Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	The Rock Nursing Unit
Centre ID:	OSV-0000623
Centre address:	Ballyshannon, Donegal.
Telephone number:	071 9851303
Email address:	melissa.currid@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Kieran Woods
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 May 2015 10:00	05 May 2015 18:00
06 May 2015 09:30	06 May 2015 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. The current registration of this centre is due to expire in June 2015. This was the sixth inspection of this centre undertaken by the Authority. Seven residents and six relatives completed a pre-inspection questionnaire. On review of these the inspector found that residents and relatives were positive in their feedback and expressed satisfaction about the facilities, services and care provided.
Residents spoken with on the day of inspection told the inspector that they were 'well cared for". Comments included "staff look after me very well, no better care could be given, the Rock couldn't be any better".

The inspector reviewed documentation submitted by the person in charge since the last inspection, met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector found that overall residents' health care needs were well supported with good access to allied health professionals. Medication management practices were found to be compliant and mandatory training was up to date for all staff.

An unannounced thematic inspection reviewing nutritional care and end of life care had previously been carried out by the Authority in May 2014. The areas which required review from this inspection related to care planning, end of life care policies and the dining space provided did not enable all residents to eat together away from their bedroom areas. The actions with regard to end of life care plans and policy development had been completed. The actions with regard to the dining room remained live but a new purpose built Community Hospital is underway for the Ballyshannon area. This is discussed further under Outcome 12 - premises.

Overall, substantial compliance was found in the many outcomes. However, Improvements were required as follows: Outcome 2 - Production of an annual review report of the quality and safety of care delivered to residents and consultation with residents and relatives with regard to review of practices and procedures at the centre. Outcome 11- – Review of some of the care plan records. Outcome 12 – Compliance with the national standards with regard to the premises post July 2015. Outcome 15 - Ensuring accurate recording of intake of food and fluids. These matters are discussed in the body of the report and actions that require to be undertaken by the provider/person in charge are contained in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a written statement of purpose which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. A copy of the updated statement of purpose has been forwarded to the Authority.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found there were sufficient resources to ensure effective delivery of care in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. Since the last inspection there had been a change to the provider nominee. The current provider nominee had deputised for the previous provider nominee when he was unavailable. Consequently, he had a good knowledge of the service and an understanding of the

regulations and standards. He was supported in his role by the service manager for older persons, who has worked with the service for many years. The person in charge has been the person in charge since the commencement of the regulatory process. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview on previous inspections and will continue to be determined by ongoing regulatory work, including further inspections of the centre and level of compliance with actions arising from all inspections.
This centre is one of a group of designated centres in Co Donegal. A generic auditing system is in place. This involves the collection of statistical information in relation to, for example, the environment, medication storage and custody, discharge planning, nursing assessment, and restraint monitoring.
The information gathered was reviewed however, this auditing system requires review to ensure that it is centre specific and breaches are being detected. For example the nutritional audit does not review whether residents are weighed as per documented in the care plan/policy. The audits did not support the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under Section 8 of the Health Act. A copy of this review is required to be made available to residents. A report of the annual review of the quality and safety of care delivered to residents was available but there was no evidence of consultation with residents and their families throughout this report. Additionally this report did not reflect all quality and safety aspects of the delivery of care to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Health Act.

Judgment:
Non Compliant - Moderate

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A comprehensive resident's guide detailing a summary of the service provided was available. However, an easy to read/pictorial guide was not available which would facilitate a better understanding for residents who were cognitively impaired. The Person in Charge gave a verbal commitment to address this.

The inspector reviewed a sample of residents' contracts of care and found that there was an agreed written contract in place for each resident. The contract required review to ensure it was clear with regard to services which were included under the contract and services which were subject to an additional fee payable by the resident. No additional fees were payable for allied health professional input or social care activities.

Judgment:
Substantially Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge is a registered nurse and has 14 years experience of working with older persons. The Inspector reviewed the roster which demonstrated that the person in charge is employed full–time. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She is supported in her role by two experienced Clinical Nurse Managers, nursing, care, administration and ancillary staff. Staff were familiar with the organisational structure and confirmed that good communications exist within the staff team. She and the staff team facilitated the inspection process; she had appropriate documentation prepared and easily accessible on arrival for the inspector.
She had good knowledge of residents' assessed needs, their planned care and conditions. She stated she attended the handover regularly and supervised the delivery of care on a daily basis. She and her staff team promoted a philosophy of care which was resident focused. Residents spoken to were aware of the person in charge and confirmed they saw her most days. The person in charge maintained her professional development and had completed a diploma in management and a post graduate diploma in Health Science. She had recently completed advanced training falls prevention management.
Her mandatory training in Adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre's insurance was up to date and provided adequate cover for accidents or injury to residents, staff and visitors.
All of the written operational policies as required by schedule 5 of the legislation were available. The inspector examined the documents to be held in respect of four persons working at the centre and found that these were satisfactory.
The inspector found that records required by current legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval with the exception of care plans which required review. (An outcome with regard to care plans is contained under Outcome 11).

