



**Health
Information
and Quality
Authority**

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:	Foxrock Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Westminster Road, Foxrock, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	13 July 2023
Centre ID:	OSV-0005238
Fieldwork ID:	MON-0040854

About the designated centre

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

This centre is a custom-built facility which can accommodate 41 residents in single or twin bedrooms that have en-suite facilities. It is a mixed gender facility catering for dependent persons aged 18 years and over, but the majority of residents are 65 years and over. It provides long term care, respite and convalescence service. Care is provided for residents with a range of needs and abilities: low, medium, high and maximum dependencies. It does not provide a day care service. There are nurses and care staff on duty covering day and night shifts. The centre is situated in a rural location on the outskirts of Foxrock village. It is constructed over three floors and five levels. Access between floors and levels is serviced by a lift and stairs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
--	----

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
Thursday 13 July 2023	08:40hrs to 17:00hrs	Lisa Walsh	Lead

What residents told us and what inspectors observed

The inspector greeted and chatted to a number of residents in the centre to gain an insight into their experiences of living in Foxrock Nursing Home and spoke in more detail with 14 residents. Overall, residents were highly complimentary of the care they received and were happy living in the centre and enjoyed the activities. A small number of residents said they were not interested in some of the activities available, these residents were offered alternative activities of their choosing. Residents said they had no complaints. If they did have a concern they would feel comfortable and confident to raise this. Some residents said they were waiting on physiotherapy because the centre's physiotherapist post had been vacant since Christmas. The clinical nurse manager (CNM) informed the inspector that a new physiotherapist was due to begin in the coming weeks.

On arrival to the centre, many residents were up and neatly-dressed, relaxing watching television or reading the newspaper while having a cup of tea in the communal areas.

Following an opening meeting, the CNM, who deputised in the absence of the person in charge on the day of inspection, accompanied the inspector on a tour of the centre. The centre is set out over four levels, with access between levels via a lift or stairs. Residents were accommodated in 31 single and five twin occupancy bedrooms, all of which were en-suite. There were two large communal rooms, a large, bright dining room and a conservatory which overlooked a well-maintained garden and a small library for residents' enjoyment and relaxation.

Overall, the centre was nicely decorated, clean and had a very pleasant atmosphere. Each level of the centre had a suggestion box placed near the lift for residents to give feedback and water stations for residents to easily access when they wanted a drink. There were fresh flowers placed throughout the centre in corridors and communal areas. On the ground floor, there was a large residents' notice board which displayed a variety of information for residents and visitors to see. For example, the centre's newsletter, the topic of the month (which was 'Better Listening Skills'), a poster for an independent advocacy service, the centre's annual report for 2022 and activities planned for the week were observed by the inspector.

One of the communal rooms, the TV room, was used for more lively activities, such as exercise class. There were a variety of comfortable chairs placed along the three sides of the walls facing a wall-mounted TV with shelves on either side. There were photos of the residents, fresh flowers and different decorative ornaments in place to make the room more homely. There was also a bowl full of snacks available for residents to choose from. Residents spoken with said they enjoyed chatting with each other in the TV room.

Across from the TV room was the second communal room, the piano room. This was a quieter space for residents to use. The room was comfortably decorated with

seating for residents around a large TV mounted on the wall above a piano. At dinner and tea time, the piano room was also used to serve meals to a small number of residents who preferred to be in a quieter area. A table and chairs were brought into the centre of the room during meal times. The table was set with a table cloth, a menu and flowers to replicate the same dining experience to those residents in the main dining room. At least one staff member was observed to be present throughout the day between the two communal rooms.

The dining room had large windows facing out onto a private internal garden which could be accessed through the conservatory connected to the dining room. Dining room tables were dressed with table cloths and fresh flowers in a vase. Menus were available on each table for residents to choose their meals from. Lunchtime was observed to be a very social occasion with residents sitting with their friends and having friendly banter with each other. Overall, residents spoken with said the food was very good and that there were lots of options for them to choose from. The chef was very keen to seek feedback from the residents and was observed to know each of the resident's likes and dislikes very well.

Throughout the day, residents were seen to relax in the conservatory while listening to music and enjoying the views of the garden. In the garden there was a gazebo with fresh flowers pots and seating throughout the area. There were wheelchair-accessible paths running through the garden which were well-maintained and clear of obstruction.

