection on 7 September 2021 found non-compliance with Regulation 27: Infection control and improvements were required in

relation to covering staff absences, staff supervision and care planning. The provider had not taken the required action to address these issues and this impacted on the containment of a COVID-19 outbreak in the centre. On 23 November 2021 an urgent meeting was held with the directors of RCC Care Limited, who are the registered provider of Rockshire Care Centre. The purpose of this meeting was to discuss the escalating outbreak in the centre and determine the progress regarding separate teams of clinical and cleaning staff for the red and green zones. The provider had engaged with external agencies to recruit nurses and healthcare staff but had not sought additional cleaning staff. This meeting did not provide sufficient assurances as to the management of infection control procedures in the centre and a risk inspection was scheduled.

On the first day of inspection, serious concerns regarding poor infection control procedures were identified. After the first day of inspection, a cautionary meeting was held with the provider on 29 November 2021 to discuss the weak governance and management arrangements in the centre, inspectors' findings, and concerns about the care and welfare of residents. The provider gave assurances that all residents would be reviewed by their general practitioner (GP) and anticipatory medications would be prescribed in the event of a sudden deterioration of a residents condition. Over the three days of inspection, through examining residents' records and discussions with staff, inspectors found that this had not been achieved, which raised serious concerns that the medical and nursing care needs of the residents were not being appropriately addressed.

On the second day of inspection, the staffing issues remained apparent, with continued crossover of nursing and cleaning staff between zones. Concerns for the care and welfare of the residents were discussed, which are detailed throughout the report. A warning meeting was held with the registered provider on 8 December 2021 due to high level of non-compliance found during the first two days of inspection. The provider was issued a warning letter detailing the non-compliances and an urgent action plan was requested to be completed, detailing how the provider would come into compliance with the regulations. On the third day of inspection, improvements were noted with regard to infection control procedures and there was only one resident with confirmed COVID-19 in the centre. Despite the outbreak coming to a close, inspectors found that the overall care and welfare of the residents could not be assured due to a weak governance system, poor staffing levels and poor clinical oversight of residents healthcare needs.

During the COVID-19 outbreak the centre worked regularly with the same level of nursing cover as they previously had, meaning one nurse on night duty had to provide care to both COVID-19 positive and negative residents. Shortages of cleaning staff made it particularly difficult to control the transmission of COVID-19. The provider committed to addressing the staff shortages caused by the current outbreak. Staff worked additional hours where possible and the provider sourced healthcare staff from external agencies. Despite the efforts to secure additional staff, the inspectors found that there were not sufficient staff on duty with the appropriate skills to ensure the centre was clean and provide safe and appropriate care for the residents.

The provider had prepared a comprehensive preparedness and contingency plan for COVID-19. The plan included arrangements to cohort residents with suspected or confirmed COVID-19 in one zone with a separate staff team. However, the centre did not have adequate staffing levels to implement this contingency plan. The Health Service Executive (HSE) had organised for a nurse with expertise in infection prevention and control to do an on-site inspection. Although there was a delay in implementing the recommendations in the report, inspectors found that most of the recommendations were implemented by the third day of inspection and the provider had implemented two separate cleaning staff teams. A senior HSE manager had attended the centre with the aim of supporting the management team to oversee the coordination of the outbreak. Despite these additional measures, inspectors found that a weak and ineffective governance structure, amplified in the context of the ongoing outbreak, had led to significant risks to the safety and welfare of the residents.

## Regulation 15: Staffing

Inspectors found that there was an insufficient number of nurses and healthcare assistants available to meet the clinical and support needs of the residents. On the first day of inspection, there were four healthcare assistants and two nurses on duty to care for the 35 residents, 17 of whom had tested positive for COVID-19. Records provided to the inspectors showed that 6 residents were assessed as maximum dependency and 11 were assessed as high dependency. The staffing resource did not support two separate staffing teams to care for residents who tested positive for COVID-19 in the red zone and other residents who were in the green zone. Staffing levels reduced further at night time, with three healthcare assistants on duty and one nurse who worked between the red and the green zone. One cleaning staff member worked across both zones.

