



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:	30 June 2021
Centre ID:	OSV-0005238
Fieldwork ID:	MON-0033436

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:	40
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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
Wednesday 30 June 2021	08:30hrs to 16:40hrs	Margaret Keaveney	Lead
Wednesday 30 June 2021	08:30hrs to 16:40hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents throughout the day. This included detailed discussions with nine residents and four visitors to identify the experiences of residents living in Foxrock Nursing Home. Residents spoken with were highly complimentary of the care and service provided, in particular the staff and the food. One resident described staff as 'wonderful and very attentive and caring'. Another described the home as a 'lovely place to live' and 'a good place to be'. The person in charge was well-known to residents by name and one resident remarked they were sad that the person in charge (PIC) was soon retiring and that they would miss her.

On arrival to the centre, inspectors were met by a receptionist, who ensured that a COVID-19 assessment, hand hygiene and temperature checks were completed prior to accessing the centre. A short opening meeting was held with the person in charge, who then guided inspectors on a tour of the centre. Inspectors observed that it was bright, clean, homely and in a good state of repair. Residents were seen to move freely throughout the centre. The person in charge reported that approximately 60% of the residents were living with some level of cognitive impairment. Inspectors noted that there was clear, directional signage throughout the home which orientated residents to key locations such as the day rooms, dining room and the garden. Notice boards and memory aids were accessible to residents and provided information in a format that was consistent with residents' communication needs.

Early in the day, a number of residents were seen to be up and dressed for the day, and were seated or mobilising around the various communal areas. The inspectors observed that all residents appeared comfortable and relaxed and were well-groomed. Care was seen to be delivered according to the residents' preferences; for example, residents could rise from bed and take their breakfast in any area of the home and at a time of their choosing. The hairdressing service was open on the day of the inspection and inspectors observed that, for many residents availing of the service, was a fun and social occasion.

The centre is laid out over five floors with access between levels via a lift. Inspectors saw that residents' bedrooms were personalised with family photographs, ornaments and other personal memorabilia. There was adequate storage space in residents' bedrooms for their clothes, personal belongings and items of assistive equipment such as walking frames. The inspector noted that a 'care in progress' sign was used when staff provided personal care to maintain residents privacy and dignity.

The inspectors observed positive and supportive resident and staff interactions throughout the day. There was a sense of camaraderie and community in the centre with all staff, whom inspectors observed, engaging in a friendly and respectful way with residents. Staff were observed to have an attentive but relaxed manner with residents and it was obvious that the staff and residents knew each other well.

There was a notice board in the dining room that displayed baby photographs of both staff and residents and inspectors were told that residents had enjoyed guessing who was who from the photographs.

There was a large, well-maintained enclosed garden that was easily accessible from a conservatory. It was wheelchair-friendly with wide paths and had a gazebo seating area and other suitable garden furniture for residents to sit and enjoy the good weather. There were raised beds and hanging baskets which residents had planted as part of the activities programme.

Inspectors observed that the garden was a popular area for residents to receive their visitors. Visits were also seen to take place in the dining room with seating arranged to maximise privacy. A family survey related to visiting had just been completed by the person in charge. When relatives requested an opportunity to dine with their loved ones in the designated centre, suitable arrangements were made to facilitate this. As a result daily lunches were organised to provide opportunities for residents to dine with their family.

Feedback from families showed that they were supportive of staff and appreciated the updates they received. Family members who spoke with inspectors said that they were kept informed of any changes to their loved ones' condition and were very happy with the care they received. They said that visiting was well-managed and they were able to book visits in advance.

Residents of the Foxrock Nursing Home were the first in Ireland to receive the COVID-19 vaccination and inspectors observed celebratory photographs on notice boards marking this landmark occasion. Despite this, residents reported that they found the periods of isolation due to the COVID-19 pandemic to be lonely and difficult, but that staff had cared for and supported them well. To ease those challenging times, the centres' activities coordinator had devised a puzzle book for residents' use and enjoyment and had, on occasions, dressed up as an ice-cream vendor and delivered ice-creams to residents' bedrooms. The person in charge told inspectors that an opera singer had performed every six weeks in the garden and one resident reported that these occasions were 'glorious'.

