

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Bishopscourt Residential Care
Centre ID:	ORG-0000200
Centre address:	Liskillea, Waterfall, Cork.
Telephone number:	021 488 5833
Email address:	info@bishopscourt.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bishopscourt Residential Care Limited
Provider Nominee:	Catherine O'Connor
Person in charge:	Shelia O'Reilly
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	58
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
19 March 2014 09:30	19 March 2014 19:00
20 March 2014 09:30	20 March 2014 18:00

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

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

Summary of findings from this inspection

The purpose of this inspection of Bishops court Residential Care was to inform a registration renewal decision. As part of the inspection process the inspector met with residents, relatives, the person in charge, the clinical nurse managers (CNMs), the general manager, care staff, the activity co-ordinator, catering staff, household staff, directors and administration staff. The inspector observed practices and reviewed documentation such as care plans, medical records, training records, complaints file and financial records. A number of staff files were checked for compliance with Regulations and relevant policies were reviewed. The findings of the inspection are set out under 18 outcome statements. These outcomes are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in

Designated Centres for Older People) Regulations 2009 (as amended); the National Quality Standards for Residential Care Settings for Older People in Ireland.

A new clinical nurse manager had been appointed since the last inspection and she met with the inspector. She displayed a good knowledge of best practice in older adult care and at the time of inspection four members of the nursing staff were undertaking a higher diploma in gerontology.

The person in charge (PIC) and the provider had attended to most the actions required from the previous inspection and the inspector viewed a number of improvements. The inspector found the premises, fittings and equipment were of a high standard overall although some improvements were required in the area of maintaining a safe environment. There was a good standard of décor in the centre and the inspector noticed that residents were using personal items of furniture and bedding in their bedrooms, which added to the homely atmosphere.

Questionnaires from residents and relatives were viewed by the inspector in the nursing home. The feedback from residents and relatives was one of satisfaction with the service and the care provided in the centre.

The person in charge was involved in the day-to-day running of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents in maintaining their independence where possible. Community and family involvement was encouraged in the centre and residents said visitors were welcome at any time. The inspector saw visitors at all times of the day and some were present at the activities which the residents were attending. There was a varied activities programme and an advocacy service for both residents and relatives. The inspector viewed photographs of activities and outings as well as the newsletter, which is circulated to residents and relatives.

Some actions were required to comply 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.

These improvements included: medication management, risk assessment, premises, staff training and residents' personal property.

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.

Outcome 01: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose and function information booklet was viewed by the inspector. It described the service and facilities provided in the centre. It contained the information required in Schedule 1 of the Regulations and also outlined the aims, objectives and ethos of the centre. The statement of purpose was found to be very comprehensive, easy to follow and met the requirements of legislation.

It was available for all visitors and residents on a table in the reception area of the centre.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Contracts of care had been implemented for residents and a sample of these contracts were viewed by the inspector. The contracts were comprehensive, were agreed within a

month of admission and contained the required details under the Regulations such as: the fees to be charged for extra services and how the care and welfare of residents would be met in the care centre.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was an experienced nurse manager and was actively involved in the day-to-day organisation and management of the service. Staff, residents and relatives all identified the person in charge as the person with the overall authority and responsibility for the delivery of care. She was found to be committed to providing person-centred care to the residents and was employed full time. She demonstrated good insight into the responsibilities of her role in leading the care and welfare of the residents and she was engaged in continuous professional development.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

All the records required under the Regulations were maintained in the centre. The records viewed by the inspector were accurate and up to date. The records were securely stored on a computerised system and residents can access their files if necessary. Records of inspections by other regulators were maintained.

The Residents' Guide was seen by the inspector and it was informative and comprehensive. Medical records were maintained and the inspector was shown up-to-date restraint and accident logs. The inspector viewed a selection of residents' care plans. Each care plan outlined the social and medical needs of the resident.

There were centre specific policies which were updated and reviewed when required. Staff demonstrated an understanding of the policies. The centre ensured that appropriate staff sign a document to show they have understood the requirements of the policies. During the inspection one staff member did not demonstrate adequate knowledge of the policy on the prevention of elder abuse and this will be addressed under Outcome 6. The inspector spoke with a nurse during the medication round who demonstrated awareness of the medication management policy and the policy on the management of controlled drugs.