As a direct result of the inadequate staffing levels, inspectors were not assured that the resident's needs were consistently met. For example;

- The centre was unable to provide two separate staff teams to allow for proper cohorting of residents. At night, one healthcare assistant was based in the red zone, supervising and providing care to the residents. The nurse crossed over from the green zone to assist in the care of the residents when required.
- 15 resident falls were documented during the outbreak. 11 of these falls occurring overnight and two of these residents sustained injuries which required transfer to hospital.
- There was insufficient staff to provide residents' with food and drinks, as discussed under Regulation 18.
- Residents with pressure ulcers or at high risk of developing pressure ulcers were not regularly repositioned.



- Residents who contracted COVID-19 did not have updated risk assessments and care plans to reflect their current or potential changing needs
- Residents reported that call bells went unanswered.
- Residents' personal care was inadequate. According to the records provided to inspectors for the preceding month, four residents had four showers or more, five residents had three showers, six residents had two showers, five residents had one shower and eight residents did not have a shower during this period.

There was an insufficient number of cleaning staff to ensure that the centre was appropriately cleaned. This is discussed further under Regulation 27. Staffing levels in all departments had been affected during the outbreak. By the third day of inspection the centre had engaged a number of agency staff to supplement the existing staff pool.

Judgment: Not compliant

### Regulation 16: Training and staff development

Arrangements in place for the supervision and training of staff were inadequate. For example;

- Nursing staff were not competent to carry out some nursing assessments or to develop care plans based on residents assessed needs as detailed under regulation 5.
- The training matrix identified that 26 staff had last received training in infection prevention and control in 2020. No formal refresher training had been provided for these staff. A review of staff files found that some staff had accessed and completed online modules in donning and doffing and hand hygiene procedures, however there was no record of how many staff had completed this training.
- Cleaning staff were not trained in cleaning or decontamination procedures. Given that cleaning is a core component in the management of an outbreak, it was evident that there was a knowledge deficit in relation to correct infection prevention and control, as evidenced by incorrect use of cleaning products and procedures.
- There was inadequate supervision of all grades of staff leading to poor oversight of the standard of care and service provided to residents. Residents' records were not consistently completed. The impact of this is further discussed under Regulation 6.

Judgment: Not compliant

### Regulation 23: Governance and management

The actions taken by the provider to achieve compliance following the previous inspection in September 2021 were not effective to achieve and sustain the required improvements. Levels of compliance had declined and this impacted on the care and welfare of the residents. In particular, the resourcing of adequate numbers of staff to provide a contingency in the event of unforeseen absences. On each of the three days of inspection, the centre did not have sufficient resources to ensure the effective delivery of care and this impacted on safety and the quality of care provided to residents.

The staffing resource and the management team were not in place as set out in the statement of purpose referenced in condition 1 on the centres registration. The assistant director of nursing (ADON) had been promoted to the position of person in charge. The ADON post was abolished and a senior nurse manager post created. The normal management structure which identified the lines of authority and accountability for specific roles was not in place. The senior nurse manager was redeployed to nursing duties to create separate nurse led teams in red and green zones. This left the centre relying on the person in charge to oversee the service. On the first day of inspection, there was no member of the management team in the centre. The person in charge and the senior nurse manager were off duty and the company director was in another centre. Two members of the management team came into the centre to meet inspectors for a period during the day. Inspectors were not assured that the management systems in place provided a safe, appropriate and consistent service to residents.

Nursing knowledge and skills at all levels was not adequate to provide evidence based nursing care. Delays in implementing the recommendations of an infection prevention and control audit on 5 December in relation to separate staffing teams impacted on the health and welfare of both residents and staff. Onward transmission of the virus continued, and by the third day of inspection, only 10 residents had not contracted COVID-19 following testing.