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

There was a well-established management team in the centre. The registered provider, operations manager and human resources group lead met with the person in charge fortnightly, which ensured that the registered provider maintained good oversight of the service provided. There were systems in place which promoted good quality, safe care for residents. Records of management meetings showed that

identified risks, accidents, incidents, complaints, staffing levels, training, and infection prevention and control were discussed, and were appropriately escalated and actions taken to mitigate risks. There were comprehensive contingency and preparedness plans in place should the centre experience another outbreak of COVID-19. Plans were reviewed monthly by the management team.

Foxrock Nursing Home is operated by Costern Unlimited Company who is the registered provider. The person in charge was well-supported to oversee the centre's clinical care by the registered provider representative and by a chief operations officer. The person in charge reported, and inspectors observed, that the registered provider had allocated adequate resources to the centre in terms of staffing, equipment and facilities arrangements. The person in charge was also supported in her role by a full-time assistant director of nursing, a team of nurses and healthcare assistants and a catering and domestic team. To date the centre has had a good history of compliance with the regulations.

This unannounced inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre in January 2021. During this outbreak eight residents and six staff members tested positive for COVID-19. Sadly, four residents had passed away. The outbreak had been declared over by public health on 3rd of March 2021. Inspectors acknowledged that residents and staff living and working in the centre had been through a challenging time.

Inspectors saw that there was a comprehensive clinical and environmental auditing system in place. Audit results were discussed at the fortnightly management meetings. The person in charge also prepared quarterly and annual audit reports which were reviewed by the chief operations officer.

The provider had a plan in place to respond to a range of emergencies. This plan included details of other nursing homes in the area who would lend support to the centre if the emergency plan was activated.

The centre's staffing rosters for the week prior to, week of and week following the inspection were reviewed, and both day and night staffing levels were examined. Sufficient staff were on duty to meet the assessed needs of the residents in the centre. Inspectors spoke with some staff who had worked in the centre for many years and such continuity of care was observed to have a positive impact on resident care. One full-time activity staff member worked from Monday to Friday. Inspectors were informed that health care assistants lead recreational and social activities for residents at the weekends.

Staff had access to a wide variety of online training and were supported to complete this training. An action following the previous inspection was to provide training in medication management for staff. Inspectors saw that 100% of nursing staff had completed such training at the time of this inspection.

Inspectors were told that at the beginning of the COVID-19 pandemic, the person in charge completed training in COVID-19 swabbing and had in turn trained all nursing staff within the centre. Additional online training was also completed by nursing staff.

Inspectors observed that all staff were supervised in their roles by clear line management structures within the centre. There were systems in place to induct new staff, and appraisals were carried out by the appropriate line managers. Inspectors saw that the schedule of completed appraisals was up-to-date at the time of the inspection. The provider had a long service awards system in place to sustain and improve staff morale.

The person in charge confirmed that each resident had been provided with a contract of care on their admission to the centre. Inspectors reviewed a sample of contracts and saw that each contract detailed the terms and conditions of placements, including fees that may accrue for activities and transfers to external appointments. Each contract had been signed by the resident or their representative.

The inspectors reviewed the complaints logs for 2020 and 2021 and saw that one written complaint had been submitted. This complaint was seen to have been investigated thoroughly and included a response to the complainant on the investigation outcome. The satisfaction of the complainant was also documented. Inspectors spoke with staff who confirmed they were aware of the complaints procedure. Residents confirmed that any concerns or complaints they had would be dealt with and they were confident about highlighting issues to staff members.

Registration Regulation 4: Application for registration or renewal of registration

An application by the registered provider to renew the registration of the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 had been made. All required supplementary documents were submitted.

Inspectors were satisfied that the findings of the inspection supported a decision to renew the registration.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the requirements of residents in line with the statement of purpose. Adequate staff contingency arrangements were in place.

There were registered nurses on duty at all times as confirmed by the person in charge and the staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff working in the centre had access to mandatory training courses including safeguarding vulnerable adults, manual handling, infection prevention and control and fire safety. In records reviewed by the inspectors, 100% of staff had attended these training sessions.

Inspectors learned from records reviewed and from speaking to staff that staff had access to supplementary training, such as medication management, dementia care, dealing with challenging behaviours and restrictive practices.

The registered provider had effective systems in place for staff development and supervision, which included induction, probation and regular appraisals.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a well-defined governance and management structure in place that identified clear lines of authority and accountability.

