Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Centre name:	Bishopscourt Residential Care Ltd
Centre ID:	0200
Centre address:	Liskillea Waterfall Co Cork
Telephone number:	021-4885833
Fax number:	021-4885864
Email address:	bishopscourt@eircom.net
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Bishopscourt Residential Care Ltd
Person in charge:	Shelia O'Reilly
Date of inspection:	17 February 2011
Time inspection took place:	**Start:** 09:40hrs **Completion:** 14:10hrs
Lead inspector:	Vincent Kearns
Support inspector:	Cathleen Callanan
Type of inspection:	☐ **Announced** ☒ **Unannounced**
Purpose of this inspection visit:	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Follow-up inspection

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centers for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- To follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- Following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- Arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- To randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Bishopscourt Residential Care Ltd has a capacity for 60 residents and caters for older people, including dementia. The centre also provides respite and convalescent care to older people. At the time of inspection there were 60 older people in residence. There were 24 residents with dementia.

The centre is a single-storey, purpose-built centre situated on three acres of land. At the front of the building there are landscaped gardens and footpaths for residents and visitors to go for walks. There is also plenty of car parking space.

The centre consists of two wings: Heather and Fuschia. In Fuschia wing there are 30 single bedrooms. In Heather wing there are 12 twin and six single bedrooms. All rooms have en suite shower, toilet and wash-hand basin. There is one assisted toilet near communal areas. A nurses' station is located in each wing.

There are four internal sitting rooms as well as secure outdoor gardens with seating which can be accessed from Heather wing. A covered walkway approximately 50 metres long links each end of Heather wing. The ledges contain potted plants brought in from home by residents. The dining room is located centrally and is divided into two areas for those who need assistance and those who eat independently: it is secured by key-pad entry. The kitchen is directly off the dining room. There is a dedicated room for the hairdresser to attend to residents' appointments. It is fitted with two sinks and a bath (the bath is not used).

Date centre was first established:	1998
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	0

Dependency level of current Residents	**Max**	**High**	**Medium**	**Low**
Number of residents	2	19	38	1

Location

Bishopscourt Residential Care Ltd is located within a cluster of houses in a rural setting off the N71 heading west from Cork city to Bandon. It is four miles from Bishopstown. Access is via a narrow road and the centre is well signposted.

Staff designation	Person in Charge	Nurses	Multi-task Attendants	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	7	2	3	1	2

Management structure

Bishopscourt Residential Care Ltd is a limited company with four directors. Catherine O'Connor was nominated by the directors as the Register Provider. The remaining two directors have no operational role in the running of the business other than major decision making such as the approval of significant amounts of expenditure.

The Person in Charge (PIC) is Sheila O'Reilly who is in post since September 2010.

The building was initially built by the current directors as a 20 bed facility and opened in 1998; it then extended over the years to a 60 bed facility.

There are 45 members of staff in total. All carers and nurses report to the person in charge. In her absence, these staff report to a senior nurse, Ligimol George. All other staff report to the provider.

Background

The previous inspection was an announced registration inspection conducted over two days on 15 June 2010 and 16 June 2010 and the inspection reference is 687.

This inspection was the centre's second inspection undertaken by the Health Information and Quality Authority. This second inspection was to follow up on the actions outlined in the inspection of 15 June 2010 and 16 June 2010.

The main measures identified from the previous inspection were:

There were significant issues to be resolved in relation to the establishment of a quality system for reviewing and improving the quality and safety of care provided to residents, staffing levels and management of complaints. Other significant required improvements were in relation to restraint practices, the management of allegations of elder abuse, medication management, staff qualifications and training.

A number of other improvements were also required, relating to:

- processes for the safekeeping of residents' finances
- residents' dining experience
- care planning for residents' social needs

- access to a dietician
- referrals made to peripatetic services
- visual elements “cues” of the premises for residents with cognitive impairment
- information to be obtained with respect to staff working in the centre.

Summary of findings from the follow up inspection

Inspectors found evidence that the provider has implemented all the actions as required under the registration inspection. Inspectors met with residents and staff. They reviewed and examined relevant documents such as staff rosters, policies, minutes of meetings and resident care plans. Inspectors viewed the alterations and improvements that had been made as a result of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). They spent time sitting with residents and observing practice to gain a greater insight into residents' experience of the service.