The centre was adequately insured according to the insurance certificate viewed by the inspector. It contained the required detail as per Regulation 26 (2) regarding the residents' property.

Outcome 05: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days.

The person in charge worked full time and was supported in her role by a team of clinical nurse managers (CNMs) who covered for the person in charge in her absence. One CNM had taken up post since the last inspection and the inspector spoke with her during the inspection.

Outcome 06: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Training in the prevention of elder abuse was undertaken by the person in charge (PIC) of the centre and by external providers. The person in charge spoke with the inspector about her commitment to the training. The inspector viewed the training records. However, one staff member was not able to demonstrate to the inspector that she had knowledge of elder abuse. She was also unable to demonstrate knowledge of what to do if an allegation of abuse was made to her by a resident. Another staff member with whom the inspector spoke had no understanding of the types of elder abuse and how to recognise signs of abuse.

Other staff members indicated to the inspector that they had attended training on elder abuse and that they had discussions at staff meetings in order to increase their awareness of it. There was a system in place to safeguard residents' money. The inspector saw a record of all money and valuables kept in the safe for residents, along with evidence of withdrawals and lodgments which were signed and properly receipted. The records were also the subject of audit. The provider was a pension agent for one resident and all records of financial transactions were transparent and well maintained.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The care centre had health and safety documentation including a policy on risk management which was dated as having been reviewed by the PIC in August 2013. This policy included the management of hazards as specified in the Regulations.

The inspector noted that sufficient hoists were provided and there were up to date service records for this equipment. The person in charge informed the inspector that since the last inspection arrangements had been made to ensure that the slings, used to transfer residents on hoists, were individualised to each resident. Staff with whom the inspector spoke stated that they had received manual handling training and training records confirmed this. Staff were also observed assisting residents to mobilise safely.

The inspector noted that fire training had been provided and staff with whom the inspector spoke confirmed their understanding of what to do in the event of a fire. Fire alarm testing was conducted regularly and service records in relation to fire extinguishers were up to date.

The inspector observed that the environment was kept clean and adequately maintained, with the flooring in good condition throughout. There were adequate supplies of personal protective equipment. Alcohol hand gel dispensers were located around the centre and staff were observed using this appropriately. The inspector observed that there were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, particularly clinical waste.

A number of staff with whom the inspector spoke, demonstrated knowledge of infection control practices and the inspector was shown a new washing machine for soiled linen that had been installed since the last inspection. Alginate bags were readily available for the segregation of soiled linen. In addition, the inspector noted that there was a new bedpan washer and sluicing sink in place in the sluice room. The inspector was shown an invoice which indicated that new storage racks had been ordered for use in the sluice room. However, the emergency plan did not indicate a safe place for residents to be accommodated in the event that the centre had to be evacuated.

A resident at risk of absconsion did not have sufficient and timely checks to prevent a repeat of an incident where she had left the building. New controls had not been put in place since the previous event. The provider undertook to enhance the controls to further protect this resident and to carry out regular risk assessments of the efficiency of these controls. An audit of the health and safety checking system was shown to the inspector by the PIC and there was evidence that not all the checks were carried out as required.

There was an unrestricted window in the laundry area which had a large opening.

A container for the disposal of sharp objects was stored in an office, which was found unlocked on two occasions, by the inspector.

The storage room, where the hoists, wheelchairs, chargers and other equipment was stored, had unrestricted access and there was also unrestricted access to a store room

where wires were hanging down from a control box.

