



**Health
Information
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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:	Rockshire Care Centre
Name of provider:	RCC Care Limited
Address of centre:	Rockshire Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	07 September 2021
Centre ID:	OSV-0000688
Fieldwork ID:	MON-0033431

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:	33
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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
Tuesday 7 September 2021	09:25hrs to 18:05hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre in the morning to conduct an unannounced inspection to monitor ongoing compliance with the regulations and standards. From the inspector's observations and from speaking to residents, it was clear that the residents received a good standard of care. However, occasional staff absences meant that staff were under pressure to maintain a satisfactory service. Overall, residents expressed that they were generally very happy living in the centre.

On arrival, the inspector was met by one of the two nurses on duty who performed a temperature check prior to accessing the centre. The person in charge was not on duty, but arrived later in the morning and remained for the duration of the inspection. The person in charge met with the inspector and toured the premises. The centre is registered to accommodate 38 residents and there were 33 residents living in the centre on the day of inspection. The inspector spoke in depth with a number of residents to gain their insights into what life was like in Rockshire Care Centre. The centre is laid out over two floors, accessible by passenger lift and stairs. There is a large parlour room upstairs for residents to use. However, most of the residents on the first floor preferred to go to the main living room downstairs, which is the heart of the centre, with access to the dining room and external garden. The garden area was nicely laid out with tables and chairs. Shade was provided from the direct sun and it was a beautiful and relaxing area to sit and enjoy the fresh air. Despite the sunny day, only two residents were seen sitting outside during the day. Some communal areas of the centre were in need of painting and redecoration. It was observed that some fabric upholstered armchairs were stained, despite regular steam cleaning. Personalisation and decoration of bedrooms was varied. Some rooms were nicely personalised with residents' own decorations and furnishings, while others, including some of the multi-occupancy rooms, were devoid of any decoration and required more attention to ensure a homely ambiance throughout. There are three twin bedrooms in the centre. In one of these rooms, the layout did not facilitate two armchairs, meaning one resident could only see the television from their bed. Furthermore, the view of the television was obstructed by the curtain rail.

Residents who could express their opinions did so readily, and the majority of residents told the inspector that the staff were very good to them and that they could not fault them. One resident said staff were excellent in every way. The most recent resident satisfaction survey presented to the inspector was undertaken in July 2020. This showed high levels of satisfaction from residents and families about all aspects of the service provided. A survey for 2021 had not yet been completed

Main meals were predominantly served in the dining room in two sittings. The dining room facilitated social distancing and the food served to the tables was warm and appetising. A small number of residents were seated in the living room while being assisted with their meal, which meant there was no separation of living and dining experience for those residents. Regular snacks and hot and cold drinks were offered to residents outside of scheduled mealtimes. Residents told inspectors that they

were satisfied with the timing of meals and they had high praise for all of the food on offer. Jugs of fresh water were available in each resident's bedroom. Staff had access to a kitchenette which provided a range of different foods and drinks when the main kitchen was closed. Residents' food preferences and assistance requirements were clearly documented.

The activities coordinator was on annual leave for one week. As a result, the scheduled activities were limited as no replacement staff member was assigned to deliver the activities programme. The inspector was not assured that there was sufficient engagement to meet the social needs of the residents for the duration of the activity coordinator's absence, particularly for those with a diagnosis of dementia. In the morning, the inspector met with six residents who were up and dressed and sitting in the centre's large and spacious living room. It was apparent from talking to these residents that the majority of them were living with some level of cognitive impairment. These residents appeared to be comfortable, were in appropriate seating, and were well groomed and wearing nice accessories and well co-ordinated outfits. However, it was noted that residents spent a long period of time in the morning unoccupied and did not have access to dementia-friendly items and objects which promote sensory stimulation. The large television in the corner of the room was not turned on and the room was silent. Mid-morning, the centre's physiotherapist conducted a group exercise class with some of the residents and also facilitated some one-on-one physiotherapy sessions. In the afternoon, a visiting musician performed a lively musical set for an hour and a half, which residents were seen to enjoy very much. The inspector observed residents spontaneously singing and clapping along to the well-known songs. Interactions between staff and residents were observed to be meaningful and positive. It was evident that the staff knew the residents well and vice versa. The residents knew the person in charge by name and frequently stopped to chat with him in the corridors.

