



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Rathborne Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Ashtown, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	24 October 2022
Centre ID:	OSV-0007976
Fieldwork ID:	MON-0038243

## About the designated centre

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

Rathborne Nursing Home is located in Dublin 15. There are 120 registered beds over two floors of the centre. The centre offers accommodation to both male and female residents over the age of 18 years. Care is provided to residents with low, medium, high and maximum dependency levels.

The registered provider is Costern Unlimited Company. 24 hour nursing care is provided for all residents, and the centre maintains a person-centred model of care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	73
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Monday 24 October 2022	08:45hrs to 17:30hrs	Jennifer Smyth	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live, with plenty of activities. From what residents told the inspector and from what was observed on the day of inspection, the designated centre was a pleasant place to live and residents' rights were respected in how they spent their days

On arrival to the centre, the inspector was guided through infection prevention and control measures, which included, completing hand hygiene and the wearing of a face mask.

After a short introductory meeting, the inspector completed a tour of the designated centre. The centre consists of four thirty bedded units, Ash and Beech on the ground floor and Oak and Elm on the first floor. Elm was unoccupied. All residents spoken with were complimentary of the care and support they received from the staff within the designated centre. The inspector spoke with 12 residents and a number of visitors, over the day of the inspection. One resident stated "the staff were very helpful".

Resident's bedrooms were seen to be comfortable spaces, and were well maintained and personalised with pictures and photographs. The centre had a number of safe outdoor spaces and gardens which were maintained to a high standard. The outdoor spaces contained flower beds and walkways for residents to use for exercise and fresh air.

From the inspector's observations, staff were familiar with the residents' needs and preferences, and were respectful in their interactions. Staff were observed to knock on resident's bedroom doors before entering. Residents were seen to receive visitors throughout the day of the inspection. The inspector spoke with visitors who provided positive feedback about the service being provided to their loved one and reported that they were very happy that they were updated regarding their loved ones care reviews.

There were two dedicated activity staff employed to coordinate and deliver the centre's activity programme Monday to Friday. There was an activity schedule planned at the weekend, which included live music and mass. Residents were seen to enjoy the exercise programme observed on the day of the inspection which included pumpkin carving, massage and a zumba exercise dance class. There was a book club recently started up for the residents living in the centre. There was plenty of friendly conversation and good humoured fun happening between residents and staff. There was a communication platform Altra, in place which meant residents and families could share photos and the designated centre could share updates on activity events and produce a newsletter to keep residents informed.

The inspector observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining

tables. Residents were observed to chat with other residents and staff. A daily menu was displayed for residents in the dining rooms. There was a choice of two hot meals at lunchtime, and a hot meal option for the evening meal. The dinners were delivered to the tables plated up, this impacted on the residents' right to exercise choice in their meals. Five residents spoken with reported that the lunch was 'inedible, as the meat was very tough'. Lunch time food was an issue also raised in the resident meeting minutes with similar comments about being 'too tough'.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that residents living in Rathborne nursing home received a good standard of care that met their assessed needs. However, some improvements were required in the management oversight of complaints and the statement of purpose,

There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. Costern Unlimited Company is the registered provider for Rathborne Nursing Home. The Director of Nursing, who also held the role of person in charge worked full-time in the centre and was well supported by an ADON, nursing staff, health care assistants, activities staff, and domestic and maintenance staff. Management met regularly to review clinical and non-clinical data gathered. There was a maintenance programme of repair and renewal work.

There was a monthly audit programme planner which included, infection control, medication, the dining room experience and incident and accidents. However findings on the day of inspection did not correspond with audit findings, for example infection control audits had 100 % compliance on the last two audits, however there was evidence of the sharing of communal items such as deodorants and shampoos and there was open single use dressings which was a repeat finding from the previous inspection. The resident food survey had positive results from the last four audits, however five residents out of ten residents spoken with reported dissatisfaction with the lunchtime meal. Similar dissatisfaction was recorded in the minutes of the resident's meetings.

Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge, who was also the designated COVID-19 lead.

The registered provider had a schedule of written policies and procedures prepared and accessible to guide and direct staff. These policies were updated regularly and

contained references to current national policies, guidance and standards to inform best practice. However the responsible persons for risk items had not been updated on the risk register for the designated centre.

A comprehensive annual review of the quality of the service in 2021 had been completed by the registered provider with evidence of consultation with residents living in the centre.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, the inspector saw that there were sufficient clinical staff on duty to meet the assessed needs of the residents. The provider did use temporary staff to cover leave. The times of all the shifts covered by temporary staff were not recorded on the roster.

The registered provider had a mandatory training schedule in place for 2022 which included fire safety training, infection prevention and control and safeguarding of vulnerable adults. Training matrix records provided to inspector indicated that while the majority of staff were up-to-date with most training, dates were planned for October for any outstanding training requirements.

Contracts of care were in place for each resident and had been appropriately signed and included fees charged.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre. Details of the complaints officer were on display in the procedure. Staff and residents spoken with were aware of the complaints policy. However all investigations and interventions carried out were not recorded for all complaints. This is further discussed under Regulation 34: Complaints.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the needs of the residents taking into consideration the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate training and were appropriately supervised.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had not ensured effective governance arrangements were in place, to ensure that the service provided is safe and effectively monitored. For example:

- Infection prevention and control audits carried out had 100% compliance, they had not identified issues found on the day of inspection for example there was no hand washing facilities in a cleaner's room and five staff were seen to be incorrectly wearing face masks.
- There was insufficient oversight of the designated centre's risk register. The risk register did not reflect current practices in relation to an unauthorised smoking area on the first floor. This was a repeat finding from the previous inspection, which identified another smoking area as having inadequate facilities. There was no call bell system, no fire extinguisher or first aid kit in the vicinity. Management were aware of the area being used as a smoking area.
- There was insufficient oversight in relation to care plans. There was no care plan audit system which identified actions and time frames for completion.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

The inspector reviewed a sample of three contracts between residents and the registered provider, and found that the terms were set out clearly on which a resident resides in the centre. This included their room allocation and fees charged.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had a complaints log, however three complaints recorded had not included what actions had been taken nor the satisfaction level of the complainant.

Judgment: Substantially compliant

## Quality and safety



Residents were supported by staff in an environment they felt safe living in. Residents had access to good quality healthcare and were able to choose how they spent their day, they could receive relatives and friends for visits in the centre. However, the inspector's review of resident's care plans showed that action was required to ensure that all residents were provided with appropriate and consistent care. Action was also required in respect to infection prevention and control practices in the centre.

The inspector reviewed a sample of residents' care plans to ensure that their health, social and personal care needs were being met. A comprehensive assessment was seen to be carried out on a residents prior to admission. Three care plans reviewed were prepared within 48 hours of admission. While care plans were reviewed at intervals not exceeding four months, three care plans were not reviewed as necessary, this is further discussed under Regulation 5: Individual assessment and care plan.

Residents had timely access to medical, health and social care professionals. The inspector was told that a general practitioner (GP) visited the centre two days a week or as required. Access to specialised services such as a geriatrician and psychiatry of later life were available when required. Residents had good access to services such as physiotherapy and occupational therapy. Residents' records showed that residents had access to services such as a dietitian, speech and language therapy and chiropody. Residents were facilitated to access the services of the national screening programme.

The inspector noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection.

There were a variety of systems in place to ensure that residents were consulted in the running of the centre and played an active role in the decision making within the centre. This consultation occurred through carrying out resident surveys and residents' meetings.

Visitors who spoke with inspectors were satisfied with the unrestricted visiting arrangements in place. The inspector observed that residents were able to receive visitors in private.

The registered provider had made personal protective equipment (PPE) available, to staff were not seen to wear face masks as per Public Health and Infection Prevention and Control guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities. Other areas identified under infection control which required review, are discussed under Regulation 27: Infection Control below.