Effective clinical and environmental auditing systems were in place to identify areas in need of improvement and to promote the delivery of safe, quality care to residents. Where actions were identified, a time bound plan had been developed with a responsible person assigned to complete it.

The provider had completed an annual review of quality and safety of the service for 2020, which included quality improvement plans for 2021 such as the refurbishment of the centre's dining area and residents' bedrooms. The review had been prepared with consultation and direct input from residents through surveys, and indirectly with their families.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care with the provider, setting out the terms, conditions and cost of their residency and contained the required

authorisations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place, and the complaints procedure was prominently displayed at the entrance to the centre and contained all information required by the regulations. The inspectors reviewed the complaints logs and found that all complaints logged had been investigated and the outcome and the complainant's satisfaction recorded.

Judgment: Compliant

Quality and safety

Residents were supported by staff to have a good quality of life in a safe and well-organised environment. They were able to choose how they spent their day and were helped to maintain relationships with their families and friends. Access to good quality healthcare was available and social activities were organised throughout the week.

Inspectors viewed records of eight residents' care plans. Pre-admission assessments were completed and care plans were developed within 48 hours of a resident's admission. Inspectors saw evidence that residents' needs were assessed continually, and as they changed, their care plans were updated to reflect the changes and ensure that staff were guided on how to provide the best care to residents. Care plans were in place to promote residents' psychological wellbeing and included information on residents' activity preferences, visiting arrangements and individual measures in place to promote residents' safety from infection as a result of the COVID -19 pandemic.

Good access to healthcare for residents was facilitated by general practitioner (GP) visits to the designated centre every Tuesday. GP services were available throughout the week if required. Inspectors saw records of GP and allied health interventions in residents' records. Physiotherapy services were available to promote residents' mobility and wellbeing on a flexible basis, seven days a week depending on residents' needs. Inspectors observed a designated area used by residents when receiving physiotherapy services. Other allied health services were accessed by residents via referrals to external agencies including occupational therapy and tissue viability nursing (TVN). The registered provider ensured that residents had access to National Screening Programmes.

While reviewing residents' records inspectors noted that good quality evidence-based nursing care was well-documented. One example included wound care. The TVN had advised specific treatment for the resident's wound. Nursing staff followed the advice and documented the treatment given and the resident's progress. This resulted in the resident recovering fully.

End of life care plans were developed in consultation with residents and inspectors saw evidence of a wide variety of arrangements chosen by residents reflecting their religious beliefs and life experiences. Where residents were unable to express their wishes family members were consulted. Medical practitioners were involved in resuscitation decisions which were documented and there was evidence that decisions were reviewed when residents circumstances changed. The designated centre had end of life policies and procedures in place, as well as guidance on the cultural requirements of residents of different faiths.

The registered provider communicated with residents' families throughout the pandemic by writing weekly letters with updates, to assure families of resident's wellbeing. Inspectors spoke to three visitors on the day of inspection, who all praised the level of care and communication by the registered provider.

A visiting policy which included the most recent public health guidance was in place and infection prevention and control procedures were applied to all visitors. These included completing a wellbeing questionnaire, hand hygiene and wearing masks. Visits were booked in advance and coordinated by the activities coordinator.

Inspectors observed that staff used kindness and understanding to support residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff spoke gently to residents and redirected them to different areas within the designated centre or the garden. Residents were offered refreshments throughout the day which provided comfort and reassurance. Inspectors observed tea and snack trolleys available throughout the centre which created a homely atmosphere. There was a very low level of restraint used in the centre. A restraint register was viewed by inspectors which was audited on a monthly basis.

Inspectors saw evidence of residents' rights being respected throughout the day of inspection. Staff were observed to knock on residents doors and accompany them to different areas of the designated centre according to their preferences. One resident chose to stay in their room and told inspectors that they were happier on their own and that staff were available to assist them whenever they required help.

The provider had provided wardrobe and drawer space for residents to store their clothes and personal possessions. Lockable storage space was available for residents if they wished to use it. Staff were observed to knock before entering resident's bedrooms. Inspectors spoke with some residents who were relaxing in their bedrooms and observed that rooms were personalised with family photographs, ornaments and works of art. The activities coordinator described how residents were facilitated to vote in elections at the nursing home and exercise their civil and

political rights. Advocacy services were displayed on notice boards.