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. An experienced clinical nurse manager who qualified as a registered nurse in 1983 and has completed a HDip in Gerontological Nursing worked full-time and deputised in the absence of the person in charge.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place

and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Measures were in place to protect residents from being harmed or suffering abuse. There was a policy entitled 'Safeguarding vulnerable persons at risk of abuse'. This included information on the various types of abuse, assessment, reporting and investigation of any allegations of abuse.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussion with the inspector some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

The inspector reviewed arrangements in place with regard to residents' finances. There was a separate account for each resident. Transparent arrangements were in place with regard to the documentation of all transactions. No monies were kept at the centre on behalf of residents. If a resident required a specific sum of money for example to pay the hairdresser, the staff would request a cheque from HSE main financial services to be made payable directly to the hairdresser. The administrator was in the process of enacting a policy where receipts were available for all monies spent by staff on behalf of the residents. A resident who had capacity and managed his own money, on occasions requested that staff purchase his cigarettes. Currently the staff gave the receipt and the goods back to the resident. There was no checking system in place as to what monies the resident gave to staff and what goods were purchased by staff on the request of the resident and what monies were returned to the resident. The accounts are audited independently each year by an external auditing firm.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents.
The inspector saw that this was signed by visitors entering and leaving the building.
Residents confirmed that they felt safe in the centre and contributed this to the presence of staff and the doors being secure.
The inspector discussed with the person in charge the needs of the current residents. The person in charge confirmed that some residents displayed behaviour that challenged. While a behaviour monitoring log was in place the inspector found that there were not clear concise behaviour management care plans in place to provide direction to staff as to how to manage the behaviour that was exhibited. In one file reviewed the inspector noted that there was a variety of care plans that were repetitive,

for example a care plan for cognitive impairment, a safety care plan and a inappropriate behaviour care plan. These required review to ensure that they provided a consistent approach for staff to adapt, to manage the challenging behaviour.

Restraint practices were regularly reviewed and well managed. The only restraint measures in place were bed rails. Risk assessments and consent forms were available for residents who were subject to restraint measures. Assessments gave consideration of the risks associated with the use of the restraint measure. There was evidence in the case notes reviewed to indicate that discussion in relation to the restraint measure had taken place with the resident and/or their representative. Evidence of use of less restrictive options for example, greater supervision, alarm mats, was available and there was on-going review of the restraint measures.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The health and safety of residents, visitors and staff was promoted in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post falls to monitor neurological function in event of unseen falls or suspected head injury.

The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken with knew what to do in the event of a fire. While fire drills were carried out by staff, there were only undertaken on an annual basis, consequently not all staff were participating in regular fire drills to ensure safe swift evacuation of residents. Additionally, fire drill records did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or the duration of the drill. Fire records showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. The local fire station was located in close proximity to the centre. While local fire personnel had carried out a familiarisation visit of the centre, this had occurred some years ago and changes had been made since their visit. The person in charge stated she would organise for them to visit the centre.
There were arrangements in place for recording and investigating of untoward incidents and accidents. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general

practitioner (GP) and next of kin had been contacted. However there was no record whether the incident had been witnessed or unwitnessed.

The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling.

The environment was observed to be clean. Staff who spoke with the inspector was knowledgeable in infection control procedures and training had been provided. Staff had access to supplies of gloves and disposable aprons and was observed using these as they went about their duties.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Nursing staff had completed medication management training. The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. There was evidence that MDA drugs were checked twice daily by two nurses. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. However these assessments were not always used to inform the care plans.

Where an event occurred for example loss of weight, a reassessment was not always carried out, and where it was completed the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented. On some occasions the inspector noted that where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan. Where a specific direction was contained in the care plan with regard to weight monitoring the inspector found that this was not being followed in some cases. There was evidence available of consultation with the resident and their significant other. A narrative record was recorded for residents each day. These records described the range of care provided on a daily basis to ensure residents well-being.

