



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Bishopscourt Residential Care
Name of provider:	Bishopscourt Residential Care Limited
Address of centre:	Liskillea, Waterfall, Cork
Type of inspection:	Unannounced
Date of inspection:	12 November 2018
Centre ID:	OSV-0000200
Fieldwork ID:	MON-0022194

About the designated centre

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

Bishopscourt Residential Care is a purpose-built single storey residential centre with accommodation for 60 residents. The centre is situated in a rural location on the outskirts of Cork city. It is set in large, well maintained grounds with ample parking facilities. Resident' accommodation comprises 36 single and 12 twin-bedded rooms, all of which are en suite with shower, toilet and wash-hand basin. For operational purposes the centre is divided into two sections, Fuschia which contained bedrooms one to 30 and Heather, which contained bedrooms 31 to 48. There were 30 residents in each section.

There are numerous communal areas for residents to use including four day rooms, a dining room and a visitors'/quiet room with tea and coffee making facilities. There are plenty of outdoor areas including an enclosed garden with seating and raised flower beds. There is also a long corridor called "Flower Walk", in which residents can walk, uninhibited. This is a wide walkway with large glass window panels on either side. Colourful flowers, shrubs and overhanging trees decorated the route.

It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs in-house as required. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff. Activities are provided seven days per week and throughout the day and evening.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
12 November 2018	09:45hrs to 18:00hrs	Caroline Connelly	Lead
12 November 2018	09:45hrs to 18:00hrs	Michelle O'Connor	Support

Views of people who use the service

Inspectors spoke with a number of residents throughout the inspection and also engaged with a number of relatives. The overall feedback from residents and relatives was very positive. They were very complimentary about the recent changes and improvements in the centre that had taken place. They told the inspectors that the centre had been redecorated inside and liked the new colour schemes being used. They said the management team were available to them and were approachable and helpful. Residents said they felt safe and well cared for.

Residents reported satisfaction with the food and said improvements had taken place and choices were offered at meal times. They said they could put their suggestions forward at the residents meetings. They liked the brighter dining room. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals.

Residents who the inspectors spoke with were very happy with the activities and said they particularly enjoyed the music sessions, exercises and bingo. They expressed satisfaction that activities were on seven days per week and on in the evening saying there was always something to do. They told the inspector that they were looking forward to the opening of the centers' shop. Residents and relatives were very complimentary about staff, saying staff were very caring, kind and helpful and that there were enough staff around to meet their needs. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from on the previous inspection had been addressed and rectified.

There was a clearly defined management structure. The person in charge was supported in her role by an assistant director of nursing (ADON). All nursing and healthcare staff reported to the ADON and ultimately to the director of nursing. There was a general manager to whom catering, cleaning, maintenance, activities and other ancillary staff reported. The person in charge and the general manager reported to a director who was present in the centre on an almost daily basis. There were regular management meetings that were attended by the director, the person in charge, the ADON, and the general manager. Minutes of these meetings were available for review and indicated that issues discussed included results of audits and staffing levels. There was a programme of quality improvement that included audits of falls, medication management, accidents/incidents, psychotropic medications, and the environment. There was evidence of action in response to

issues identified.

The person in charge and ADON regularly received feedback from residents and relatives via the residents forum and through relatives meetings. The management team are completing a very comprehensive monthly review of the quality and safety of care delivered to residents in the designated centre and this informs the annual review to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2017. This annual review was made available to residents and relatives in an easy to read format.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work. However there had been a high turnover of care staff and the centre were experiencing difficulty recruiting and retaining suitable qualified care staff. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. Some further training in responsive behaviours, tissue viability and safeguarding is required and outlined under regulation 16 Training and staff development. This is to enable staff to provide evidence-based care to residents. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision of junior staff. The person in charge and ADON were on call for out of hours support to the staff as required.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and maintained. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews. The inspector saw that these were followed through in practice with robust recruitment and induction in place.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her

statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there were a minimum of two nurses on duty during the day and at night, with a regular pattern of rostered care staff. During the week there was also the person in charge and the ADON on duty daily, they sometimes also worked during the weekends and were on call to provide management cover. Cleaning, catering, maintenance and laundry staff were also on duty on a daily basis.

