<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Roselodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000088</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Killucan, Westmeath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>044 937 6220</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:orlamc40@gmail.com">orlamc40@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Killucan Nursing Centre Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Manuela Cristea</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Leanne Crowe</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>45</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>27 November 2019 08:00</td>
<td>27 November 2019 16:45</td>
</tr>
<tr>
<td>27 November 2019 08:00</td>
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</tbody>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
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<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Compliant</td>
<td></td>
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<tr>
<td>Outcome 08: Governance and Management</td>
<td>Compliant</td>
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Summary of findings from this inspection

This was an unannounced inspection, which looked at six outcomes in relation to how the provider met the residents’ needs with particular reference to the needs of those residents living with dementia. Prior to inspection, the provider had completed a self-assessment questionnaire in relation to the care and services provided to residents living with dementia. The provider had judged the service as compliant in four outcomes and substantially complaint in relation to Outcomes 5 and 6, Staffing and Premises, respectively.

The inspectors also reviewed the compliance action plan from the last inspection in
relation to the smoking room and found that the provider had addressed the improvements required in full. In addition, two further outcomes were reviewed: Outcome 7, specifically in relation to Fire Safety and Outcome 8 - Governance and Management.

Overall, the inspectors found that residents with dementia received a high standard of evidence-based nursing care and had access to appropriate healthcare services to meet their needs. Some improvement was required in relation to the prescribing, dispensing and administration of medicines in the crushed format for the residents who required it.

Twenty-six residents had high to maximum dependency needs at the time of inspection. There were twenty-four residents with a confirmed diagnosis of dementia and two others with a suspected diagnosis or various degrees of cognitive impairments. Two residents presented with a history of responsive behaviours (how a person with dementia may communicate physical, social or psychological discomfort with their environment). There were no residents with pressure ulcers at the time of inspection and the inspectors found that when wounds had occurred, they were appropriately managed.

The inspectors met with a number of residents and their families on the day of inspection and found that they all reported very high levels of satisfaction with the care and services that they received in the designated centre. They stated that the centre was a ‘home from home’, that the staff excelled in kindness, commitment and compassion, and that the care they provided to the residents with dementia extended well-beyond a simple duty of care.

Overall, there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. The inspectors were satisfied that this was a well-managed centre, led by a team that strived to continuously improve the quality of life for the residents with dementia living in the centre.

The findings are laid out in the main report below.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors focused on the experience of residents with dementia and they tracked the journey of a number of residents with dementia living in the centre. They also reviewed specific aspects of care such as nutrition, wound care, end-of-life, medicine management and the temporary absence of residents from the centre. The inspectors were satisfied that for the most part, each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. However, improvements were required to ensure that medicine practices in the centre were in line with best practice and that all nursing staff followed the correct policy and procedures when administering medicines.

There were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Admissions to the centre were based on a pre-assessment to ensure that the centre could meet individual needs. Further assessments were carried out following admissions, which informed the development of residents’ care plans. The inspectors found that the care planning documentation was of a high standard, tailored to residents’ identified needs and included comprehensive person-centred details to meaningfully inform and guide care. All assessments and care plans were reviewed on a four-monthly basis, or more often if residents’ needs changed.

In addition to residents’ assessed medical and healthcare needs, there were comprehensive social care plans, which detailed residents’ life stories, their likes and dislikes, including residents’ current abilities and capacity. This was of particular importance for the residents with dementia who were no longer able to communicate their needs. Nursing and care staff who spoke with inspectors demonstrated appropriate levels of knowledge about residents and their care plans. Residents’ wishes were respected, including their right to refuse assistance, which was documented in their notes.

When a resident sustained a fall, comprehensive post-fall reviews with multidisciplinary involvement were carried out in order to establish contributory factors and implement appropriate falls prevention strategies. This ensured that appropriate and the least restrictive control measures were put in place to prevent further falls for the individual.
There was evidence that the residents and their families, where appropriate, were involved in the care planning process, including end-of-life care plans. The inspectors reviewed a number of 'end-of-life' care plans that outlined the physical, psychological and spiritual needs of the residents and their expressed wishes, and any advanced decisions made in respect of resuscitation orders or transfer to hospital. Community palliative services were also available for those residents who required. At the time of inspection, there were no residents receiving active end-of-life care.

There were no pressure ulcers on the day of inspection and based on a review of documentation the inspectors were satisfied that residents’ wounds were appropriately managed and monitored, with photographic evidence and charts available to track wound progress. Multidisciplinary support was available to assist wound healing such as input from the tissue viability nurse, vascular clinic and dietitian.

There were systems in place to ensure that the residents with dementia received adequate nutrition and hydration to meet their needs. Residents' weights were checked on a monthly basis, and weekly when indicated. The nutritional care plans detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate.

The food menu included four daily choices of wholesome and nutritious meals, as well as a choice of deserts. The menu was available in pictorial format to ensure residents’ with communication impairments were also facilitated to express their preferences. Inspectors observed that residents who required modified consistency diets and thickened fluids received the correct diet and the modified meals were attractively served. Assistance at mealtimes was provided in a kind and discreet manner.

Residents with dementia had good access to a range of health and social care services including a choice of general practitioner (GP), pharmacist, physiotherapy, occupational therapy, dietetic services, chiropody, dentist, optician and community mental health services. These specialist services enabled residents with dementia to maintain optimum health and promote their independence. Those residents eligible to take part in the national screening programmes were supported and facilitated to access them if they wished to participate. Records shown that residents were referred to specialist expertise when required and that the prescribed interventions were implemented by the nursing and care staff.

Appropriate information about the resident was communicated where a resident was transferred to another care facility. This included a copy of their medication, the doctors’ letter and a comprehensive nursing assessment that included the specific communication and other needs in relation to their dementia.

Overall, the inspectors were satisfied that the medication management systems in the centre were of a good standard and that residents with dementia were protected by safe medicine practices. However, improvements were required to ensure that all residents, including those assessed as requiring medication in a crushed format, were receiving medication in accordance with best practice guidance.
The medication management policy was available, up to date and included comprehensive information in relation to safe prescribing, storing, dispensing and administration of medicines. There was good pharmacy and medical oversight of medicines including regular audits and medication reviews for those residents living with dementia.

However, the medicine management policy was not always implemented in practice. For example, the medicine that was to be administered in crushed format was not individually identified, despite the availability of such system on the electronic prescription. As a result, some medicines that should not be crushed were not dispensed in a safer alternative format by the pharmacist.

The inspectors observed good practices in how the medicine was administered to the residents. The nurses took time in ensuring the resident understood what they were taking and waited patiently until the resident finished taking their medicine before leaving the room. Medicine was only signed for after the administration, which is in line with best practice.

Residents and relatives who spoke with the inspectors reported high levels of satisfaction with the care and support provided in the centre and said that they were kept informed about any changes in residents’ health or well-being.

**Judgment:**
Substantially Compliant

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a policy and procedures in place that promoted a positive approach to responsive behaviours. All staff were trained and knowledgeable in dementia care and the management of responsive behaviours. Care plans, examined by inspectors, evidenced that efforts were made to identify and alleviate the underlying causes of responsive behaviours. Staff who spoke with inspectors could also describe person-centred de-escalation techniques that they would use to manage individual resident’s behaviours and psychological symptoms of dementia. Good continuity of care and skilled staffing ensured that there was a low incidence of responsive behaviours in the centre.

There was a policy and procedure in place for the prevention, detection and response to abuse. There were measures in place to safeguard residents, including those with
dementia. The provider/person in charge monitored the systems in place and ensured that there are no barriers to residents or staff disclosing an incident, suspicion or allegation of abuse. Staff who spoke with inspectors confirmed that they would feel comfortable reporting any concerns they may have to the provider/person in charge. Residents told inspectors that they felt safe in the centre. The inspectors viewed records confirming that all staff had received training in the prevention, detection and response to abuse for all staff.

The inspectors reviewed the restraint register and the individual residents’ notes and were assured of the ongoing efforts to provide a restraint-free environment for the benefit of the residents. The use of bedrails was closely monitored, assessed and reviewed frequently by staff, and there was evidence that alternatives to bed rails, such as grab rails, low low beds, safety wedges were being trialled in consultation with residents. As a result, there was only one resident using bedrails as a restraint.

There was a system in place to safeguard residents' money. Residents' money was not held in the centre, but any items that residents requested were purchased, and invoices were then provided to residents or their representatives. Records of these were transparent and were evidenced by receipts. The registered provider was not acting as a pension agent for any resident.

Judgment:
Compliant

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
The inspectors found that residents were consulted regarding the planning and organisation of the centre. Residents' privacy, dignity and right to make choices about how they spent their day was promoted and respected. The activities provided met the interests and capabilities of each resident. Inspectors found that all residents, including those with dementia, were empowered and assisted to enjoy a meaningful quality of life in the centre.

Throughout the inspection, the inspectors observed that there was a very pleasant and relaxed atmosphere in the centre. Residents spoke positively about their experiences of living in the centre. Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. The inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew residents well.
Residents were facilitated to exercise their civil, political and religious rights. The registered provider representative confirmed that residents could vote in the centre or in their locality if they so wished. Catholic mass was held in the centre each week but staff also described how residents of other faiths were supported.