The storage of oxygen required significant review. The inspection in September 2021 had identified the presence of oxygen cylinders in a number of areas within the centre. Storage of oxygen at the nurses station posed a high risk as it contained equipment such as boxes of PPE and paper files, and was a high-traffic area. Following that inspection, the provider minimised the areas for oxygen storage to two areas in the centre. However, inspectors were not assured that this mitigated the overall risk posed. Due to the high number of cylinders, an external storage area would be preferable to minimise the overall risk.

Overall, the governance and management in the centre was not strong enough to maintain sufficient oversight of key areas including, staffing levels, staff supervision, infection prevention and control, care planning and healthcare delivery.

Judgment: Not compliant

## Regulation 31: Notification of incidents

The person in charge was knowledgeable on the procedures for the submission of notifications to the office of the Chief Inspector. A review of the centre's incident and accident log identified that all mandatory notifications outlined in Schedule 4 of the regulations were submitted within the required time frames.

Judgment: Compliant

## Quality and safety

The welfare and well-being of the residents in Rockshire Care Centre was severely impacted during the COVID-19 outbreak. Committed staff worked hard to provide care to the residents during the outbreak and displayed empathy and compassion in their engagement with residents. Despite the best efforts of the staff, there was not enough staff to provide a basic standard of evidence-based care and support in line with the resident's increased needs. Management failed to fully oversee the medical and nursing care of the residents and there was a knowledge deficit in relation to some aspects of care provision. Isolation requirements, when residents were confined to their bedrooms had a negative impact on residents' quality of life, due to the absence of social engagement .

Significant improvements were required in relation to infection prevention and control. The centre maintained communication with the HSE Outbreak Control Team, the public health department and local infection prevention and control nurse specialists. Notwithstanding this level of engagement, the centre struggled to implement procedures to control the spread of infection. This is discussed under Regulation 27. Management of oxygen products required further review to minimise the risks associated with the storage of a large number of cylinders within the centre.

Support of medical professionals for those residents who were diagnosed with COVID-19 was not sought in a timely manner. On the first day of inspection, none of the 17 residents who had tested positive for COVID-19 had been physically reviewed by their GP, or another medical practitioner. By the third day of the inspection, a small number of residents had been reviewed. Records showed that residents had not had timely referral to appropriate health and social care professionals such as physiotherapy, wound care and dietitian services. The identified issues are discussed fully under Regulation 6.

Inspectors reviewed aspects of all the residents' records throughout the three days of the inspection which identified areas of poor practice related to residents' care plans. The current system of electronic care planning was not effective. This had been identified on the previous inspection, and the provider had committed to

improving the care planning system. However, these improvements had not been embedded into the centre's procedures. Similar to previous inspections, care plans were unnecessarily duplicated, contained irrelevant historical information and did not contain specific information to direct the residents' care needs. These are discussed in more detail under Regulation 5. The electronic system extended to all records of daily care including intake and output, repositioning and personal care interventions. The system relied heavily on the input of healthcare assistants to document the care provided, however lengthy gaps were found in the documentation records. Staff reported being too busy to record any notes. There was no clinical oversight of this essential documentation. Daily nursing documentation was minimal and did not reflect the potential deterioration of residents' conditions. For example, a number of residents were described in daily notes as being more sleepy than normal and having a poor oral intake. There was no evidence that action was taken to address this. In addition, inspectors observed instances where care was not provided, as discussed under regulation 5.

The inspectors observed the delivery of meals to residents in each day of inspection. On the first day of inspection, food was cold by the time it reached the first floor. On the second day, a heated bainmarie was in use to ensure food was delivered warm to residents residing on the first floor. Residents who did not have swallowing difficulties, or did not require assistance had a choice of options for each meal. This choice did not extend to residents who required food of a modified consistency or required assistance with their intake. Following the warning meeting, the provider had engaged the services of an external catering company who provided wholesome and nutritious meals of the appropriate consistency to ensure that residents received a diet that was in line with their individual modification and dietary requirements.

Group activities had also been suspended under current guidance. Inspectors found that although group activities could not be carried out, the social needs of the residents were unnecessarily restricted, with little to no social activation in place on the first day of inspection. By the third day of inspection residents were seen to be encouraged to come out of their rooms and attend the sitting room. The activity coordinator was implementing a new schedule of social and therapeutic activities.