The inspector found that wound care was appropriately managed. Where residents were deemed to be at risk of developing wounds preventative measures were identified

including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. Residents had access to appropriate medical and allied health care professionals. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly. Residents and staff informed the inspector they were satisfied with the current health care arrangements and service provision.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector. There was evidence of good communication with relatives when they visited and via the phone. Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy and psychiatry was available.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The action with regard to accommodating residents in multi occupancy rooms remains live. The current building poses a challenge to the delivery of care in line with the Statement of Purpose. However, staff have made significant efforts to ensure the centre is homely and the dignity and privacy of residents is respected to the best of their ability given the constraints of the environment.

The person in charge informed the inspector that the long term plan for the Rock Community Nursing Unit is for the development of a new community nursing unit in Ballyshannon which will replace the Shiel Community Hospital and the Rock Nursing Unit

(both units are currently located in Ballyshannon). National approval has been granted and the process of design has been commenced. A site has been identified and preliminary site works have been commenced. Draft plans are in place. Once this centre has been completed it is envisaged that the centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Bedrooms and communal areas were found to be clean, well ventilated and comfortably warm. Hand testing indicated the temperature of hot water did not pose a risk of burns or scalds. Separate changing facilitates are provided for care and kitchen staff to enhance infection control practices. There was appropriate equipment for use by residents. Staff were trained to use equipment, and equipment was appropriately stored.
A final plan of the proposed new build is required to be submitted to the Authority. This plan must include a commencement and completion date and assurance that finance has been agreed and allocated.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. Formal complaint procedures and appeals details were outlined in the HSE complaints policy 'Your Service Your Say', a centre specific complaints policy was available.

The inspector reviewed the complaints procedure and noted this was displayed. A comments box was also available. The policy detailed timelines to be adhered to, the requirement to carry out a thorough investigation and to inform the complainant of the outcome of the investigation. An independent appeals process was also detailed so that if the complainant was not satisfied with the outcome of their complaint they could utilise this procedure.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained a record all relevant information about complaints. There was

evidence that where complaints were made, the policy was enacted and complaints reviewed were resolved to the satisfaction of the complainant.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
This outcome was the subject of a thematic inspection in May 2014 and all aspects of end of life were examined in detail during this inspection. The areas identified for improvement from the last inspection were reviewed during this inspection. These included review of the policy on end of life care and completion of end of life care plans where appropriate. These actions had been addressed. There was evidence in files reviewed that residents were consulted regarding their future healthcare interventions, personal choices and wishes in the event that they became ill and were unable to make decisions regarding their future care. The inspector reviewed a sample of care plans which evidenced that there was a discussion with residents and their next of kin in relation to their wishes and preferences for end of life care. An overnight room for family members to be with their loved ones at end of life was available. Refreshments were provided. Staff had undertaken training in end of life care.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

This outcome was inspected in May 2014 as part of the thematic inspection.
The inspector found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day. The inspector met with the chef who was very clear that the residents' voice should be heard with regard to their choice of food and satisfaction with the food.
Residents spoken with during the visit and relatives in questionnaires returned to the Authority praised the food and the choices available to them. Residents' food likes and dislikes were recorded and meals served in accordance with their preferences and dietary restrictions. There was a choice for all residents to include those on pureed diet.

There was monitoring of residents nutritional and hydration needs however, the inspector found that food and fluid charts did not provide sufficient detail to be of therapeutic value, for example, ' tea' with no indication of how much or whether sugar or milk was added, ate half her breakfast.' Consequently they did not provide a reliable tool to assess early warning signs to identify when residents were at risk of dehydration and nutritional deficit. Staff had attended training on nutritional care.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was evidence of a good communication amongst residents, the staff team and relatives.
Staff were observed to protect the privacy and dignity by knocking on bedroom doors before entering and ensuring that curtains were drawn around the beds. However, as the premises includes multi occupancy rooms this impacts on residents' privacy and dignity. During the day, residents were able to move around the centre freely. Residents could practice their religious beliefs. Mass took place on a weekly basis.

A variety of newspapers and magazines were available to residents. An independent advocate was available if required. A full time home-maker worked in the service. A planned programme of activities was scheduled throughout the day. Themed events for example on special days and seasonal activities were organised. Residents spoken with

were complimentary of the activities offered and some commented they enjoyed, "baking and tea parties".

There was evidence that residents had choice in regard to their daily routines such as getting up or participating in activities. Residents had access to religious services, Mass was celebrated weekly and voting arrangements were made when required. Residents had access to the television and/or radio. A cordless phone was available so that residents and could receive or make telephone calls in private.