Residents' bedrooms were personalised, homely and clean. Residents in single bedrooms had a pleasant private space to relax in. However, the inspector observed that some residents in twin occupancy bedrooms were not afforded adequate space in which to complete their personal activities and relax in private. This is further discussed later in this report.

Throughout the day, staff interactions with residents were observed to be patient and kind. Staff and management were very familiar with the residents' needs. Both staff and residents chatted fondly about a recent outing they had been on to a local pub for food and drinks.

Residents were observed to be receiving visitors with no restrictions throughout the day and those spoken with said they thoroughly enjoyed having people coming in to see them.

There was a programme of activities scheduled for residents throughout the week. On the morning of the inspection, residents were offered a hand massage or a beauty treatment. Other residents chose to go for a walk with care staff or relax in the piano room while listening to soft music. In the afternoon, many residents joined an exercise class and engaged with vigour. Residents told the inspector that this was one activity they particularly enjoyed. Other residents took turns singing and toe tapping in the piano room with a karaoke machine with staff joining in.

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

Overall, the inspector was assured that the service had effective clinical governance and management systems in place to ensure that residents were supported and facilitated to have a good quality of life living at the centre. The centre had a good history of compliance with the regulations and this was evident on the day of inspection. However, some issues still remained outstanding in relation to the multi-occupancy bedrooms. This is a recurrent finding and will be further discussed later in the report.

This unannounced inspection was carried out one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended) and associated standards.

Foxrock Nursing Home is operated by Costern Unlimited Company who is the registered provider. The clinical nurse manager (CNM) facilitated this inspection in the absence of the person in charge and was observed to be well-known to the residents. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. The person in charge was supported in their role by the registered provider representative, clinical operations manager, CNM, human resources director, facilities manager, financial controller, catering manager, a team of nurses and healthcare staff, and a catering and domestic team.

The senior management team was kept informed about the performance of the service with a comprehensive auditing programme which was reviewed at regular intervals. The CNM was responsible for the clinical audits. The system resulted in improvements in practice and addressed any issues identified with improvement action plans in place. Audit results were discussed at the monthly senior management meetings. Regular meetings were held and minuted to cover all aspects of clinical and non-clinical operations.

Staff had access to equipment, which was appropriately serviced, this enabled staff to meet the needs of the residents living in the centre.

An annual review of the quality and safety of care delivered to residents had taken place for 2022 in consultation with residents. The annual review was prominently displayed on a notice board in a main corridor for residents and visitors to read. The inspector saw that some quality improvements planned for 2023 had already been completed. Residents had been consulted in the preparation of the annual review through monthly residents' meetings.

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre who met the requirements of the regulations.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and it was found to contain all the required information as detailed in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the management and oversight of the clinical systems in place, the registered provider had failed to fully progress the compliance plan from the previous inspection for Regulation 17: Premises. The registered provider had not made effective changes to the premises to ensure that each of the residents accommodated in twin rooms had sufficient private space to meet their needs. In particular, one twin room did not meet the regulatory requirements due to inadequate layout, which did not afford both residents the minimum required space. This was a repeat finding.

Although, the registered provider had made efforts to improve the layout of the multi-occupancy bedrooms, the inspector was not assured that there were sufficient resources available to provide a high standard of care for all residents.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirement of Schedule 5 of the regulations. The inspector saw that these were updated every three years as required.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to residents. Residents told the inspector that they felt safe living in the centre and were happy. The inspector observed staff to speak with residents in a kind and respectful manner, and to know their needs very well. However, the inspector observed that the configuration of some multi-occupancy bedrooms did not provide residents with adequate floor space and privacy.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Training records indicated that the all staff have completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse. They all expressed that the safety of the resident was their priority and they would report all incidents to nurse in charge.

The inspector observed water fountains placed throughout the centre and snacks available in the communal rooms. Residents were offered refreshments throughout the day. A sample of menus were reviewed which showed a four-week menu rotation with a variety of food choices each day. The menu was also recently audited by a dietitian to ensure dietary requirements were being met. The chef was knowledgeable of the residents' individual preferences. Residents expressed satisfaction with the choice of food and they assured the inspector that it was enjoyable.

Overall, the premises was found to be clean, spacious and bright, however, some wear and tear was seen on some furniture in residents' bedrooms. The inspector observed that the design and layout of a small number of the multi-occupancy bedrooms within the centre impacted on residents' right to privacy. Some improvements to the multi-occupancy rooms had been made since the last inspection. For example, new privacy curtains had been installed. However, further reconfiguration was required. This was discussed with the registered provider and senior management team on the day of inspection and is further discussed under Regulation 17: Premises, below.