Judgment: Compliant

Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. The ADON had completed a train the trainer course on Moving and handling and provided training to all staff. There was evidence that mandatory training was completed along with other relevant training such as dementia care, hand hygiene, infection prevention and control, medication management, clinical audit, end of life, dysphagia, CPR and continence. However records showed that there were gaps in training for some staff in the area of responsive behaviour. Training in safeguarding also required review as it only involved showing of a DVD, this did not include important discussion or information on the centers policy and procedures and inspectors were not satisfied with the content and learning achieved through the education methods employed. One kitchen staff member was also overdue training in food safety. Further training in tissue viability and wound care was recommended for all staff.

There was evidence of a comprehensive induction and management conducted annual appraisals and this was linked to a performance related bonus system. Appraisals also allowed the opportunity to identify training needs. Evidence was seen that management supported employees to up skill through further education and conference attendance.

Judgment: Not compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and evidence of good staff supervision and induction of new staff. Monthly management meetings took place. A comprehensive monthly review was being completed that fed into the annual review of the quality and safety of care delivered to residents in the centre. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were signed appropriately by residents or a resident representative. These outlined the services included in the nursing home fee and optional additional charges for items such as the social programme, hairdressing, transport or newspapers.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the office of the chief inspector in accordance with the requirements of legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

On the previous inspection the complaints policy did not detail who was responsible for overseeing complaints to ensure they are all responded to and that adequate records are kept. This is now in place.

A policy on complaints outlined the system to record and investigate and also accountable people involved in the process. Inspectors saw efforts were made to record complaints locally and deal with issues promptly. However, this system did not always contain information in relation to how the complaint was handled, investigated or whether the complainant was satisfied with the outcome. A second system of recording complaints was available electronically and in a more detailed format. While electronic complaints were audited regularly, the local system had not been audited.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures required under Schedule 5 were maintained in the centre and the medication management policy had been updated as required on the previous inspection.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Inspectors found that an ethos of respect for residents was evident. Inspectors saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was

facilitated. The centre provided in-house physiotherapy and podiatry services. Each resident was reviewed on admission and regularly thereafter by the physiotherapist who attended the centre and provided exercise classes for residents.

The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspectors were satisfied that residents' healthcare needs were well met. Improvements were seen in aspects of medication management and electronic prescriptions and administration was working well in the centre.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Resident surveys had been undertaken. There was evidence of consultation with residents and relatives and the annual review was made available to all.

There was evidence that the centre is rooted in the local community with local choirs and schools regular visitors to the centre. A varied and interesting social programme was available and details were displayed on the activities notice board. Resident's art work was displayed throughout the centre. There were other notice boards, full of colourful user friendly information and infection control specific information. Residents spoke of the trips out to places of local interest which they looked forward to. Inspectors saw some different activities taking place during the inspection from small group activities to, one to one model making to a large music session in the main lounge. There was a very comprehensive range of social activities on seven days per week and during the evenings. The centre produces a regular newsletter which contains all the news of what has happened in the centre and what is planned. Advocacy services were available to residents as required.

Improvements in the premises were seen since the previous inspection with an ongoing programme of decoration and refurbishment. Some other improvements included new dining room tables, bathroom area more accessible and the outdoor space readily available.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly. An very comprehensive emergency plan had been developed an appropriate response was in place for all emergency situations. All incidents were documented electronically. Inspectors found detailed records of actions taken and appropriate referrals made. Key performance indicators could be tracked using automated reports, which were reviewed for trends on a monthly basis. For example, falls data was drilled down into to investigate timing and location. Such data led to a trial of sensor mats in bedrooms for residents at a higher risk of falls, which ultimately led to a reduction in the number of falls.