Inspectors spoke to the appointed person in charge, who demonstrated that she was committed to the welfare and wellbeing of the residents and that she is endeavouring to provide effective leadership for staff. Staff also demonstrated that they were committed to the residents and there are good working relationships between staff and management.

Actions reviewed on inspection:

The issues covered on inspection relate to the actions from the registration inspection of 15 June 2010 and 16 June 2010.

1. Action required from previous inspection:

Make arrangements to aim for a restraint-free environment. In doing so, document the assessment of each resident prior to any consideration of physical restraint.

The assessment must identify and consider:

- the specific medical symptom to be treated by the use of physical restraint
- the steps taken to identify the underlying physical and/or psychological causes of the medical symptom
- the alternative measures that have been taken, for how long, how recently and with what results
- the evidence that a physical restraint will benefit the symptom
- the risks involved in using the physical restraint
- the evidence that a physical restraint will benefit the symptom
- the risks involved in using the physical restraint the specific circumstances under which physical restraint is being considered
- the type of physical restraint, period of physical restraint, and location of physical restraint.

Ensure that the resident is not restrained without his/her informed consent.

Keep a record of any occasion on which restraint is used, the nature of the restraint and its duration.

The PIC has made arrangements to promote and aim for a restraint-free environment. The PIC confirmed that she and the staff in the centre are committed to completing and documenting appropriate assessments of each resident prior to any consideration of physical restraint. The inspectors viewed documentation including residents' care plans, restraint policy and procedure documentation including a restraint register. Inspectors viewed a number of residents care plans which demonstrated that the use of restraint is recorded in each resident's care plan as appropriate, detailing the nature of the restraint and its duration.

On admission all residents are comprehensively assessed and the potential benefit of the use of restraint as an intervention forms part of this assessment.

The resident's primary nurse, in consultation with the resident's GP, identifies any underlying physical and/or psychological cause for the use of restraint. These assessments examine the alternate measures taken, the evidence that physical restraint would be effective, any risks and the specific circumstances under which physical restraint was being considered.

Every resident is further assessed at least every six weeks thereafter by their primary nurse in consultation with the person in charge and each resident's GP. In addition a restraint registrar is also maintained and managed by the PIC.

2. Action required from previous inspection:

Amend the policy so that it takes into account current legal requirements and best practice initiatives.

Ensure that future incidences are fully and promptly investigated in accordance with the policies and procedures.

Within three working days, the person in charge must notify the Chief Inspector of the occurrence of any allegation, suspected or confirmed abuse of any resident.

The provider had submitted a satisfactory response to the Authority following the registration inspection of 15 June 2010 and 16 June 2010.

3. Action required from previous inspection:

The procedures in place for managing complaints were not effective.

The provider must make certain that the appeals process is independent.

The provider must ensure that the nominated person for dealing with complaints maintains a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

Establish and maintain a system for improving the quality and safety of care provided at, and the quality of life of residents in, the designated centre, which includes the review of complaints made.

The PIC informed the inspectors that the complaint policy for the centre has been updated and this, as well as a record of complaints and the response to them, was made available to inspectors. The director of nursing is now the appeals officer; all complaints are now managed using the individualised residents' care tracking software used in the centre, which allows all complaints to be tracked and outcomes outlined.

There is a monthly review of all complaints undertaken by management that aims to ensure any improvements of care that are required are implemented. Residents' and relatives' meetings are also used to resolve appropriate complaints and the PIC outlined the manner in which a complaint had been addressed within a meeting with relatives. In addition monthly residents' committee meetings are also used as an opportunity for residents to discuss any outstanding appropriate issues.

4. Action required from previous inspection:

Make arrangements to facilitate and encourage residents with dementia to communicate, including the provision of techniques such as life stories, reminiscence, reality orientation, validation, sensory equipment and music.

The inspectors were shown a dedicated space that has a number of additional features such as a projector to be used for residents' sensory visual stimulation, a music player and the use of a variety of sensory equipment for residents' use.