Infection prevention and control practices were overall good, however, some areas of improvement in relation to laundry and shared toiletries were required. This is outlined under Regulation 27: Infection control, below.

Regulation 17: Premises

The inspector identified that some areas of the premises did not comply with the

requirements set out in Schedule 6 of the regulations as follows;

- A full length privacy curtain was used in two of the multi-occupancy rooms. When the curtain is pulled, very little natural light was afforded to the other resident in the inner part of the room. Also, the other resident would have to enter the private space of the resident by the window to access the window.
- Some areas of the centre required maintenance or replacement; a door handle was broken in a toilet in one bedroom and a radiator cover was broken and pulled away from the wall. This posed a health and safety risk.

The inspector accepted that the registered provider had made efforts to reconfigure the multi-occupancy bedrooms following the last inspection. However, the registered provider did not ensure that all areas of the premises, were appropriate to meet the number and needs of each resident, in accordance with the statement of purpose.

- The design and lay out of one bed space in a multi-occupancy bedroom did not meet the needs of the resident. The resident's personal floor space available was less than 7.4m² which is not sufficient to afford the resident adequate space and privacy to attend to personal activities such as dressing. The space also did not allow for a chair or a locker beside their bed, meaning that these residents could not have easy access to personal items that would normally be stored in a locker and so would have to get out of bed or seek assistance to access such items. The current configuration of the bedroom also impacted the access to the bed.
- A small number of residents' bed spaces did not have a chair beside their bed, for use when getting dressed in private or to simply sit and have quiet time in their own space. For a small number of these residents the chair available was blocking access to their wardrobe.

Judgment: Not compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. Residents' dietary needs were met. There was adequate supervision and assistance at mealtimes. Regular drinks and snacks are provided throughout the day.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider produced a residents' handbook, which provided information about the services and facilities available, terms and conditions of residing in the designated centre, complaints, visiting and information regarding independent advocacy services.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example:

- action was required in relation to the management of laundry, such as;
 - four of the laundry baskets used to sort dirty laundry had no lids and the pedal of two bins in the laundry area were broken. This poses a risk of cross-contamination.
 - clean laundered clothes were left hanging in a communal bathroom to then be put back into residents room.
- toiletries and emollient creams, were not clearly labelled with the name of individual residents in shared bathrooms. This posed a risk of communal use and potential cross-infection.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made.

Prior to commencing employment in the centre, all staff were subject to An Garda Siochana (police) vetting.

Residents spoken with stated that they felt safe in the centre. All staff had attended training to safeguard residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were not being upheld:

- Residents in some twin bedrooms could not maintain their privacy and dignity at all times.

Judgment: Substantially 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Foxrock Nursing Home OSV-0005238

Inspection ID: MON-0040854

Date of inspection: 12/07/2023

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> <p>The current layout of the room of the twin room referenced which has reduced space will be reviewed by the architect with a view to the possibility of removing the ensuite bathroom, thus in turn increasing the overall space and reconfiguring the complete layout of the room.</p> <p>Consent will be obtained, from the resident occupying the room in advance of any changes that will be made, and if necessary, will be offered alternative accommodation of the residents preference when something suitable becomes available.</p> <p>The occupants of this room will have the use of a communal bathroom containing an assisted bath, shower toilet and washand basin situated 17m from the bedroom. Residents will be assessed prior to admission for suitability of this room and ability to access the bathroom. Due to the nature of the bathroom residents may access the bathromm in a wheelchair if required.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider will make an application to vary, to the Chief Inspector, proposing to convert the twin room refenced to a single ensuite room.</p> <p>The application will be made in the coming weeks.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>New laundry baskets with lids have been purchased and are now in place. Completed 30/07/23</p> <p>All toiletries are labelled appropriately and residents in shared rooms have their own personal space. Completed 30/07/23</p> <p>Clean laundered clothes are now put straight back in the residents wardrobes and not left in communal space thus removing the risk of potential contamination. Completed 30/07/23</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A review of the twin bedrooms where privacy and dignity can be maintained will take place.</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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/11/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/03/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Substantially Compliant	Yellow	01/03/2024

	ensure the effective delivery of care in accordance with the statement of purpose.			
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	01/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/07/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	01/03/2024