## Regulation 18: Food and nutrition

The person in charge had not ensured that all food and drink was properly prepared. Resident's dissatisfaction with the meals on offer was highlighted at resident's meetings and on the complaints log. This was also a finding on the day of inspection. Five residents were unhappy with their lunchtime meal.

Judgment: Substantially compliant

## Regulation 27: Infection control

Action was required to ensure that good infection prevention and control practices were consistently adhered to in the centre. For example

- Staff were observed to wear masks incorrectly which could lead to cross infection.
- Unused incontinence wear was observed to be out of its packaging which could lead to cross infection.
- Single use dressings were seen to be opened which posed a risk of cross contamination.
- Clinical Sharps bins were seen to have the safety mechanisms off, with no set up dates or signatures.
- Blood samples were inappropriately stored in two medication fridges which could lead to cross contamination.
- There were no hand wash sink in a cleaners room which meant effective hand hygiene could not be performed.
- Communal items were stored in shared bathrooms such as shampoos and deodorants which could lead to cross infection.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that all medicinal products were administered in accordance with the directions of the GP and in accordance with the advice of the pharmacist.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The person in charge did not ensure care plans were revised where necessary, for example:

- A resident's care plan for managing responsive behaviour did not reflect their current mobility.
- A visiting care plan of a resident did not reflect the designated centre's current visiting status.
- A social care plan did not include a resident's interests and hobbies.
- A care plan of a male resident referred to the resident as her throughout the entire care plan.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had timely access to medical, health and social care professionals. Residents had good access to specialists such as a geriatrician and psychiatry of later life when required

Judgment: Compliant

## Regulation 8: Protection

The inspector was assured all measures were taken to protect residents from abuse. Staff spoken to had a good knowledge of safe guarding.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider had provided facilities for occupation for residents. Activities provided were in accordance with the interests and capacities of the residents living in the centre. There was good access to newspapers, radio, tv and other social media. The centre had access to independent advocacy.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rathborne Nursing Home OSV-0007976

Inspection ID: MON-0038243

Date of inspection: 24/10/2022

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. The outdoor area on the first floor which is being used by one resident to smoke will be made into a smoking area. Fire extinguisher to be put in place and mobile call bell available for use.</li> <li>2. A "Mask and Glove Champion" is now identified on each shift to strengthen adherence to infection control measures. Daily walkaround the centre is carried out by the manager on duty to ensure all staff are adhering to infection control practices. Additional onsite training has been provided to all staff by community infection control team CHO9 in December</li> <li>3. New sink ordered for the cleaners storeroom- awaiting delivery and installation of same.</li> <li>4. Care plan audit in place and carried out monthly.</li> </ol>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints are recorded on Epic. These complaints are updated with actions and feedback, satisfaction of complainant is recorded on the system. Complaints are discussed at fortnightly management meetings.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>A menu committee has been set up in conjunction with the residents. Feedback is sought regularly and residents have had input into the new menu. A new operation flow for delivering meals to those residents who dine in their rooms has commenced on foot of feedback from residents.</p> <p>The chef is available at mealtimes to discuss any issues residents may have.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>- Additional onsite infection control training has been commenced to be provided to all staff.</li> <li>- Specimen fridge is on order awaiting delivery</li> <li>- Residents all have their own toiletries supplied, communal toiletries are not in use. Staff reminded not to leave toiletries in communal bathroom. Random checks commenced to ensure compliance.</li> </ul> <p>Staff nurses will be provided with additional training on aseptic technique and use of dressings. This will be provided by TVN in January. Reminders not to keep open dressings communicated in morning handover.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A full review of care plans within the designated centre is underway. Staff Nurses have all attended onsite care plan training. Audits are conducted monthly.</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 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	31/01/2023

	control of healthcare associated infections published by the Authority are implemented by staff.			
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	28/02/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	28/02/2023