## Regulation 11: Visits

Visits to the centre had been suspended due to the outbreak of COVID-19, in line with national guidance and advice from the public health department. Inspectors were informed that visits on compassionate grounds, including family visits for those at end of life were facilitated.

Judgment: Compliant

## Regulation 18: Food and nutrition

Inspectors were not assured that residents received adequate quantities of nutritious food and drinks throughout the day. For example, on the second day of inspection, all residents who required assistance were given a bowl of semolina and jam as their evening meal. A choice of menu was not afforded to these residents. This is discussed under Regulation 9.

There was insufficient staff available to assist residents at meals and at other times when refreshments were served or when residents required additional food and fluids. Inspectors observed food and drinks which were untouched, cold and out of the reach of residents. Additionally, there was no clear differential between the different levels of modification of diets for residents with a swallowing problem. For example, Level 4, Level 5 and Level 6 consistency diets were identical. This is important as the level of modification is prescribed by a speech and language therapist based on the resident's individual need.

On third day of inspection fluid intake records for 28 residents for the preceding 24 hours were examined. Inspectors found six residents who had tested positive for COVID-19 had no record of their fluid intake. Four residents had taken one litre or more. Six residents had less than one litre, seven residents had less than 600mls and five residents had less than 400mls. Although fresh water jugs were normally delivered to residents' rooms they were sometimes not accessible to residents.

The menu required review to ensure that residents who were vegetarian were provided with their daily protein requirements.

Judgment: Not compliant

### Regulation 26: Risk management

The provider had a risk management policy in place. However, oversight was not adequate to ensure the policy was implemented in practice.

The control measures in place to mitigate the risks posed by the storage of oxygen cylinders required review, as discussed under regulation 23. Clinical risks were not managed in line with the centre's policy. This is discussed under regulations 5 and 18.

Judgment: Substantially compliant

### Regulation 27: Infection control

Inspectors found that residents were at risk of infection as a result of the registered

provider failing to ensure that procedures, consistent with the National Standards for Infection prevention and control in community services 2018 were implemented by staff.

#### Standard 2.1

- The provision of hand washing sinks throughout the centre were not optimal. The hand washing sinks provided did not comply with current recommended specifications.

#### Standard 2.2

- The procedure for floor cleaning and decontamination was not in line with best practice guidance. Equipment used in the cleaning/disinfection of an isolation area should be single use where possible and stored separately to equipment used in other areas of the facility.
- There were no clear cleaning schedules in place to guide the staff on the correct procedures for cleaning and decontamination. On the third day of inspection, the cleaning schedules in the communal bathrooms were dated for the week commencing 15 Nov 2021.
- A chlorine-based product was inappropriately used for routine environmental cleaning and surfaces were not cleaned prior to being disinfected with chlorine. This was addressed on the third day of inspection. The small laundry facility had no dirty to clean flow. Both soiled and clean items were stored alongside each other. Poor segregation of linens had been highlighted during the inspection on 7 September 2021. Floors and surfaces were concrete and untreated wood, which could not be effectively cleaned.

#### Standard 6.1

- There was one cleaner on duty to clean both the green (non-covid) and red zones (Covid). This cleaner would then return to the green zone the next day. This is a huge risk to the centre when there is a cross over of staff. One cleaner would not be adequate to ensure full cleaning and disinfecting of the Covid isolation area, plus enhanced cleaning in the green zone
- The centre was unable to provide two separate staff teams to allow for proper cohorting of residents. This is discussed under regulation 15.