Overall, the inspector observed that the residents of Rockshire Care Centre had a good quality of life which was generally respectful of their wishes and choices. This could be further enhanced by a commitment to sustaining appropriate staffing levels across the centre, including the provision of a continued programme of activities for all residents. The following two sections of the report will describe the inspection findings in relation to the governance and management of the centre, and the areas where this impacts on the quality and safety of the service provided to residents. The provider and person in charge were responsive to any issues identified during the course of the inspection.

Capacity and capability

The management systems in place in this centre contributed to the delivery of good quality care to the residents. The centre had a history of generally good compliance with the regulations; however, issues in relation to the storage of oxygen and the management of fire safety identified on the previous inspection in March 2020

remained outstanding. These issues required strengthening to ensure that risks are promptly identified and addressed. This is addressed further in the Quality and safety section of the report.

The registered provider of the centre is Rockshire Care Centre Limited. There are two company directors, both of whom are involved in the operational management of the centre and are present in the centre on a regular basis. The provider operates another nursing home nearby and the directors split their time between the two centres. The person in charge of the centre has been in the role since February 2021, having previously worked as the senior nurse manager in the centre. He was an appropriately qualified person to take on this role, and was responsible for the overall delivery of care. He was supported by a senior nurse manager, a team of nurses and healthcare assistants, a dedicated physiotherapist, catering, domestic and maintenance staff. Staff in the centre were aware of the new management structure and there was evidence of clear communication structures through regular staff meetings among all grades of staff. Issues identified at these meetings were actioned for improvement and were discussed at the management meetings which were attended by the company directors. Management meetings with the centre's sister nursing home allowed opportunities for shared learning and development. This ensured a generally good oversight of the service. Issues identified by the inspector on the day had been identified by the person in charge and the provider, as evidenced in meeting minutes viewed by the inspector. This is further discussed under regulation 23.

The centre had managed to remain free from an outbreak of COVID-19 during the pandemic. A comprehensive contingency plan had been developed by management, ready for implementation should the centre experience an outbreak. The inspector saw evidence of regular staff meetings and updates throughout the pandemic, with all staff being made aware of changing restrictions and guidelines. There was evidence of regular engagement with residents and their families during the periods of restricted visiting, to ensure strong lines of communication were maintained. Satisfaction surveys were carried out in 2020 which identified that residents and their families were happy with the visiting arrangements in place and with the overall care received.

The quality and safety of the service delivered to residents was monitored through a regular schedule of auditing, including audits of restraints, complaints, falls and infection control procedures. A review of these audits was conducted by the inspector and all were seen to be comprehensive, with analysis of the findings used to develop action plans for improvement. Audit results were shared at meetings and were incorporated into the annual review of the quality of care for 2020.

The inspector found that the staffing levels within the centre were sufficient to meet the needs of the residents, based on a full complement of staff each day. Nonetheless, on the day of inspection, two staff absences were not filled, which resulted in sub-optimal outcomes for residents. In addition, the skill-mix of staff on the day required review to ensure a safe and consistent service is provided to the residents. The person in charge, and staff and residents whom the inspector spoke with, identified that staff absenteeism had become a recent issue and a number of

new staff had been recruited. This is discussed in more detail under regulation 15. Staff spoken with had very good knowledge of each resident's individual needs. Staff confirmed that they received a range of training, both in-person and online, including on safeguarding vulnerable adults, moving and handling techniques and the management of behaviours that challenge. Documents reviewed by the inspectors indicated that staff completed an annual performance review appraisal which was used to inform future education and training needs.

The centre was seen to manage any incidents and accidents occurring in the centre well. Incidents submitted to HIQA were reviewed and found to have been well managed from a clinical and operational viewpoint. Overall, there was a low level of documented complaints in the centre and all complaints that were received were managed in line with the centre's policy.