The inspector noticed that there were no signs displayed in the hallways and corridors throughout the centre, to alert staff on what to do in the event of a fire.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines. The inspector saw evidence of recent medication audits. All residents had photographic identification in place in the medication administration record book. The medication fridge was maintained at the appropriate temperature and there were suitable written records available to the inspector to verify this. However, some medication practices were not in line with regulations and best practice guidelines. The inspector accompanied a nurse on a partial medication round and observed the practice. The inspector saw medications being administered from the pharmacy sheet instead of the doctor's prescription. This led to one resident receiving a dose of medication which was not written on the prescription. Another resident was given a dietary supplement which was not on the prescription. Some prescriptions, which the inspector viewed, outlined the maximum dose in 24 hours of PRN (when necessary) medication. The maximum daily dose of a PRN medication was not noted on a prescription for a sedative drug and also for a cough medication as required by An Bord Altranais agus Cnaimhseachais na hEireann 2007 Guidelines.

The inspector noted that one prescription was not signed by the general practitioner (GP) and also that a doctor's signature was not present for discontinued drugs. An incorrectly dated administration sheet had been received from the pharmacy and the administration of drugs had been recorded on two occasions before the error was noticed. There was lack of clarity in the prescribing of one drug, where the dose was dependent on the result of a blood test.

A list of drugs which could be crushed was not available as per the An Bord Altranais (ABA) guidelines, which states that best practice indicates that such a list should be readily accessible to the administering nurse. The signature of the prescriber was not present where drugs were authorised to be crushed.

The supply and administration of scheduled controlled drugs was checked and was correct against the drug register, in line with legislation. Two nurses were checking the quantity of these medications at the start of each shift. The nurse, spoken with by the inspector, displayed a good knowledge of the requirements in the area of controlled drugs and the responsibilities of the registered nurse to maintain careful records.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector saw that notifications to the Authority were forwarded within the required timeframes. These notifications were viewed prior to and during the inspection and the inspector were satisfied with the actions taken and medical care provided.

There was an incident and accident record maintained for both residents and staff and the inspector viewed these on the computerised system, as well as on a print out of the data concerned.

The person in charge had notified the Authority of incidents and accidents in line with the requirements under Regulation 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Outcome 10: Reviewing and improving the quality and safety of care

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was employed full time in the centre and, together with her four CNMs, monitors and audits the quality of care the residents receive. She told the inspector that she spoke with residents and relatives daily. There was an active residents' committee in place which allowed residents to raise issues and highlight suggestions for improvement.

There was evidence of regular audits which included audits on care plans, medication management, the catering department, cleaning practices, relevant activities and infection control. All grades of staff were involved in audit in a cascade type system which ensures that all staff are involved in the quality improvement programme.

There was evidence that the suggestions from residents and relatives were acted on and improvements to the service made where necessary. Outcomes were discussed at staff meetings and the inspector viewed minutes of these meeting. The inspector spoke with members of the management team who described the learning from these audits and the practice improvements resulting from the information gathered.

Outcome 11: Health and Social Care Needs

Each residents 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 residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence that residents' health care needs were met through timely access to the GP service. Residents were facilitated to retain their own general practitioner (GP). However, most of the residents were under the care of one GP practice that offers a weekly service and more frequently if required. Medications were reviewed by the GP and with the pharmacist at least every three months and sooner if required. The inspector was able to verify this by viewing the medication administration sheets and the medical notes. There was an out of hours medical service also available.

Care plans were individualised and risk assessment tools were used to inform best

practice and assess the residents' needs. Restraint assessments for the use of bed rails and consent for these were present in the care plans. A daily nursing note was written and the inspector saw evidence that residents were involved in the formulation of their care plans. The person in charge informed the inspector that a resident could access personal information if requested. There was a 'do not disturb' sign placed on the door of any room where personal care was being attended to.

There was evidence of access to a multidisciplinary service for residents. Optical and dental services were available. A chiropodist visited regularly. Speech and language services were utilised when necessary. Dietary advice was received from a dietician from a nutritional company. Training for staff on nutritional supplements, diet consistency and swallowing difficulties were also facilitated by this service. The hairdresser visited weekly or as required and provided a full hairdressing service.