#### Standard 6.2

- While staff had received training in infection prevention and control, this training was not seen to be implemented on the day of inspection. This was evidenced as PPE stations around the centre were cluttered and untidy. When PPE is stored inappropriately there is a high risk of contamination. Staff were seen entering and exiting rooms wearing gloves inappropriately and also not cleaning their hands as per the five moments of hand hygiene
- Cleaning staff were not trained in cleaning, decontamination or infection prevention and control, as evidenced by incorrect use of disinfectant, cleaning products, procedures and unclean cleaning equipment.
- Staff used a keypad device to clock in at at the beginning and end of shift

and for all breaks. There was no sanitising gel provided or wipes to mitigate the risk of cross contamination from multiple people using this device.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Non-compliance with the regulation was evidenced by the following;

- Care plans were not put in place in line with regulatory requirements and this impacted on outcomes for residents. For example, a resident had a care plan developed 19 days after admission to the centre. The lack of a formalised care plan for this resident contributed to poor knowledge of the residents' baseline condition and a delay in responding appropriately to symptoms of COVID-19.
- There was no system to ensure that care plans were reviewed when there was a change in a residents' condition. For example, a resident had deteriorated physically but their care plan had not been updated to reflect these changes. As a result, significant lapses in the care provided occurred.
- Care plans did not accurately describe the resident's current condition, for example; a wound care plan referred only to a minor wound sustained months previously, and did not contain information regarding the presenting wound which was complex and required extensive interventions. There were no documented guidelines in the care plan to ensure correct management of the current wound.
- Residents who sustained falls did not always have an updated falls risk assessment carried out to determine if the level of risk had increased. The falls care plans did not outline the specific measures in place to reduce the risk of falls occurring.
- There was no system to ensure that care plans were implemented. Residents' positions were not changed and some pressure relieving mattresses were not set appropriately. Three of the mattresses checked were too firm to provide pressure relief. For example a resident who weighed 62kg had a mattress setting of 150kg. On day three inspectors noted that a resident who was due for two hourly turns had their position changed once in a five hour period.
- Some residents' basic needs were not met. When inspectors asked staff why a resident had not been supported to change their position or given food or fluids for the period from 9:30hrs to 15:00 hours. The staff member said the resident has days like that, when they do not want to get up.
- Personal care plans did not provide specific information to guide personal care. There was documentary evidence that showers were provided infrequently and most days residents had a body wash with a basin or water and wipes.

Judgment: Not compliant

## Regulation 6: Health care

The registered provider did not ensure that a high standard of evidence-based medical and nursing care was provided for all residents. This is evidenced by the following;

- There was poor practice in relation to the management of signs and symptoms of COVID-19 and this impacted on the safety of residents. For example, a resident who presented with symptoms of the virus was not placed in isolation and tested, until 48 hours after the onset of symptoms. This is also important in the context that the centre had positive cases of COVID-19 identified in staff members at the time.
- Residents did not have the appropriate and necessary medication prescribed to manage potential deterioration of their condition.
- There was no clinical oversight or rigorous monitoring of fluid and food intake both during and after the residents' isolation period.
- A review of residents' wound care charts found that recommended treatment as advised by a specialist wound care nurse was not always followed. Wounds were not assessed and a number of the wound care charts reviewed by inspectors did not contain clinical measurements and there was no detail regarding the improvement or deterioration of the wound and no date was assigned for further review or change of the dressing. In two cases grade two pressure sores were incorrectly identified as grade one.
- There was a failure to act when residents presented with very high risk of malnutrition. For example, from a sample of records reviewed by inspectors, one resident who was assessed as very high risk, and two who were assessed as high risk of malnutrition were not referred to dietetic or medical services for review.
- A physiotherapist was employed to work across the provider's two centres. However during the outbreak the physiotherapist did not attend the centre. This impacted on residents during the outbreak, as residents who sustained falls including repeat falls were not reviewed by the physiotherapist. There was no systematic plan in place for the physical rehabilitation of residents following a COVID-19 diagnosis.

Judgment: Not compliant

## Regulation 9: Residents' rights

Residents were not provided with adequate opportunities to engage in activities in line with their interests:

- On the first day of inspection, the activities coordinator had ceased all



therapeutic activation, including one-to-one activities for residents who were not infected with COVID-19.