Regulation 17: Premises

The premises were undergoing a substantial programme of refurbishment at the time of the inspection. Overall the premises were suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was available in the centre. The management of risk was documented in relation to; general resident welfare, medication management, infection control, facilities, equipment, occupational hazards, staff recruitment and training, operations and records. Risks were addressed or mitigated within a reasonable timeframe.

A Health and Safety team completed a walkabout every three months. Risks identified were recorded as addressed, and the minutes of team meetings were made available to inspectors. A comprehensive emergency response plan described actions to be taken in response to fire, electrical outage, infectious disease outbreak, heating loss or the full evacuation of the centre. An auxiliary boiler and generator were in place to sustain residents. Contingencies were outlined with regard to any IT failure, as the centre was heavily reliant on digital records.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. The centre had implemented substantial improvements in the overall prevention and management of all aspects of infection control in the centre and had employed the services of an infection control specialist nurse.

Judgment: Compliant

Regulation 28: Fire precautions

All daily and weekly in-house fire checks were taking place. Fire equipment and lighting was serviced on a regular basis.

Fire drills were taking place, which recorded staff involved, evacuation times and issues identified. However, more drills involving night staff or simulating night-time conditions were required and the management team confirmed these would take place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

An electronic prescribing and recording system had been introduced and based on a sample of prescriptions reviewed there was concordance with the medication administration record. Administration practice was in compliance with relevant guidance and medications were stored appropriately. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the

physiotherapist, occupational therapist, dietician, speech and language, podiatry and tissue viability as required.

There were a number of residents with wounds and pressure sores in the centre and staff engaged advice and treatment plans from specialist tissue viability nurses. As outlined and actioned in staff training further training for all staff would be required in tissue viability.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspectors there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

Training was provided to staff on safeguarding but as identified under staff training further more robust training is required. Residents told inspectors they felt safe in the centre and an allegation of abuse was appropriately managed and reported to the office of the chief inspector as required by regulations.

A policy in relation to personal property, finance and possessions was available and outlined how valuables were maintained for safekeeping. Inspectors saw that receipts were signed and kept as a record of transactions. Residents and relatives were invoiced monthly using specialist financial software and regular audits of financial records took place. The registered provider was a pension agent for two residents and records were securely maintained. However, the management of pension payments was not fully in line with what is required by the Department of Social Protection. The manager said he would look into setting up a system to ensure compliance with same.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors found good evidence of consultation with residents and relatives regarding organisation of the centre. Resident meetings were scheduled on a monthly basis and topics included food menus, activities and the environment. Each meeting updated residents with actions taken by management in response to issues raised in previous meetings. Relative meetings took place every four months. Feedback was also solicited through surveys. Some compliments about the service provided included "desserts are absolutely terrific", "extremely happy with the care", "very clean and warm", "staff always lovely and respectful". Overall there was 93% satisfaction with the service provided by Bishopscourt Residential Care.

A very comprehensive and interesting programme of activities that provided social stimulation and occupation for residents was in place seven days per week. Residents can vote in house in local and national referendums.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bishopscourt Residential Care OSV-0000200

Inspection ID: MON-0022194

Date of inspection: 12/11/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Director of nursing has been booked on a training course to be Designated Officer in Safeguarding followed by train the trainer course. We have organized further Safeguarding Training in January 2019. Currently Director of Nursing is holding Safeguarding discussion groups with staff in relation to policies and procedures.</p> <p>Responsive Behavior training has been organized for January 2019.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints Process has been reviewed and only one system will now be used. Complaints will be recorded on our software system with outcomes of the complaint.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Further more robust Safeguarding Training has been organised for January 2019.</p> <p>We are working with Bank of Ireland on a solution that will bring us in to line with regulation as per the requirements of the Department of Social Protection</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/01/2019
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	28/11/2018
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/01/2019