Spiritual care was attended to and residents had the opportunity to attend religious service if required. The centre had two staff members employed as activity co-ordinators and one of these also worked with other staff as the residents' advocate. On the day of inspection the inspector spoke with both of these staff members. While the inspection was in progress the residents were engaged in activities in three different rooms. There was evidence of reminiscence opportunities and there was a full and varied activity programme in place. This was displayed in a colourful display in the hallway. There was also a notice board in the hallway and residents were seen to be referring to this regularly during the day to see the programme of events on offer. The residents told the inspector about these events and how they enjoyed having a choice on offer. One resident told the inspector that she preferred to rest in the afternoon and she was seen lying on her bed during the day. The activities coordinator also visited residents on a one-to-one basis if they do not wish to partake in group activities.

The inspector spoke with residents who expressed that their choice of attendance or not at these activities was respected. Residents were seen to be walking around the premises from one area to the other unimpeded and one gentleman was seen to be using his electric wheelchair to mobilise from one activity to the other during the day. The activity coordinator showed the inspector a copy of the recent newsletter and residents had given their written approval for their photographs to be included where relevant. Evidence of life-story work was also seen and the inspector was informed that it was planned to further develop this.

The inspector noted that there were suitable activities available for specific residents who had a diagnosis of dementia. However, many of these residents were also seen to be included in the full programme if they wished. Cues were in place in the secure area of the centre to enable recognition of the bedrooms, toilet and sitting areas as well as directional arrows to guide the residents who wished to walk around the hallways.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The premises was a single-storey, purpose-built building located in a rural setting. On the day of inspection there were 58 residents and two vacant beds. At the front of the building there were landscaped gardens and residents and visitors were seen to be using these during the inspection. There was adequate car parking spaces around the building. The premises was bright and spacious and the décor was homely and comfortable. In addition to the residents' private accommodation there were sitting rooms, a large dining room, an activity room and a visitors' room. The bedrooms were suitably spacious and some of them had been personalised with residents' personal property. The person in charge informed the inspector that this is encouraged in the centre. Residents had adequate storage space for personal property and storage needs.

There was appropriate equipment available to meet the needs of the residents, such as electric beds, hoists, pressure-relieving mattresses, wheelchairs and walking frames. The occupational therapist had assessed chairs for specific residents. Hoists and other equipment were all maintained and service records were viewed by the inspector. The centre employed a maintenance person who attends to the required maintenance of the centre and equipment. The clinical waste system was managed by a registered company and staff demonstrated awareness of the correct bags to use for domestic and clinical waste.

A new bedpan washer and sluicing facility was installed and there was a separate washing facility for soiled clothes located in this area. The inspector checked the availability of alginate bags and found these were easily accessible to staff.

The premises was noted to be warm, well lit and ventilated and appropriate signage was in evidence. The centre was kept clean and generally in good repair. The inspector saw evidence of a cleaning schedule for all areas.

There was a separate kitchen with sufficient cooking facilities and equipment. The kitchen was modern and clean and was staffed by knowledgeable personnel. It was

located off the dining room and was easily accessible to staff serving meals to the residents.

However, there were some premises issues which needed to be addressed.

There was a large crack noted on the wall of one sitting room and a there was an extensive water stain on the ceiling of this room.

Locks were required where there was access to store rooms for equipment and where there was low wiring.

A restrictor was required on a window with a large opening.

A safe system needed to be installed on the alarmed doors, which had deactivated on a previous occasion and a resident, who was in need of supervision, had gone outside

An assisted bath had been installed which was an action required from the previous inspection.

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a policy and procedure for making, investigating and handling complaints. The complaints procedure was displayed in the main reception area. The person in charge informed the inspector that complaints were discussed at staff meetings and the inspector viewed the complaints file on the computerised system which was carefully compiled and detailed. The statement of purpose and the resident's guide also contained details of the complaints procedure and each resident had a copy of the guide.

Residents told inspectors that they had easy access to the person in charge and to the nurses on duty and felt they could report any complaints or concerns to them. Staff were aware of the complaints procedure and there was evidence that the satisfaction of the complainant was recorded. Relatives questionnaire results also revealed their knowledge of and confidence in the complaints procedure. The person in charge informed the inspector that she was available to address complaints and was willing to try to solve any concerns raised about the centre. The name and contact details of a

nominated independent appeals person was displayed in the event that a complainant was unhappy with the internal investigation. The appeal person's name was to be added to the synopsis of the complaint's procedure in the resident's guide.