- Staffing were not available for a range of meaningful activities over seven days.
- Inspectors observed residents on each day of the inspection in their bedrooms, with no television or radio turned on and without staff engagement or supervision at that time. In the evening, some residents were seen to sit in darkness with no lights turned on.

The call bell system in the centre was not fit for purpose. The only call bell panel was in the nurses office downstairs. There were two pagers linked to this system which were carried by staff on each floor. This did not provide assurances that residents were responded to in a timely fashion.

- One resident described how she resorted to calling the centre's phone from her mobile phone to alert staff that she required attention.
- On the second day of inspection, inspectors noted a persistent call bell not being responded to. The provider took interim action to address this by day three, and confirmed plans to upgrade the call bell system in January 2022.

Inspectors found that residents were not always facilitated to exercise choice, as evidenced by the following:

- Staff told the inspector that they did not always have time to bath or shower residents when it was requested. The operated from a prescribed list.
- There was a lack of choice at mealtimes, as discussed under Regulation 18. This was highlighted on the second day of inspection. On day three the menu had been amended to provide choice for all residents for the three main meals.

Judgment: Not compliant

### Regulation 13: End of life

End-of-life care plans were generally formulaic in nature and devoid of the detail required to ensure the residents wishes for comfort and support at end of life were respected.

End of life care plans did not detail individuals' understanding of acute illness which has been a common feature of COVID -19, nor did they guide staff on the residents' preferences for their care should they deteriorate due to COVID-19. This may impact on the quality of care a resident would receive and may lead to unnecessary and inappropriate hospital admissions at end of life.

There was no anticipatory medication prescribed, to ensure care and comfort should a resident require symptom management.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Not compliant
Regulation 13: End of life	Not compliant

# Compliance Plan for Rockshire Care Centre OSV-0000688

Inspection ID: MON-0034977

Date of inspection: 06/12/2021

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            It is the policy of the home to cover the activities coordinators leave and cover was in place for Activity Co-ordinators annual leave in December. The senior nursing roster has been reviewed to ensure senior cover is more equally distributed throughout the week. Additional clinical supervision hours have been rostered. Recruitment is ongoing for full time, part time and relief staff across housekeeping, nursing, HCA departments through local advertising and social media.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            All staff completed Infection Prevention Control Training within last 18 months. Inhouse covid specific IPC training was provided June 2020. Refresher training in donning/doffing, hand hygiene was provided to all staff– October / December 2020 and January / April / October / November 2021. Donning / Doffing staff competencies were completed for staff to ensure correct procedures. PIC and SNM conducted regular donning and doffing refreshers at morning staff handover meetings. All nurses completed care plan training on HSE land.            INMO Care Planning course completed by all nurses January 2022.            British Institute of Cleaning Science training for housekeeping staff completed December 2021. Senior carer to commence training session with newer care staff on epic touch care and feedback to PIC.</p>	

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Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Planned Activity co-ordinator absences were covered as rostered. Further recruitment took place within the intervening period.

Senior nursing roster distributed senior cover more equally throughout the week.

Statement of Purpose was reviewed in 6th August 2021, a copy of which was available in the office on all days of the inspection. The ADON role was discontinued and not vacant. Senior Nurse Manager was recruited. Normal management structure is in place as outlined in the Statement of Purpose.

Senior Nurse Manager was redeployed to nursing duties as a consequence of separate nursing teams between red and green zone and not nursing absences. Restructuring of roles and responsibilities of management team to ensure more time is available for improved clinical oversight commencing mid-January 2022 or sooner on recruitment of additional nursing staff. External Consultant to provide support and guidance to PIC.