Consumer group meetings which included resident and relatives were held monthly. Minutes of these meetings were available. Items discussed included social activities and the day to day running of the unit.
Visiting times were flexible and visitors could avail of a private facility if they so wished. A quarterly newsletter is prepared detailing any changes in the centre and locality. Details of audits undertaken and any improvements as a result of these are documented together with any training that staff have recently attended.

Judgment:
Non Compliant – Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a policy on the management of residents clothing and possessions. Each resident had access to a secure area where they could store personal valuables. Residents clothing was laundered on the premises and residents expressed satisfaction with the service provided and the safe return of their clothes to them. A record was kept of each resident's personal property.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best

recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the days of inspection. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times.

A staff training programme was on-going. All staff had up to date mandatory training in fire safety, protection of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, dementia care, continence care, fall's prevention and nutritional care.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	The Rock Nursing Unit
Centre ID:	OSV-0000623
Date of inspection:	05/05/2015
Date of response:	30/06/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The auditing system requires review to ensure that it is comprehensive and supports the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Actions taken : -
• Further training has been taken in use of the Electronic Audit Tool - A Nursing Metrics Workshop with NMPDU (Nursing and Midwifery Professional Development Unit) was held 23/06/2015 and attended by CNM2/Acting Person in Charge and CNM1.
Actions planned: -
• Electronic Audits are being undertaken in the Unit on a two monthly basis as agreed locally in the Unit with use of the tool "The Nursing Metrics". This will allow the Audits to be more in-depth and to consolidate the change management process for continuous improvements in Residents outcomes of care. All results are displayed on two Boards (One for Staff and another for Residents / Families). One person is auditing (for consistency) who has good knowledge of the Audit cycle and use of this Audit tool. In addition; dissemination of results will feedback to newly established Family and Friends of RNU Group and in the quarterly RNU Newsletter.
• The NMPDU (Donegal) are currently reviewing the electronic "Nursing Metrics" Audit System with consultation with OPS (Older Persons Service) Donegal. This is in view to further developing a more comprehensive tool to meet the demands of the OPS, Donegal and to be made more Centre specific for the Rock Nursing Unit.

Proposed Timescale: 30/09/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of consultation with residents and their families throughout the annual review of the service.

Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:
Actions taken: -
• All Named Nurses are to ensure their individually named Residents care is communicated and agreed with the Resident (where possible) or their nominated advocate and documented accordingly. Systems have been put into place to ensure this.
• Patient satisfaction Survey to continue monthly as indicated using the Nursing Metrics.

Planned Actions: -
• Formation of the 'Family and Friends Focus Group' for the RNU. The first meeting is scheduled for July 1st at 8pm. These monthly meetings are to enable the Residents

Family Members to have support, a forum for consultation and communication/dissemination of information.
• Development of Satisfaction Survey for Family/ named advocates. The use of this tool will be undertaken quarterly and results communicated on the Family and Friends Focus Group Board and discussed at the Family and Friends Focus Group meetings.

Proposed Timescale: 30/09/2015

Outcome 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contract required review to ensure it was clear with regard to services which were included under the contract and services which were subject to an additional fee payable by the resident.

Action Required:
Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

Please state the actions you have taken or are planning to take:
Actions planned: -
• An easy to read /pictorial guide is currently being developed.
• Each Residents Contract of Care will be reviewed to ensure clarity with regard to services provided and services that are subject to additional fee.
• At local level; additional pricing such as outside/private visits to hairdressers can be sourced and added to appendix as the Residents require.

Proposed Timescale: 31/12/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that there were not clear concise behaviour management care plans in place to provide direction to staff as to how to manage the behaviour that was exhibited.

Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
Actions taken : -
For Checking System for Residents' private money transactions : -
• New checking System in place as discussed with attending Inspector for Residents (with capacity to manage their own money) in arrangements to buy cigarettes or other personal sundries.

For Behaviour Management: -
• Care Team discussions and support at each report time. Discussions within the Care Team around individuals, sharing and discussing effective strategies to cope with and reinforce use of effective techniques in assisting individuals who present with behavioural problems.

Actions planned: -
Training and Education
For Nurses:-
• Care planning workshops to improve care planning practices. One to one activity with each Nurse going through their named Residents Care Plans. Nurses will be directed to write prescriptive individualised care plans where indicated to guide care for all Staff following any event of challenging behaviour including de-escalation techniques.
• The Older Persons Psychiatric Services, Sligo have been supportive in local educational initiatives which will continue in presentations and training in reinforcing the value and use of ABC and behavioural charts
For HCA/MTA Staff-
• Educational training being rolled out in Challenging behaviour in Dementia Care for HCA's (CNME, Letterkenny). HCA Staff will be allocated for this training when new curriculum for CNME is available.
• Local presentations by External Healthcare Support Tutor for Managing Challenging Behaviour for HCA/MTA Staff are being arranged.
• At a dedicated handover once weekly; opportunity will be given for group learning by discussing and sharing of information from Study days attended.