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents' religious and spiritual needs were attended to. Prayers were facilitated daily and there was an opportunity for residents to attend religious services.

Care practices and procedures were in place to ensure good end of life care. The inspector read the policy on end of life care. It outlined the procedure to be followed to ensure residents received end of life care in a way that met their individual needs and respected their dignity. Individual religious and cultural practices were facilitated and family and friends were enabled to be with the resident at the end of life. Overnight facilities were made available for relatives' use.

There is access to specialist palliative services where necessary.

The person in charge told the inspector that residents' wishes were being recorded in their care plan, when these became known and that the GP facilitates the residents' wishes where appropriate. The inspector viewed the Authority's self assessment questionnaires for the centre which indicated that best practice initiatives are being implemented.

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

There was a centre specific policy on nutrition and the inspector saw evidence that residents were referred to a dietician where necessary. Residents' weights were recorded and an evidence based tool was used to assess their nutritional status. The menu was displayed in the hallway outside the dining rooms and residents' special dietary requirements were catered for. Residents had access to fresh drinking water and snacks during the day.

At dinner and tea time the inspector saw the residents dining in the bright and spacious dining room. Other residents were supported with their meals by staff members with discretion and respect. The tables were decorated appropriately. Residents expressed satisfaction with the food, the menu choice and the dining experience. Residents had their choice respected as to where they would like to dine but the majority came to the dining room. Mealtimes were seen to be sociable occasions with many residents engaging in conversation with staff and with each other.

The inspector spoke with the kitchen staff who demonstrated knowledge of the dietary requirements and preferences of the residents. Modified diets were available and staff had information available to them to assist in preparing these meals in an appetising and safe way. The inspector saw the choice of homemade food on offer and viewed the menu cycle which was varied throughout the month. Communication between the kitchen staff and the nursing staff was apparent, as regards the specific needs of residents.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector observed that the residents' privacy and dignity was respected and promoted by staff. There were 36 single rooms and 12 double rooms in the centre.

Adequate screening was provided in the large twin occupancy bedrooms and the inspector saw staff knocking before entering residents' bedrooms.

The manner in which residents were addressed by staff was seen to be appropriate and respectful. Staff were observed walking and talking with residents throughout the day. Residents had a personal phone in their bedroom which provided privacy when making and receiving phone calls. The residents had places to meet relatives and visitors in private. The centre had a policy on communication.

Resident and relative surveys were undertaken to establish satisfaction with the service. The inspector saw residents reading the information notice boards during the day.

There was a residents' committee in place which met every three months. This was run by the activities coordinator. This committee allowed residents the opportunity to have their say, share their views and discuss relevant items such as menus, care issues, and activities. The inspector read minutes of these meetings and heard from residents that improvements had occurred. There was a named resident who acted as a liaison person for the residents.

Residents had access to newspapers, TV and radio. Photographs on display in residents bedrooms indicated involvement of residents and family members at events in the centre.

There was an open visiting policy in operation and the inspector met visitors and relatives during the course of the two day inspection. Visitors were seen at the activities, speaking to the nursing staff and visiting their relative in private.

Outcome 17: Residents clothing and personal property and possessions

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector saw evidence that residents were encouraged to personalise their rooms. The bedrooms were spacious, very comfortable and were decorated with personal items of furniture and with residents' pictures and photographs. There was adequate storage space for clothing and belongings. All of the bedrooms had an en suite facility where residents' personal grooming items were stored.

The system in place for managing residents' clothing was effective. There was a central laundry in the centre where personal items of clothing can be laundered. Bed linen was outsourced to an external contractor. The laundry was organised and staff spoke to the inspector about the system in use. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre and there was no issue with missing clothing.

The inspector noted that there was an inventory being kept of residents' personal items. The inspector saw that these were signed by the resident or their representative.

Outcome 18: Suitable Staffing

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

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Residents and relatives indicated that staff were responsive to their needs and treated them with respect and dignity. A staff development and appraisal system was implemented for all nursing and care staff and the inspector saw evidence of this in staff files viewed.