Weekly audits in areas of wounds, responsive behaviour, weights, falls, medication management, nutrition. Findings and actions presented to staff nurses and catering department. PIC will lead the team by directing and delegating, and the SNM will supervise the direct care, monitor for compliance and provision of high standard of care. The Pic will not to provide direct care unless it is in a training/advisory capacity. Audits will pick up on any issues which require follow up of care such as referrals. Training will be obtained where gaps in knowledge are identified. Statement of Purpose was updated in August 2021 and the staffing resource, and the management team were in place as set out in this document. Designated external storage area has been allocated and on delivery of storage cages (ordered December), oxygen will be stored there. Annual Leave of the Activities Co-Ordinator was covered in December.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

Modified meals based on residents' requirements and preferences were delivered as a temporary measure. Nutricia provided Training by SLT and consultant chef in the area of Dysphagia to both chefs. Activity coordinator liaised with residents to determine if there were any additional choices they would like on the menu that is currently not offered this includes all mealtimes and snacks. Feedback provided to the PIC who followed up on actions with Chef and implemented changes. Preferences for Breakfast, Dinner and Tea ongoing for all residents and recorded on forms maintained by the chef. 3-week rotating

menu in place and is overseen by the PIC / SNM to ensure compliance. Chef provides tea lists with choice offered and breakfast menu provided to the PIC every week for review to ensure compliance. Senior carer has commenced training session with newer care staff on epic touch care to improve ADL documentation.

Staff ensure that the residents receive adequate fluid throughout by keeping the Jugs of water and cups within the reach while in bedroom, frequency of checks increased on residents to ensure that they have adequate fluids within their reach. Jugs of water and juice are kept in the day room to ensure that residents have access to drinks.

Currently there is one resident who is strictly vegetarian, the chef is aware and ensures that the resident receives adequate protein from the current choices on offer. Resident is currently on Fortisip compact protein 125 mls TDS which provides 54gms of protein per day. Nutritionist has been contacted for alternative high protein food sources. SNM/ PIC meet with the chefs on a weekly basis to discuss about the nutritional needs of the residents and any menu adjustments that are required.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

Designated external storage area has been allocated and on delivery of storage cage due w/c 17.01.21 oxygen will be stored there, and risk assessment will be reviewed to reflect this change.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Laminated procedures in cleaning, deep cleaning and decontamination are kept with housekeeping checklists for ease of reference for housekeeping staff. Routine, enhanced, deep cleaning schedules and checklists are completed daily by housekeeping staff. Housekeeping Meeting held to refresh correct decontamination procedures as per IPC advice. Two separate trollies are available. Two separate storage areas are available. Laminated deep cleaning guidance was provided to all housekeeping staff and is available with their checklists for ease of reference, last reviewed 04.2020. Routine Cleaning schedule, deep cleaning schedule and enhanced cleaning schedule for high touch areas is in use. Actichlor has been replaced with Actichlor Plus and training in it has been provided. British Institute of Cleaning Science training for housekeeping staff completed December 2021. Storage area for dirty linen will be relocated 21.01.21. Dirty to clean flow will be implemented in small laundry by 26.01.21 and will be renovated

with wipeable walls and floors by 28.02.21. Additional Alcohol Hand Gel dispenser in the nurse's office placed beside clocking machine December 2021. Safe management of care equipment audit tool commenced December 2021. Increased weekly environmental audits conducted by PIC commenced November 2021. Inhouse covid specific IPC training was provided June 2020. Refresher training in donning/doffing, hand hygiene was provided to all staff– October / December / January / April / October / November 2021. Donning / Doffing staff competencies were completed for staff to ensure correct procedures. External IPC training completed in January 2021. Recruitment for additional housekeeping staff is ongoing. Additional hand washing sink has been installed and two others have been upgraded to meet current recommended specifications.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 In accordance with regulation care plans for new admissions will be completed in 48 hours and will be reviewed on change in condition. All existing wounds have been reviewed new photos, measurements obtained, and stage reviewed where required overseen by PIC and SNM TVN contacted where required. Wound training has been provided. Weekly wound audit and monthly audit until full compliance obtained. Staff nurses provided with wound pack to assist with their documentation. Falls care plans currently reviewed, outstanding issues are dealt with, referral to WICOP (falls clinic) will be requested from GP's if required. Post falls assessment utilized to ensure MDT approach. Med reviews with GPs and pharmacist to monitor for polypharmacy. Additional tablet is in place for staff documentation. Audit of care staff Input/Output, repositioning of residents and nurses' documentation commenced December 2021. Care plans have been reviewed and personalised by the named nurses and are audited weekly by the PIC. Weekly audit will be continued by the PIC until the desired standard is attained. Ongoing guidance to the staff nurse in care planning and assessments will be continue.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 Contact was made with all GPs at start of outbreak. Nursing Management made contact with two geriatricians, but no response received from HSE. Head of older people services contacted via email and phone to provide this service, but no response received. GPs contacted for reviews for covid positive residents. Reviews conducted both on site and