FUTURE PLAN
September 2015: - Dementia Care Champions (One Nurse and one HCA) will apply to attend a Module in Person Centred Dementia Care (online and with DCU, Dublin) over a 12 week course (however; this will be subject to placement and availability on the course). This programme will enable successful candidates to become Dementia Champions for the RNU. These Dementia Care Champions will support and assist Staff to manage behaviours that challenge.

Proposed Timescale: 31/12/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While fire drills were carried out by staff, there were only undertaken on an annual basis and consequently not all staff were participating in regular fire drills to ensure safe swift evacuation of residents.

Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Actions Planned: -
1. Health and Safety Officer, RNU will undertake a monthly fire drill to include physical practice with intention to : -
• Monitor the evacuation of an area and the Residents in that area.
• Evaluate the success of each fire drill where the findings will be presented and discussed at team report for Staff as a learning process in safe management of Residents/Staff/Visitors in the event of a Fire.
• Communicate these and other Health and Safety issues at quarterly Health and Safety and Risk Management Meetings.
• Maintain a register of all attending Staff at these drills and presentations.
2. It is planned to arrange the Local Fire Service Representative(s) to review the Unit with intention : -
• To evaluate existing fire safety and evacuation plans.
• To present findings to Staff, Residents and at the Family and Friend Focus Group Meetings.
• To inform care planning for improving individual evacuation plans

Proposed Timescale: 31/12/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments were not always used to inform the care plans. Where an event occurred for example loss of weight, a reassessment was not always carried out, and where it was completed the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented.

On some occasions where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan. Where a specific direction was contained in the care plan with regard to weight monitoring this was not being followed in some cases.

Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
Actions taken: -
• Audit of the current use of the MUST (Tool for highlighting risk of malnutrition) and compliancy of Nurses in use of this tool has been undertaken. Refresher training on use of the tool is ongoing with all Nurses with one to one training.
• Monthly grid posted to ensure Named Nurses are 'flagged' for all documentation that requires consideration, evaluation or review.
• Audit will continue on a 2 monthly scale (as per Local policy) to triangulate and check evidence to ensure Residents needs are not overlooked.
Planned Actions : -
• Care planning workshops (as planned in Outcome 07 of this report)
• When a Specialist or other member of the MDT (such as Community Dietician) attend on a planned visit to review a Resident, the Named Nurse for that individual Resident will be in attendance (where possible). This is to improve Residents care planning and continuity of care. The Named Nurse will discuss and document the advised care/treatment. The Named Nurse will include the Resident/ or named advocate (if appropriate) in this process.

Proposed Timescale: 31/12/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The action with regard to accommodating residents in multi occupancy rooms remains live. The current building poses a challenge to the delivery of care in line with the Statement of Purpose. A final plan of the proposed new build is required to be submitted to the Authority. This plan must include a commencement and completion date and assurance that finance has been agreed and allocated.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
Actions Taken at local level: -
All Staff are aware of the constraints of the environment due to multi-occupancy rooms. Systems are in place to reduce any impact on the dignity and respect for the Residents in the Unit. (Please see Outcome 16)

Actions Planned at National Level: -
The HSE National estates department have allocated € 0.2million in 2015 to Commence the design process for the Sheil Hospital development in Ballyshannon, Co. Donegal. The design brief has been finalised and a design team has been appointed. It is forecast that a request for planning approval will be submitted in Q2lQ3o f 2016. It is hoped to commence the development in 2017. These dates are indicative at the Moment and are subject to statutory approvals at the various stages.
The development will provide an eighty bed unit on the site of the Sheil Hospital facilitating the closure of the Rock Nursing Home

Proposed Timescale:

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As the premises include multi occupancy rooms that impact on residents' privacy and dignity.

Action Required:
Under Regulation 09(3) (b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Immediate actions taken : -
• The Care Teams are monitored for the use of signs, blinds and curtains in multiple occupancy rooms to reduce impact on Residents privacy and dignity.
• Nurses supervise their HCA colleagues in maintaining each Residents privacy and dignity.
• Where possible Residents are taken to an unoccupied private space for some personal activities.
Actions planned: -
• The new premises planned (Please see Outcome 12 of this report) will address this action.

Proposed Timescale: