

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Bishopscourt Residential Care Ltd
<b>Centre ID:</b>	0200
<b>Centre address:</b>	Liskillea
	Waterfall
	Co Cork
<b>Telephone number:</b>	021-4885833
<b>Email address:</b>	<a href="mailto:info@bishopscourt.ie">info@bishopscourt.ie</a> or <a href="mailto:paulv@bishopscourt.ie">paulv@bishopscourt.ie</a>
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Bishopscourt Residential Care Ltd
<b>Person authorised to act on behalf of the provider:</b>	Catherine O'Connor
<b>Person in charge:</b>	Sheila O'Reilly
<b>Date of inspection:</b>	23 January 2013 and 24 January 2013
<b>Time inspection took place:</b>	<b>Day One-Start:</b> 07:30hrs <b>Completion:</b> 17:00hrs <b>Day Two-Start:</b> 07:30hrs <b>Completion:</b> 16:00hrs
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector:</b>	n/a
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>
<b>Number of residents on the date of inspection:</b>	60
<b>Number of vacancies on the date of inspection:</b>	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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

<b>Outcome 1:</b> Statement of Purpose	<input checked="" type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector found that residents appeared to be well cared for and their health needs were met, however, improvements were required in a number of areas, including the following:

- a number of documents required updating
- the medication administration records, restraint records and resident care plans were not adequately completed
- there were shortcomings in the premise
- some staff files did not contain all required documentation.

The action plan at the end of this report identifies where improvements were needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

### **Section 41(1)(c) of the Health Act 2007**

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

### **Theme: Governance, Leadership and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

### **Outcome 1**

*There is a written statement of purpose that accurately describes the service 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.*

### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

### **Action required from previous inspection:**

No action was required from the previous inspection.

## **Inspection findings**

There was a copy of the statement of purpose that was made available to residents. The Person in Charge (PIC) confirmed that the statement of purpose was kept under review and provided the inspector with a copy that had been updated since the last inspection. The inspector noted that the statement of purpose met most of the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). However the statement of purpose was not adequate as it required the following:

- the registration number, date of registration and the expiry date
- the name and position of each person participating in the management of the designated centre

- any conditions attached by the Chief Inspector to the designated centre's registration under *section 50* of the Act
- the type of nursing care to be provided.

### **Outcome 3**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

#### **References:**

Regulation 15: Person in Charge

Standard 27: Operational Management

#### **Action required from previous inspection:**

No action was required from the previous inspection.

### **Inspection findings**

There was a fulltime PIC who was the director of nursing and she was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. She reported to the provider who was located on site. In the absence of the PIC, the staff nurse on duty assumed her responsibilities. The PIC demonstrated a willingness to work towards meeting regulatory requirements. Throughout the two days of inspection the PIC also demonstrated an adequate knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### **Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

### **Outcome 6**

*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.*

#### **References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

## Standard 9: The Resident's Finances

### Action required from previous inspection:

To make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed, suffering abuse or being placed at risk of harm or abuse.

### Inspection findings

The PIC informed the inspector that she monitored safeguarding practices by regularly speaking to residents and relatives and by reviewing the systems in place to ensure safe and respectful care. During the inspection the inspector observed the PIC and staff knocking on bedroom doors prior to entering, speaking with residents and visitors in a sensitive and considered way and generally dealing with care and welfare issues in a respectful manner. The inspector noted that the PIC monitored care provision to residents by working with staff to ensure that residents' welfare was protected. Residents to whom the inspector spoke confirmed that they felt safe and spoke positively about their care and the consideration they received. Residents described the staff and the PIC as being readily available to them if they had any concerns.

Staff had received appropriate adult abuse training and staff interviewed by the inspector were able to confirm their understanding of the features of adult abuse and their reporting obligations and how they might deal with a suspected incident of abuse. The inspector viewed a centre-specific policy for the prevention, detection and response to adult abuse. Staff spoken with also stated that they had received training on identifying and responding to elder abuse. However, the inspector noted that a number of policies including the policy on adult abuse had not been reviewed since January 2009. In addition, this policy did not contain suitable procedures for the effective management of staff in the event of an allegation of adult abuse including the required notification to the Authority.

There was a centre-specific policy on security of residents' accounts and personal property that had been reviewed in November 2011 and signed by the PIC. The inspector noted that a written record of residents' property and possessions was available. However, this policy was not adequate as it did not require the records of residents' personal property to be kept up to date. In addition, on crosschecking residents' files the inspector noted from the residents' care plans that in practice such records were not kept up to date. The inspector also viewed copies of the residents' contracts which detailed the fees to be charged and included details of the services to be provided for residents. The inspector was informed that there were ten residents who had been admitted to the centre via a contractual agreement with the Health Service Executive (HSE). However, due to this administrative process with the HSE these ten residents did not have signed contracts of care.

**Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

**References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

**Actions required from previous inspection:**

The actions required from the previous inspection were satisfactorily implemented.

**Inspection findings**

The environment was kept clean and well maintained, with flooring and lighting in good condition, and there was a working call-bell system. There were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste, and staff spoken with had received infection control training. There were adequate supplies of latex gloves and disposable plastic aprons and the inspector observed staff using alcohol hand gels which were available throughout the centre. The cleaning processes outlined by staff to the inspector were in keeping with best practices. The storage of personal protective equipment including latex gloves and plastic aprons had been risk assessed and formed part of the pre-admission assessment. Since the last inspection the equipment used for cleaning had been upgraded, was suitably colour coded and stored to prevent cross-infection. However, the inspector noted that the policies on cleaning and on laundry management had not been reviewed since December 2009. In addition, the laundry management policy stated that contaminated/infected linen shall be placed in a red alginate bag and sealed and placed in the red laundry bag. However, there were no red alginate bags provided for this purpose.

The inspector noted that lifting hoists were provided and there were service records available for equipment used by staff. However, the slings used to take the weight of residents being lifted were not adequate as they were not individualised to each resident. The lack of individualised slings could potentially lead to a resident being injured or such equipment becoming a source of cross-infection.

There was a policy on organisational risk assessment dated as revised in June 2010 and the inspector viewed a risk register which identified slips, trips and falls and manual handling risks with appropriate and detailed measures/action-plans aimed to reduce such hazards.

There was a fire safety management policy that had been signed and dated as reviewed by the PIC in January 2011. The PIC informed the inspector that there

were no residents who smoked cigarettes. Fire training for staff was up to date and staff with whom the inspector spoke confirmed their attendance at such training and their understanding of fire procedures. Service records in relation to fire fighting equipment were up to date and routine checks of such equipment had been recorded.

There was a centre-specific policy on the management of incident reporting, however, this policy was not adequate as it had not been reviewed since January 2009. The inspector reviewed the incidents log which recorded incidents such as trips, slips and falls involving residents, and formed part of the computerised care planning system. There were sections in the incident logs designed to record if the General Practitioner (GP) or/and the residents relative/next of kin had been notified in relation to such incidents. However, a number of these records contained uncompleted/blank sections with no indication if the GP or/and the residents relative/next of kin had been notified in relation to these incidents.

### **Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

#### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

#### **Action required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

### **Inspection findings**

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines that had been signed and dated by the PIC in August 2012. Nursing staff to whom the inspector spoke demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. All residents had photographic identification in place. There was a medication fridge which was located in the nurses' office and kept medication at the appropriate temperature. Suitable written records were available in relation to the regular monitoring of the medication fridge temperature.

Controlled drugs were stored safely within a locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with best practice. However, from a sample of medication kardex (record) viewed there were the following issues:



- the maximum dose to be given in relation to occasional medications (PRN) was not stated
- the time of administration was not specified in the medication kardex instead the use of 'morn, lunch, tea and night' were recorded
- in relation to transcribing medication there was no record of the transcribing nurse's signature or the GP's signature on one kardex viewed.

In addition, the inspector noted that the surface of the medication trolley was stained and there were three bottles of concentrated energy and protein drink opened and unlabeled or dated.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 10**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

**Action required from previous inspection:**

To put in place appropriate and suitable practices relating to the management of written policies and procedures under Schedule 5 and to ensure that staff are familiar with such policies and procedures.

**Inspection findings**

The PIC outlined how residents and their representatives were consulted in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents. The PIC worked in the centre each day during the week and spoke with residents obtaining one to one feedback. The PIC emphasised to the inspector that she endeavoured to ensure care provided to residents was person-centred and that the atmosphere was homely and as relaxed as possible. While there was a general routine to the operation of the centre, individual choice was offered to residents as much as possible, for example in relation to the time that residents got up, when and where they had their meals and the level of residents' participation in activities. The inspector spoke with the activities coordinator who had been recently appointed to this position. He gave details of the range of options available to residents in relation to activities that were provided individually and in a group

format. He emphasised that his role was to assess the specific desires and needs of residents and then tailor an individual activities program to meet these needs. The inspector noted that there was a broad range of activities available. These activities were directed by the activities coordinator throughout the week in the main day room, the snoezelen room and residents' bedrooms.

There was a centre-specific policy on quality assurance and continuous improvement which had been dated and reviewed by the PIC in October 2010. The PIC informed the inspector that she used a number of audits to assist her in measuring and reviewing the quality and safety of care provided. The inspector noted the following audits:

- residents' records audits
- audits of residents' assessments
- incidence of falls audit
- audit of the use of restraints
- wound care audits
- catheter use audits
- infection control audits
- audit of human resource management procedures.

In addition, the inspector viewed records of a residents'/relatives' questionnaire that was conducted every two years. The general manager provided details of the preliminary findings from this second such survey that was nearly completed. The general manager stated that the findings from the first survey had been used to inform management of areas for improvement and issues requiring further focus and work.

The provider in her response to the action plan arising out of the inspection of 17 April 2012, had stated that she had put in place appropriate and suitable practices relating to the management of written policies and procedures under Schedule 5 and had ensured that staff were familiar with such policies and procedures. The provider also stated that this was an ongoing process and all policies would be brought up to date by November 2012. However, there were a number of policies identified throughout this report that had not been reviewed since January 2009.

#### **Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

#### **References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action required from previous inspection:**

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

**Inspection findings**

From speaking with residents and the PIC, the inspector noted that residents had access to regular GP services and allied healthcare services including physiotherapy, occupational therapy, optician and chiropodist services. The inspector viewed a sample of care plans and noted that there was evidence of a range of clinical assessment tools being used. In addition there were risk assessments in relation to the use of restraint and nutritional needs, manual handling needs, dehydration, and choking risk assessments had also been conducted. The inspector noted from the sample of care plans reviewed that for each resident requiring it, there was an up-to-date nursing wound management care plan in place and it was revised as required by the resident's changing needs or circumstances. However, from the care plans reviewed the inspector noted there were a number of issues including the following:

- two residents with weight loss had not had their baseline weight recorded on admission
- the next of kin details had not been recorded on the admission page of one of the care plans
- the medical conditions had not been recorded on admission in a number of care plans
- a number of care plans had not been evaluated within three months
- a number of clinical assessments were recorded as overdue for review
- there was little evidence of ongoing residents' involvement in the care planning process.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. The inspector observed that bedrails and lap belts were in use and their use followed an appropriate assessment. The monitoring of residents while a restraint was in place was supported by the use of a repositioning chart. However, the management of restraint practices was not adequate for the following reasons:

- signed consent from residents was not always secured
- there was no evidence of the use of bedrails having been discussed with residents representatives when appropriate
- one restraint assessment viewed did not have the resident's, GP, or relatives signatures and was not dated or signed by the nurse completing the assessment
- the time periods for the monitoring/recording the use of restraint was two hourly and not linked/identified as the required/suitable time in the residents' care plan.

### **Outcome 12**

*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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

### **Actions required from previous inspection:**

To ensure that there was adequate storage available for the storing of equipment to be used by staff in the centre.

To ensure that the necessary sluicing facilities are provided.

## **Inspection findings**

The centre was a single-storey, purpose-built premises situated on three acres of land. At the front of the building there were landscaped gardens and footpaths for residents and visitors use and two car parks afforded ample car parking space. The design and layout of the centre were generally suitable, it was bright, well ventilated and the standard of décor was adequate. The inspector noted that efforts had been taken to create an atmosphere of homely comfort and relaxation through the use of soft tone paint, suitable fittings, curtains and furnishings. The premises consisted of the Heather wing which contained 12 twin and six single bedrooms and the Fuschia wing had 30 single bedrooms. There was a small nurses' station located in each wing and there were four internal sitting rooms as well as a secure outdoor garden area which was accessed from the Heather wing. The dining room was located centrally and divided into separate areas for residents who needed assistance and those who ate independently. Since the last inspection, there was evidence of some improvement in the signage to assist residents and to promote their independence. However, there were a number of issues in relation to the premises including the following:

- the storage space for equipment was not adequate for example there was a lifting hoist stored in a multi occupancy bedroom and laundry trolley stored in a bathroom
- there was no assisted bath
- there was a lack of suitable railings to support residents using the entrance door into the premises and at the exit door into the secure outdoor garden.

In addition the sluice room was not suitable due to the following:

- there was lack of storage/racking available for sorting, drying and the storage of incontinent equipment such as urinals and commode pans
- there was no bed pan washer or macerator
- there was no soap dispenser for staff use
- the domestic type water taps were not suitable for sluicing/cleaning purposes
- this room was untidy, dusty and had cobwebs on the walls and ceiling area.

### **Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

### **Outcome 13**

*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.*

#### **References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

#### **Action required from previous inspection:**

No actions were required from the previous inspection.

### **Inspection findings**

The inspector noted that guidelines for staff in relation to the management of complaints were available. Residents, visitors and staff reported to the inspector that they had easy access to the PIC who was identified as the named complaints officer to whom they could openly report any concerns. The PIC stated that she monitored complaints or any issues raised by being readily available and regularly speaking with residents, visitors and staff. The contact details of the independent person in relation to making a complaint was also clearly displayed on the complaints policy located at the entrance. The inspector reviewed the complaint log which recorded any complaint as part of the computerised care planning system. The inspector reviewed a number of complaints and noted that they contained details of the nature of the complaint, the expected outcome, the investigation, reasons for closing the

complaint and any lessons learnt. However, the complaint log was not adequate as it did not record whether or not the complainant was satisfied with the outcome.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*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.*

**References:**

- Regulation 16: Staffing
- Regulation 17: Training and Staff Development
- Regulation 18: Recruitment
- Regulation 34: Volunteers
- Standard 22: Recruitment
- Standard 23: Staffing Levels and Qualifications
- Standard 24: Training and Supervision

**Action required from previous inspection:**

No action was required from the previous inspection.

**Inspection findings**

There was a policy on staff induction and the inspector noted that there were records of staff having participated in an induction process which was also referenced in staff files. Staff were able to articulate clearly the management structure and reporting relationships to the inspector and confirmed that copies of both the Regulations and the Standards had been made available to them. There was a selection of healthcare reading materials and reference books stored in the nurses' office and the inspector noted that copies of both the Regulations and the Standards were available. Staff were also able to articulate adequate knowledge and understanding of the Regulations and Standards. The general manager informed the inspector that management were in the process of establishing job enrichment for staff including the introduction of a number of new grades that would facilitate job progression opportunities. The general manager also stated that delegation of roles among staff was also being pursued to facilitate and empower staff to take on greater ownership/responsibility for particular aspects of their work. While the PIC would retain overall responsibility, staff were being requested to take lead roles on issues such as infection control, risk management and care planning. There was evidence

that staff meetings were held and these meetings were chaired by the PIC. The most recent staff meeting was held in January 2013 and minutes were kept of issues that were discussed. The PIC informed the inspector that education and personal development were actively facilitated and provided records of staff education which included the following training:

- medication management
- the use of the Malnutrition Universal Screening Tool (MUST)
- assessment and care planning
- cardio pulmonary resuscitation (CPR)
- managing dysphagia (swallowing difficulties)
- elder abuse
- infection prevention and control awareness
- continence promotion
- managing challenging behaviour.

The PIC informed the inspector that there were a number of volunteers working in the centre. She stated that all volunteers received supervision and support while providing assistance to residents and were vetted appropriately to their role and level of involvement. However, the PIC confirmed that volunteers did not have their roles and responsibilities set out in a written agreement between the centre and the individual volunteer.

The inspector reviewed a selection of staff files and noted from these files that most of the documents as required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available. However, from the sample of staff files reviewed not all files contained the following:

- a full employment history, together with a satisfactory history of any gaps in employment
- three written references, including a reference from a person's most recent employer (if any) in a format specified by the Chief Inspector
- evidence that the person is physically and mentally fit for the purposes of the work that they are to perform at the designated centre.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the PIC and the general manager to report on the inspector findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspector wishes 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  
Regulation Directorate  
Health Information and Quality Authority

18 February 2013



## Provider's response to inspection report \*

<b>Centre Name:</b>	Bishopscourt Residential Care Ltd
<b>Centre ID:</b>	0200
<b>Date of inspection:</b>	23 January 2013 and 24 January 2013
<b>Date of response:</b>	9 April 2013

### Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

### Theme: Governance, Leadership and Management

#### ***Outcome 1: Statement of purpose and quality management***

#### **1. The provider is failing to comply with a regulatory requirement in the following respect:**

To compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

#### **Action required:**

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

<b>Reference:</b> Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The Statement of Purpose has been updated as per recommendation and will be reviewed annually	30 April 2013

**Theme: Safe care and support**

***Outcome 6: Safeguarding and safety***

<b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
To put in place suitable written operational policies and procedures relating to residents' personal property and possessions.	
To maintain an up to date record of each resident's personal property that is signed by the resident.	
<b>Action required:</b>	
Put in place suitable written operational policies and procedures relating to residents' personal property and possessions.	
<b>Action required:</b>	
Maintain an up to date record of each resident's personal property that is signed by the resident.	
<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 7: Residents' Personal Property and Possessions Standard 8: Protection Standard 9: The Resident's Finances Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:	

Policies will be updated and implemented to meet requirements	31 May 2013
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**3. The provider is failing to comply with a regulatory requirement in the following respect:**

To review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

**Action required:**

Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

**Reference:**

Health Act, 2007  
 Regulation 27: Operating Policies and Procedures  
 Standard 29: Management Systems

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

Provider's response:

Policies will be reviewed every 3 years or as needs required

31 May 2013

**4. The provider is failing to comply with a regulatory requirement in the following respect:**

To put in place a suitable policy on and procedures for the prevention, detection and response to abuse.

**Action required:**

Put in place a suitable policy on and procedures for the prevention, detection and response to abuse.

<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Policy to be reviewed and updated  Policy on Whistleblowing was reviewed and updated	  15 April 2013  1 May 2012

<b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b>  To agree a contract with each resident within one month of admission to the designated centre.	
<b>Action required:</b>  Make suitable arrangements to agree a contract with each resident within one month of admission to the designated centre.	
<b>Reference:</b> Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Contract of care for HSE Contract beds have been issued and currently awaiting return from residents families	  30 April 2013

***Outcome 7: Health and safety and risk management***

<b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b>  To ensure equipment used by persons working in the centre including lifting slings was suitably managed to prevent cross-infection.
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<b>Action required:</b>	
Ensure equipment used by persons working in the centre including lifting slings was suitably managed to prevent cross-infection.	
<b>Reference:</b>	
Health Act, 2007 Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 25: Physical Environment Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Investigating this issue to resolve by	  31 May 2013

<b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
To take all reasonable measures to prevent accidents to any person in the designated centre by ensuring suitable procedures and equipment are provided in relation to the management of contaminated/infected linen.	
<b>Action required:</b>	
Take all reasonable measures to prevent accidents to any person in the designated centre by ensuring suitable procedures and equipment are provided in relation to the management of contaminated/infected linen.	
<b>Reference:</b>	
Health Act, 2007 Regulation 30: Health and Safety Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:  Alginate bags in place	2 April 2013
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**8. The provider has failed to comply with a regulatory requirement in the following respect:**

To put in place a comprehensive written risk management policy including the completion of suitable incident reports and implement these procedures throughout the designated centre.

**Action required:**

Put in place a comprehensive written risk management policy including the completion of suitable incident reports and implement these procedures throughout the designated centre.

**Reference:**

- Health Act, 2007
- Regulation 19: Premises
- Regulation 31: Risk Management Procedures
- Standard 25: Physical Environment
- Standard 26: Health and Safety
- Standard 29: Management Systems

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

Provider's response:

Incident Policy will be reviewed, updated and implemented

30 April 2013

***Outcome 8: Medication management***

**9. The provider is failing to comply with a regulatory requirement in the following respect:**

To put in place appropriate and suitable practices relating to the prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such procedures.

**Action required:**

Put in place appropriate and suitable practices relating to the prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such procedures.

<b>Reference:</b> Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Medication procedure has been updated in conjunction with our pharmacy to comply with the requirements	31 March 2013

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

<p><b>10. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>To put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.</p> <p>To provide a high standard of evidence based nursing practice.</p> <p>To revise each resident's care plan, after consultation with him/her.</p>
<p><b>Action required:</b></p> <p>Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.</p>
<p><b>Action required:</b></p> <p>Provide a high standard of evidence based nursing practice.</p>
<p><b>Action required:</b></p> <p>Revise each resident's care plan, after consultation with him/her.</p>
<p><b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment</p>

Standard 11: The Resident's Care Plan Standard 13: Healthcare Standard 17: Autonomy and Independence Standard 18: Routines and Expectations	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Residents Care Plans have been updated	28 February 2013

<b>11. The provider has failed to comply with a regulatory requirement in the following respect:</b>  To keep a satisfactory record of any occasion in which restraint is used, the nature of the restraint and its duration.	
<b>Action required:</b>  To keep a satisfactory record of any occasion in which restraint is used, the nature of the restraint and its duration.	
<b>Reference:</b> Health Act 2007 Regulation 6: General Welfare and Protection Regulation 25: Medical Records Standard 8: Protection Standard 21: Responding to Behaviour that is Challenging	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Policy & Procedure updated	30 April 2013