Regulation 14: Persons in charge

The person in charge was a registered nurse and worked full-time in the centre. He had the required qualifications, experience and knowledge to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, deficits in the centre's staffing were noted as follows:

- Staff who were on planned and unplanned leave were not replaced. A healthcare assistant was out sick, and the activity co-ordinator was on leave for a week. Neither of these staff members were replaced on the roster.
- The rostering of management staff required review to ensure that there was sufficient clinical supervision of staff.
- A review of rosters and meeting minutes identified that staff absenteeism had increased to a critical level. The provider had taken steps to address these issues through their human resources department.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A review of the centre's training matrix showed that mandatory training modules were up to date for all staff across all departments. Additional training in areas such

as pain management, record keeping and human rights were provided to staff. Staff had completed a range of infection prevention and control training and the inspector observed that staff adhered to guidance in relation to hand hygiene, social distance requirements and the appropriate wearing of personal protective equipment (PPE) in line with the national guidelines.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to inspectors and were seen to be well maintained. A sample of four staff files were reviewed and all were found to contain the required documents as outlined in Schedule 2 of the regulations. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing records reviewed. An Garda Síochána (police) vetting disclosures were in place prior to commencement of employment.

Judgment: Compliant

Regulation 23: Governance and management

There was a new management structure in place since the last inspection in March 2020. The person in charge and senior nurse manager had been promoted to their respective roles after working within the organisation for a number of years. The person in charge had good oversight of the service and several issues identified by the inspector had also been identified by the person in charge and were in the process of being actioned and addressed — for example, the management of staff absences had been noted and was discussed at staff meetings, and a new procedure was put in place to monitor this. An audit of the premises had identified that areas for redecoration and improvement were required, and a contractor was due to begin redecoration works in the coming weeks.

There was evidence of weekly monitoring of clinical indicators such as falls, restrictive practices and wounds. These contributed to wider clinical audits which were completed regularly and included action plans for completion. Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely manner.

The person in charge had completed an annual review of the quality and safety of care delivered to residents in 2020. There was a detailed quality improvement plan for 2021 outlined.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the centre's incident and accident records confirmed that all incidents and reports, as outlined in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a detailed complaints procedure, which was prominently displayed in the main foyer area. A review of the centre's complaints log identified a low level of documented complaints from relatives or residents. On the day of inspection there were no open complaints. Closed complaints were seen to have been well managed, with the satisfaction of the complainant recorded in all cases.

Residents who spoke with the inspector were aware of how to make a complaint should the need arise, and stated that they usually spoke about any minor concerns at residents' meetings. Minutes of these meetings confirmed that small issues of concern were discussed and followed up on in a timely manner.

Judgment: Compliant

Quality and safety

Overall, the residents of Rockshire Care Centre were supported to achieve and maintain a good quality of life in this centre. Residents' welfare and individual needs were maintained by good access to healthcare services. Opportunities for social engagement were lacking on the day of inspection; however, evidence from residents' meetings, care plans and daily records, and from talking to residents showed that, generally, residents were engaged in a variety of different activities and therapies. A number of areas required further review and attention to improve compliance with the regulations and to ensure best possible outcomes for residents. These included improved oversight of infection prevention and control procedures, risk management, fire precautions, care planning and the management of restraints.

The premises was designed and laid out to meet the needs of the residents, and had ample communal space which facilitated social distancing. However, some areas

of the centre required repair and some items of furniture also required upgrading and repair to ensure they could be effectively cleaned, for example, stained chairs and chipped and worn bedroom furniture, doors and beds. Paintwork was highly stained in some areas, particularly in the dining room. The provider had identified this and explained that redecoration was due to commence in the near future. Storage space within the centre was sufficient; however, these areas were not utilised effectively, and therefore contributed to the risk of cross-infection. The cleaning procedures in place on the day were not in line with best practice guidelines. These issues are discussed further under regulation 27. The centre had completed its COVID-19 vaccination programme with a high uptake from residents and staff. There were arrangements in place for the vaccination of new staff and residents, should it be required. Hand hygiene audits were carried out by the person in charge to assess staff knowledge and competence of correct hand hygiene procedures. Staff were seen to wear PPE such as surgical face masks appropriately.