There was a clear management structure and staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities which ensured appropriate delegation and supervision in the delivery of person-centred care to the residents.

Centre-specific, evidence-based recruitment policies and procedures were reviewed by the inspector. Staff records showed that staff were recruited and inducted in accordance with best practice.

On the morning of inspection, there were two nurses on duty in addition to the person in charge, nine care staff, two catering staff, two laundry staff, two administration staff and an activity coordinator. This staffing level was decreased in the afternoon and evening.

The inspector reviewed staffing rotas, staffing levels and skill mix and the person in charge informed the inspector that that she was satisfied that there were sufficient staff on duty to meet the needs of the residents.

The inspector found that there was a good level of appropriate training provided to staff and staff were supported to deliver care that reflected contemporary evidence based practice. Staff had completed mandatory fire and evacuation training, elder abuse training and training in infection control. The person in charge takes the lead in elder abuse training and external training is also sourced.

A number of care staff have completed Further Education Training Awards Council (FETAC) level 5 courses and others are in the process of completing same.

Registration details with An Bord Altranais for 2014 for all nursing staff were seen by the inspector and were found to be up to date.

Staff changing room and facilities were provided. The inspector looked at a sample of staff files and found that they contained the regulatory information in relation to matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2009 (as amended).

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Bishopscourt Residential Care
Centre ID:	ORG-0000200
Date of inspection:	19/03/2014
Date of response:	23/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some staff members were not able to demonstrate knowledge and understanding of the prevention and identification of elder abuse.

Training measures currently in place were not meeting the needs of these staff members.

Action Required:

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

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

Additional Training is being provided to these staff to meet standards.

Proposed Timescale: 31/05/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was unrestricted access to storerooms.

There were no risk assessments done to control and manage the risks present in these areas.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

The two store room doors have been fitted with electronic keypads.

Proposed Timescale: 30/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The controls in place, to minimise the risks presented by a resident absconding, were inadequate.

Action Required:

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

Controls to minimise the risk of absconsion have been put in place, Width restrictions on all windows, keypad locks on store rooms and batteries installed and checked on all fire exit doors.

Proposed Timescale: 30/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

New risk management controls had not been put in place following a serious incident.

The potential for trips and falls or other accident had not been managed or assessed where there was unrestricted access to two store rooms.

A container for the disposal of used syringes and needles was stored in an unlocked office.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The store room doors have been fitted with electronic keypads. The container for disposal of syringes and needles is now stored in a lockable cupboard.

Proposed Timescale: 30/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no external evacuation centre identified, for the safe placement of residents, in the event of the need to evacuate the building.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

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

A plan is being formulated to get this in place as soon as possible.

Proposed Timescale: 30/09/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The procedures to be followed in the event of a fire were not displayed prominently throughout the centre.

Action Required:

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Additional signage has now been displayed around the Nursing Home

Proposed Timescale: 30/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were discrepancies between the pharmacy drug sheet and the doctors' prescriptions. This led to a dose of medication being administered which was not supported by a prescription.

A prescription was not signed.

Drugs were signed as given on the wrong date.

Discontinued drugs were not signed off as discontinued.

Medical products which were not prescribed were administered.

The crushing of medications was not authorised by a GP's signature on the resident's prescription.

24 hour maximum dose of medications was not specified.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Prescription has now been signed by GP.

We have introduced controls to mitigate the errors as detailed above in conjunction with our Nurses, Pharmacy and GPs through more frequent pharmacy and internal audits.

Proposed Timescale: 31/05/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a large crack noted on the wall of one sitting room and a there was an extensive water stain on the ceiling of this room.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

The ceiling and cracks on the wall have been repaired and painted.

Proposed Timescale: 30/04/2014

Theme: Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A safe system needed to be installed on the doors, which were not in view of staff, to ensure that a dangerous incident would not be repeated where the alarm deactivated for a short period.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

The system has been checked and verified by our electricians that battery backups will keep all doors locked in the event of a loss of power.

Proposed Timescale: 30/04/2014