virtually on Covid positive residents 09.12.21. Anticipatory medications received for 3 residents. Geriatrician contacted the Nursing Home and stated that in his opinion that all appropriate care was being provided by GP to the Residents and to contact him if required. Education provided re symptom management for any resident off their baseline, PCR test taken, and resident is put into isolation. Education provided to all staff nurses regarding procedure for documenting daily notes and content. Memo sent to each nurse 07.12.21 to ensure correct procedure is taking place. Audit of care staff and nurses' documentation commenced. Night nurse prints fluid intake for day and highlights residents of concern. Mid-morning HCA & RN meeting commence to handover dressings pressure areas, refusal of care, any change in overall condition, poor dietary or fluid intake. Day and night nurses when entering reports check what the care staff have entered to review care has been given. Areas of importance: dietary and fluid intake, hygiene needs, output, position changes, restraint release. If gaps noted HCA alerted to enter the info immediately. Weights weekly review and audit conducted over a 6-month period to identify any trends and communicate findings/actions to necessary departments. MUST training provided by Nutricia. Weekly chef meetings taking place. Our physiotherapist conducts a post fall review on all residents as per our falls reduction and management policy. This procedure ceased temporarily during the outbreak as the physiotherapist also works in our sister nursing home. All residents have been reviewed by the physiotherapist and physical rehabilitation plan in place.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Call bell system has been upgraded. Preferences for Breakfast, Dinner and Tea ongoing for all residents and recorded on forms maintained by the chef. 3-week rotating menu in place and is overseen by the PIC / SNM to ensure compliance. Full Time activities coordinator in place and cover is arrange for any periods of annual leave. Rockshire CC doesn't have or operate a daily resident shower list. Rockshire CC has a residents allocation list, in which residents are allocated in 6 different groups. Staff are advised to facilitate personal care as per resident preference and/or requirement. The allocation list is used as a guide for staff only. SNM/PIC are regularly monitoring to ensure that the residents personal care needs continue to be met at a high standard. Daily audit of the touch care documentation by the HCAs are carried out by SNM/PIC at present. Any areas of concern are dealt immediately. SNM/PIC meet with the HCA's, Staff nurses on a daily basis to address any areas of concern. Personal care needs of the residents are met according to the resident's preference. Hairdresser, podiatrist, musicians and inhouse visiting have all recommenced.

Regulation 13: End of life	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: End of life: All EOL care plans are currently being updated, improvements in care documentation as above, waterlow scores to be reviewed for all residents receiving EOL care, nursing staff and care staff advised that regular mouthcare provided must be documented on epic and any issues highlighted with staff nurse. Anticipatory medication will be obtained where required to ensure care and comfort should a resident require symptom management.</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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Not Compliant	Orange	24/01/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	05/01/2022
Regulation 16(1)(a)	The person in charge shall	Not Compliant	Red	05/01/2022

	ensure that staff have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	05/01/2022
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Red	05/01/2022
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Not Compliant	Red	05/01/2022
Regulation 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Not Compliant	Red	05/01/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	05/01/2022
Regulation 23(b)	The registered provider shall ensure that there	Not Compliant	Red	05/01/2022

	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.			
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.	Not Compliant	Red	05/01/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	28/01/2022
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	05/01/2022
Regulation 27	The registered provider shall ensure that	Not Compliant	Red	05/01/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Red	05/01/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Red	05/01/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in	Not Compliant	Red	05/01/2022

	accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Red	05/01/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	05/01/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	05/01/2022