The standard of care planning within the centre was good; however, as identified on the previous inspection, a number of residents had two or three care plans dealing with one issue. One resident had 21 different care plans. These care plans contained differing information which made it difficult to ascertain the resident's most up-to-date information and could lead to errors. Residents had a choice of general practitioners (GPs) in the centre and residents could choose to retain the services of their own GP where possible. There was evidence of appropriate referral to and review by specialist professionals where required, for example, wound specialist nurse and chiropodist. Records showed that following a period of remote reviews due to pandemic restrictions, in-house reviews of residents had recommenced.

A small number of residents were identified as displaying behaviours that challenge. There was evidence of good monitoring and analysis of these behaviours and residents all had individual plans of care which identified triggers and de-escalation techniques to manage the behaviours. The centre maintained a weekly register of any practices that were or may be considered restrictive. The use of bedrails was high in the centre. On the day of inspection, 11 of the 33 residents had bedrails. Some residents had requested these as their own preference as they felt safer in bed with bedrails up. There was evidence of regular risk assessment of the bedrails and there was evidence of a multidisciplinary approach involving the resident or their representative, the GP and physiotherapist. Alternatives to bedrails were trialled such as low profile beds and grab-rails. The person in charge demonstrated a commitment to the further reduction of bedrails and a move to a more restraint-free environment. Safety checks when bedrails were in use required improvement.

Residents' nutritional status was well-managed. A validated nutritional screening tool was used on admission and a plan of care developed with input from the centre's chef. Residents' likes and dislikes were documented and meals tailored to suit their preferences. The inspector found evidence of monthly monitoring of residents' weights, with shortened intervals if unintentional weight loss was observed. Timely referrals were made to the dietitian and recommended interventions, such as oral nutritional supplements, were promptly prescribed by the GP. The chef confirmed that foods were fortified, for example with cream and butter, when suggested by

the dietitian.

The centre had an updated safety statement and risk management policy, which included COVID-19 specific risks. The risk assessment and overall management of oxygen products continued to require further attention to mitigate the dangers associated with inappropriate storage of oxygen cylinders within the centre. Up-to-date service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. Individual personal emergency evacuation plans (PEEPs) were in place for all residents and these were updated regularly. PEEPs were held centrally at the nurses' stations and were also accessible in residents' rooms, identifying the level of assistance and different evacuation methods required for day and night evacuations to ensure safe evacuation in an emergency situation. Bedroom doors did not have automatic closing devices to contain fire and there was no assessment of the current level of risk this posed to each resident. Fire training was completed in 2021 and regular compartmental evacuation drills were carried out to simulating both day and night time scenarios. The person in charge outlined that the dependency level of the eight residents in the centre's largest compartment was kept under review and only one resident of high dependency needs was accommodated in this area.

Residents' meetings were held regularly and records showed there was a good level of attendance. A review of the meeting minutes confirmed that residents were engaged in the running of the centre, and offered suggestions about what activities they liked to do. In response to residents seeking trips out to Kilkenny and Mount Melleray, the person in charge had sourced a bus which could accommodate up to nine residents in wheelchairs and a trip was being planned. Residents confirmed that they were happy with the activities programme on offer which ran from 9am to 5pm and included Bingo, arts and crafts and board games. The schedule for the previous week showed that the residents enjoyed a 'Back to School' theme and participated in subjects such as biology, maths and Irish. Nonetheless, on the day of inspection, there were limited opportunities for activities due the dedicated activity coordinator being on annual leave. While a visiting musician provided an entertaining music session in the afternoon, there was no other option for residents to receive alternative one-to-one or small group activities.

Regulation 11: Visits

On the day of inspection, indoor visits to the centre were scheduled in advance, following confirmation of a positive case of COVID-19 amongst staff. The person in charge had contacted all family members and residents individually to discuss this interim arrangement. The person in charge confirmed that visiting arrangements are kept under review and risk assessed appropriately, in line with current national guidance from the Health Protection Surveillance Centre (HPSC).