***Outcome 12: Safe and suitable premises***

<b>12. The provider is failing to comply with a regulatory requirement in the following respect:</b>  To ensure the physical design and layout of the premises meets the needs of each resident by: <ul style="list-style-type: none"> <li>▪ providing suitable adaptations, including suitable support railings at the entrance and exit doors into the secure garden</li> <li>▪ provide a sufficient number of assisted baths.</li> </ul>	
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<b>Action required:</b>	
Ensure the physical design and layout of the premises meets the needs of each resident by making suitable adaptations, including suitable support railings at the entrance and exit doors into the secure garden.	
<b>Action required:</b>	
Ensure the physical design and layout of the premises meets the needs of each resident by making suitable adaptations, including a sufficient number of assisted baths.	
<b>Reference:</b>	
Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 19: Premises Standard 26: Health and Safety Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Hand rails for entrance & garden will be installed  Assisted Bath will be installed	31 December 2013

<b>13. The provider has failed to comply with a regulatory requirement in the following respect:</b>	
To provide suitable storage space for equipment.	
<b>Action required:</b>	
Ensure the provision of suitable storage space for equipment.	
<b>Reference:</b>	
Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 19: Premises Regulation 31: Risk Management Procedures Standard 4: Privacy and Dignity Standard: 25 Physical Environment Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

Provider's response:	
We are currently in talks with an architect to address the storage issue. The timeline is provisional on planning permission being granted. We are also looking at alternatives in the short term	31 May 2014

**14. The provider has failed to comply with a regulatory requirement in the following respect:**

To provide necessary sluicing facilities.

**Action required:**

Provide necessary sluicing facilities.

**Reference:**

Health Act, 2007  
 Regulation 10: Residents' Rights, Dignity and Consultation  
 Regulation 19: Premises  
 Regulation 31: Risk Management Procedures  
 Standard 4: Privacy and Dignity  
 Standard: 25 Physical Environment  
 Standard 26: Health and Safety

**Please state the actions you have taken or are planning to take with timescales:**

**Timescale:**

Provider's response:

Sluice room will be upgraded to meet requirements

31 January  
2014

**Theme: Person-centred care and support**

***Outcome 13: Complaints procedures***

**15. The provider is failing to comply with a regulatory requirement in the following respect:**

To maintain a record of all complaints detailing whether or not the complainant was satisfied.

**Action required:**

Maintain a record of all complaints detailing whether or not the complainant was satisfied.

<b>Reference:</b> Health Act, 2007 Regulation 39: Complaints procedures Standard 6: Complaints	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Complaints form to be updated to indicate resident satisfaction	  30 April 2013

**Theme: Workforce**

***Outcome 18: Suitable staffing***

<b>16. The provider is failing to comply with a regulatory requirement in the following respect:</b>	
To set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.	
To put in place recruitment procedures to ensure no staff member is employed at the designated centre unless full and satisfactory information and documents as specified in Schedule 2 have been obtained in respect of each person.	
<b>Action required:</b>	
Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.	
<b>Action required:</b>	
Put in place recruitment procedures to ensure no staff member is employed at the designated centre unless full and satisfactory information and documents as specified in Schedule 2 have been obtained in respect of each person.	
<b>Reference:</b> Health Act, 2007 Regulation 18: Recruitment Regulation 34: Volunteers Standard 22: Recruitment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Recruitment policy to be audited to ensure compliance	  30 April 2013

Update roles and responsibilities of volunteers in a new written agreement	
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**Any comments the provider may wish to make<sup>1</sup>:**

**Provider's response:**

Here at Bishopscourt we constantly work to ensure that our residents are cared for to the highest possible standard. It is for that reason that we welcome the observations from the inspector that note that the PIC and Staff dealt with residents and visitors "in a sensitive and considered way and generally dealing with care and welfare issues in a respectful manner" and that residents confirmed they "felt safe and spoke positively about their care and the consideration they received"

It was reassuring that the inspector noted that staff "demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements" and that "the cleaning processes outlined by staff to the inspector were in keeping with best practices"

It is precisely this attitude that all of our staff and management have committed themselves to and that reflects the best of what we do.

Provider's name: Catherine O'Connor

Date: 9 April 2013

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<sup>1</sup> \* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.