Regular activities were available to residents and were displayed on notice boards throughout the designated centre. These included flower arranging, morning Mass, rosary, morning tea and papers, poetry, art, and classical singing in the garden. Residents had small notice boards in their rooms which displayed the date and activities for the day. There was evidence of residents input into the upkeep of the garden including, hanging baskets, a raised bed and the design of the mowed grass on the lawn.

The provider maintained a risk register for clinical risks, a health and safety risk register for environmental risks, and a COVID-19 specific risk register. The centre's clinical risk register included risks such as the unexplained absence of residents, and accidental injury. The COVID-19 risk register included risks such as visiting, end of life, management of an outbreak of infection, communication and infection prevention and control. The inspectors saw that each risk identified was risk rated and existing and additional controls included. A responsible person was assigned to each risk and time-bound review dates were identified. Inspectors found that management meetings provided oversight of risks and incidents at the centre. The registered provider also had arrangements put in place for the identification, recording and learning from serious incidents or adverse events involving residents and staff.

The person in charge was the infection prevention and control link in the centre. A COVID-19 contingency plan had been updated and included cohorting arrangements for residents. During the COVID-19 outbreak in early 2021, regular meetings were held with Public Health and the person in charge liaised with the palliative care team. The centre had adequate supplies of personal protective equipment (PPE).

A number of good infection prevention and control measures were observed by inspectors throughout the designated centre. These included the following:

- Well organised cleaning trolleys with colour coded cleaning cloths
- Hand sanitising units throughout the centre
- Individual slings for residents who used hoists
- Staff adhering to good hand hygiene practices and wearing face masks.
- Daily and deep cleaning schedules completed by cleaning staff
- Cleaning schedules signed by the cleaning supervisor
- Twice daily temperature and symptom checks for residents and staff.

A daily meeting was held with staff in the middle of the day to provide reminders about good infection prevention and control practices (IPC) and to share any updates on IPC guidance. The laundry was clean and well aired with a clear divide

between areas used for soiled and clean laundry. In one cleaning store inspectors observed that soiled and clean cloths were stored beside each other in unmarked bins and it was difficult to distinguish between the two, thus presenting a potential risk of cross contamination. Following discussion with the person in charge the bins were labelled and stored apart.

Regulation 11: Visits

The registered provider ensured that visits by residents' family and friends were facilitated seven days per week. They were organised by the activities coordinator, and residents were able to receive visitors in a variety of locations including the garden and the conservatory.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and retained control of their personal possessions. Laundry services were provided to residents and the service was seen to be well-organised with a system in place of labelling residents' clothes on admission to the centre.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which reflected the requirements of the regulations. For example specific risks such as aggression, self-harm and abuse, and associated measures and actions to control these risks were included.

The provider had comprehensive risk registers in place for clinical risks, health and safety risks and COVID-19 specific risks. Each risk was risk rated with appropriate controls in place and a person assigned as responsible for monitoring the risk.

Judgment: Compliant

Regulation 27: Infection control

The designated centre had an infection prevention and control policy in place and

staff were observed to maintain good IPC practices throughout the day. Social distancing was encouraged between residents in day rooms and while dining. There was evidence that cleaning standards were maintained on a daily basis by the ongoing oversight of the cleaning supervisor.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on admission and care plans were developed. Care plan reviews took place every four months or when residents' needs changed. A variety of evidence based clinical tools were used to assess needs including mobility, communication, nutrition and skin integrity. Residents who smoked had care plans that promoted their safety and ensured that they were able to exercise their choice to smoke while living in the centre.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP and allied health services. Nursing interventions were well-documented and residents' progress was fully recorded in daily notes and clinical tools used to monitor their wellbeing.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that residents' behaviours was managed in the least restrictive manner, which resulted in low levels of restraint being used in the designated centre. Where restraint was used it was monitored regularly. For example the use of a lap belt was monitored on a two hourly basis when in use and recorded on the resident's daily record.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a wide variety of activities, and were able to choose where and how they wished to spend their time in the designated centre. They had access to TV, and newspapers and were able to avail of advocacy services.

Judgment: Compliant

Regulation 13: End of life

Inspectors found that arrangements were in place to ensure that residents' spiritual, emotional and physical needs were met when they were approaching end of life. There was evidence of discussions with residents and their families regarding their wishes and preferences.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: End of life	Compliant