Judgment: Compliant

Regulation 18: Food and nutrition

The menu on offer for residents included choices for all mealtimes. Residents were provided with adequate quantities of wholesome and nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, drinks and snacks at times outside of regular mealtimes.

Records showed that reviews by a dietitian were conducted when required. The chef held weekly reviews with the person in charge where any pertinent issues with regards to residents' nutritional needs were discussed. All staff had easy access to documentation which contained up-to-date information including the modification of diets and fluids, residents' preferences and specific dietary requirements. Residents' nutritional status was assessed at a minimum of monthly, and more frequently if required.

Judgment: Compliant

Regulation 26: Risk management

Similarly to the previous inspection, storage of oxygen products required review.

The risk assessment for the storage of oxygen did not reflect the procedure in place on the day of inspection. While a dedicated oxygen storage area was in use, further unsecured oxygen cylinders were held in a store room which also contained combustible items such as PPE and linen. The risk assessment for the storage of oxygen did not identify appropriate control measures to mitigate the associated risks.

The provider was requested to make arrangements for the safe and appropriate storage of oxygen products, and to update the oxygen storage risk assessment accordingly. This was completed following inspection and provided assurances that the risk was appropriately managed.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of healthcare associated infections. This presented a risk of cross infection in the

centre. For example:

- The upstairs store room was divided into three separate areas, designed to ensure segregation of clean and dirty linen and storage of other equipment. However, on the day of inspection the area was cluttered with both dirty and clean linen, with no clear segregation. Domestic staff passed through this area into the area containing a sink to top up and dispose of water used for mopping. This store room also contained supplies of PPE, and residents' personal care products
- Arrangements for the cleaning of shared equipment required improvement. The responsibility for cleaning of assistive hoists was allocated to night staff. However, a thick layer of dust and grime was evident on the base of an assistive hoist which was in use
- Minutes of domestic staff meetings identified that high dusting required more attention. On the day of inspection, dust and cobwebs were seen on window frames in some areas of the centre.
- A pillow in use was torn, with the stuffing spilling out. This could not effectively be decontaminated, which presented an infection risk
- The provider was exploring a single-use mopping system to ensure compliance with best-practice guidelines
- While efforts were ongoing to address a number of maintenance issues, a number of the surfaces and finishes including wood finishes on doors, skirting boards, and lockers were worn and chipped and as such did not facilitate effective cleaning.

A review of audits and meeting minutes identified that the person in charge and registered provider had identified a number of the presenting issues and were taking steps to address them.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety precautions in the centre required review with regard to the following:

- Bedroom doors did not have automatic closing devices to help contain fire and there was no assessment of the current level of risk this posed to each resident.
- The centre had not provided staff training on the vertical evacuation of residents down the stairs using the appropriate evacuation aids.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Similarly to the last inspection, care plans required review to ensure that only the relevant information is documented, and older information with outdated interventions is discontinued. Care plans were unnecessarily duplicated, for example, one resident had three separate care plans dealing with breathing issues, however these all contained differing information. This could lead to errors in the direction of the resident's specific care needs.

There was no validated assessment tool in use for a resident with a known risk of wandering and absconsion. This meant that the level of risk could not be assessed to determine if current interventions were successful or not.

Judgment: Substantially compliant

Regulation 6: Health care

The overall healthcare needs of the residents were met through good access to GPs and allied healthcare services such as speech and language therapy, optician, and psychiatry of later life. A physiotherapist was employed by the centre who attended the centre a minimum of twice weekly to assess and treat residents individually and to facilitate group exercise sessions. Residents who required assistive equipment such as specialised wheelchairs were supported to access community occupational therapy services under the General Medical Services (GMS) scheme.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were unsure of the process in place for checking bedrails, and whether safety checks were recorded electronically or on paper. There were significant gaps in the electronic documentation which outlines the review and release of bedrails and no paper-based records were presented to the inspector. Documentary evidence of the review and release of bedrails is required in accordance with national policy published by the Department of Health, and required by the regulation.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Despite the absence of the activities coordinator on the day of inspection, the

inspector found evidence that residents were consulted with and participated in the organisation of the centre through talking with residents and staff, and from reviewing the minutes of residents' meetings. Residents' rights to privacy and dignity were respected and promoted. Positive, respectful interactions were seen between staff and residents. The residents had access to individual copies of local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the main foyer of the centre.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rockshire Care Centre OSV-0000688