There is a full-time activities coordinator employed and inspectors viewed a full activities schedule in the centre. The activities coordinator provides reminiscence therapy sessions in both group and one-to-one settings for residents and a schedule of activities for residents was evident. Reality orientation is also promoted through daily interaction by all staff with residents; visual cards/cues are also available for communications with residents if necessary.

Inspectors observed that the centre is developing residents' and families' life books and memory boxes for appropriate residents. Inspectors reviewed training schedules to confirm that all care staff are receiving training in dementia and challenging behaviour.

5. Action required from previous inspection:

Ensure that staff members have access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

Train all staff in the moving and handling of residents.

The PIC presented a satisfactory staff training schedule to the inspectors which indicated that all staff have had training in dementia and challenging behaviour. Inspectors also saw records confirming that all staff have had updated training in manual handling.

The PIC is qualified with an MA in gerontology and has received approval to run An Bord Altranais Category 1 courses for all staff in the centre. The centre has a training policy and a complete training schedule has been devised staff for the coming year. This policy also includes supporting staff to obtain the FETAC Level 5 National Certificate in Healthcare Support and a schedule of staff who are attending or will attend the next course.

6. Action required from previous inspection:

Ensure that at all times the numbers of staff and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the centre.

The provider had submitted a satisfactory response to the Authority following the registration inspection of 15 June 2010 and 16 June 2010.

7. Action required from previous inspection:

The registered provider must ensure written policies and procedures relating to residents' personal property and possessions are operational.

The person in charge must ensure that a record is kept of each resident's personal property signed by the resident and this record must be kept up to date.

The PIC confirmed that there is a written policy and procedure relating to residents' personal property and possessions which is operated using the EPICARE system and evidence of this was available to inspectors.

The PIC was able to provide a record of each resident's personal property signed by the resident and kept up to date.

8. Action required from previous inspection:

The person in charge must make certain that at all times the numbers of staff are appropriate to the assessed needs of residents, and the size and layout of the centre.

This includes the staff employed to prepare meals for residents and care staff who assist with setting the dining area.

The provider must review the size and layout of the dining room so that is accessible to residents at all times, and suitable for residents' needs.

The provider must make sure that the ventilation and heating in communal areas is suitable for residents.

The provider must make certain that communal areas, including the dining room, can be used by residents.

On inspection there was an appropriate number of staff to meet the needs of the residents.

All residents are seated before food is served; any residents requiring assistance are catered for in a designated section of the dining room.

The PIC has altered the tables and layout of the dining room so that care staff can assist residents as required and the dining experience is more comfortable. She has also created a schedule for the delivery of food from the kitchen to each table so that there are no delays and the kitchen staff are aware of each resident's order in advance.

9. Action required from previous inspection:

Ensure each resident's social needs are set out in an individual care plan.

The inspectors found evidence that residents' social preferences are now included in residents' care plans and all existing care plans have been appropriately updated as required.

10. Action required from previous inspection:

Amend written operational policies to include the prescription and administration of PRN (as required) medicines to residents.

The PIC demonstrated to the inspector that written operational policies have been amended to include the prescription and administration of PRN (as required) medicines to residents.

11. Action required from previous inspection:

Facilitate residents to have access to a dietician if required.

Keep records of all referrals made to specialist services.

There is a policy in place for referral of residents to specialist services via the resident's GP and in consultation with the resident's family as appropriate.

Access to dietician and other allied healthcare professionals is facilitated as required.

A record of all referrals is maintained.

Closing the visit

At the close of the inspection visit a feedback meeting was held with Sheila O'Reilly (PIC) and Paul Vassallo (General Manager) to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

REPORT COMPILED BY

Vincent Kearns
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

24 February 2011

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
15 June 2010 and 16 June 2010	☒ Registration ☐ Scheduled ☐ Follow up inspection ☒ Announced ☐ Unannounced

Any comments the provider may wish to make:

Provider's response:

Response received from Mr Paul Vassallo on 16 May 2011 which indicated that the provider was satisfied with the contents of this report.

Provider's name: Catherine O'Connor

Date: 23 May 2011