Inspection ID: MON-0033431

Date of inspection: 07/09/2021

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment is ongoing for full time, part time and relief staff. It is the policy of the home to cover the activities coordinators leave, however due to illness, we were unable to do so on this occasion. It is envisaged that with the level of recent recruitment, that this will be unlikely to reoccur.</p> <p>The senior nursing roster has been reviewed to ensure senior cover is more equally distributed throughout the week</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Dedicated storage areas for oxygen have been reduced from 3 areas to 2 areas. The associated risk assessment has been reviewed to reflect appropriate control measures to mitigate the associated risks. This has been communicated to all departments.</p> <p>Signage is in place in the two designated areas and are documented in the risk assessment. Weekly fire rounds checklist has been updated to reflect the change.</p>	
Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The mop heads are not replaced between rooms – however the different colour coded mops are used for the different areas such as bedrooms, bathrooms as required for Infection Prevention and Control. The water is changed at a minimum every 2-3 rooms or more often as required. Due to the water containing chemical disinfectant this does not present any risk of cross contamination.

The responsibility for the cleaning of the hoist is allocated to the night staff. This has been a longstanding duty listed on the night carers routine checklist. This is shown to new staff when they are inducted onto night duty. This issue has been highlighted with all staff, the compliance of which is monitored by the senior nurse manager.

A meeting was held with housekeeping department, where high dusting was highlighted as an area for increased attention. All fabric armchairs are steam cleaned on rotation or as required. The stains noted are cosmetic in nature and would not pose an infection control risk. The pillow has been disposed of.

Additional staff training has been provided to all new staff members to ensure adherence to laundry segregation procedures within the home. Appropriate signage has been put in place.

Designated areas for housekeeping, linen storage, linen trollies and are well segregated and this has been reiterated to all staff. This will be monitored by nursing staff to ensure compliance.

A maintenance action plan has been put in place to address the painting works. Any furniture that is unable to be repaired has been taken out of use.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All fire notices have been amended to reiterate to staff that all doors need to be closed as they pass should the fire alarm sound. Following this amendment, the associated risk assessment has been reviewed and communicated to all staff.

Vertical evacuation down the stairs using the appropriate evacuation aids will be conducted during the monthly fire drills and will be carried out with minimal staff members(Night staff ratio)

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Further one-on-one training will be provided to each nurse to highlight the areas for improvement. All resident care plans will be updated and reviewed by the named nurses. This will be overseen by the senior nurse and the PIC.</p> <p>In conjunction with the resident and NOK, the care plan and risk assessment for wandering and absconsion has been put in place. This is reviewed on a monthly basis or sooner if required. This has been communicated to all staff nurses.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Paper based records have been expanded to include regular checks on the use of bed rails during the day. This is completed by the care staff and overseen by the staff nurses.</p> <p>Electronic records are maintained in this regard by the night staff. Further training in the use of restrictive practice will be provided to the necessary departments. Assessments are reviewed every three monthly or sooner if needed. Care plans will be updated with the most recent and relevant information. Multidisciplinary approach will be maintained in managing the behaviour that challenges.</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 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.	Substantially Compliant	Yellow	14/10/2021
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	10/09/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5	Substantially Compliant	Yellow	10/09/2021

	includes the measures and actions in place to control the risks identified.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	15/10/2021
Regulation 28(1)(e)	The registered provider shall	Substantially Compliant	Yellow	

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	10/09/2021
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).	Substantially Compliant	Yellow	31/10/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time	Substantially Compliant	Yellow	01/10/2021

	to time.			
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