A 'Key to me' document and personal life stories were completed for all residents, including those with dementia. These were used to describe significant people and events in residents' lives. These documents, combined with social care assessments, informed the development of activity care plans for each resident. A weekly activity programme was in place, and the schedule was displayed throughout the building. The activity co-ordinator was on long-term leave at the time of the inspection. Attempts to recruit a replacement had been unsuccessful; however care staff were rostered daily to facilitate small group and one-to-one activities. This arrangement was in place on the day of the inspection, and inspectors observed staff carrying out group and one-to-one activities throughout the day. Other activities were provided frequently by external facilitators, including live music, singing and exercise. The registered provider representative described how many residents maintained links to the local community and how staff facilitated outings to areas of interest. A dog attended the centre regularly and was observed providing comfort to many residents during the inspection.

As part of the inspection, the inspectors spent a period of time observing staff interactions with residents, some of whom had dementia. The observations took place at five-minute intervals for a period of two hours in a large sitting room and a dining area. The interactions observed consisted of task oriented care and positive connective engagement between staff and residents. This was discussed with the person in charge and registered provider representative at the inspection.

There was an open visiting policy, and care was taken to ensure that families and friends were involved in aspects of residents’ lives. Visitors were observed visiting throughout the day and those who spoke with inspectors were satisfied with the care their loved ones received.

There was evidence that feedback was sought from residents including residents with dementia on an ongoing basis. Residents meetings took place throughout the year, which were facilitated by an independent advocate. Records of these were available for review, which indicated that a variety of issues were discussed. There was evidence that any issues raised by residents or requests made by them were taken seriously and acted upon.

Advocacy services were available to residents, should they require them.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**
Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

Findings:
Inspectors found that there was an effective policy and procedure in place for the management of complaints. There were no open complaints at the time of the inspection.

The person in charge was responsible for dealing with complaints and a second nominated person was responsible for ensuring that all complaints were appropriately recorded and responded to. An audit of complaints was conducted regularly.

A summary of the complaints process was displayed in various locations throughout the centre. The provider representative, person in charge and staff could describe to inspectors how they would support residents with dementia to make a complaint, should they wish to do so. Residents and visitors could identify a member of staff they were able to report issues to, and described how any complaints are dealt with quickly and effectively.

A complaints log was maintained in the centre, which was made available to inspectors for review. The log was found to contain all of the information required by the Regulations, and also outlined any learning and improvements to be communicated or implemented following the closure of complaints. All complaints were found to be resolved in a timely way, and to the satisfaction of the complainant. Complaints were discussed at monthly management meetings.

An objective appeals process was clearly outlined in the complaints policy.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

Findings:
Inspectors found that there was a sufficient number of staff with the appropriate skills, qualifications and experience to meet the assessed needs of all residents, including
those with dementia. Staff were observed to interact with residents in a kind, respectful and dignified manner.

There was a planned and actual staff rota in place, and inspectors observed that staffing levels were planned in line with size and layout of the building and the dependency levels of residents. A registered nurse was on duty at all times to provide nursing care as required to residents. Inspectors observed that staff were able to quickly respond to call bells and attend to residents' needs. Residents were observed to be closely supervised by staff and staff were observed to be available to meet residents' needs throughout the day of inspection.

There were effective procedures in place for the recruitment, selection and vetting of staff. Inspectors reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the Regulations, including Garda Síochána vetting disclosures. Evidence of up-to date professional registration for nursing staff was also provided.

Training records were maintained in the centre, and indicated that all staff had completed up-to-date training in fire safety, safe moving and handling practices and the prevention, detection and response to abuse. A variety of education and training was also made available to staff to support their professional development and to deliver care in line with evidence-based practice, including dementia care. Staff who spoke with inspectors were able to reiterate various aspects of the training they received.

There was a robust induction programme for newly-recruited staff, with probation reviews completed on the first, third and sixth month of employment. Annual appraisals were also completed with all staff.

No volunteers were currently working in the centre.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The design and layout of the designated centre met its stated purpose to a high standard and provided a quality therapeutic and comfortable environment for residents with dementia. The designated centre was at ground floor level with wide corridors that allow residents to mobilise safely through the different areas of the building without
negotiating steps or obstacles along the way.

The layout and design of communal accommodation was homely, spacious and bright and provided residents with choice and independence. In addition to the designated visitor's room, there was a spacious foyer at the entrance of the centre as well as several seating areas scattered throughout the centre, where residents could meet their visitors.

The centre was divided into two wings, each with a nursing station located in the middle. From these central areas, the residents’ accommodation pivoted out into wide corridors.

Residents were accommodated in 50 spacious single bedroom. Twenty four bedrooms had en-suite facilities, out of which eight included accessible showers. For the residents accommodated in the other twenty-six bedrooms, there was suitable access to communal bathrooms, toilets and assistive shower facilities within close proximity. Additional wheelchair accessible toilets were available throughout the centre and close to communal dining and sitting areas.

The floor space in residents' bedrooms met the size, privacy and dignity requirements as outlined in the national standards and the legislation. Each bedroom had adequate space to include a bed, a chair, table, furniture and storage. The rooms also had enough space for equipment such as hoists to be used, with sufficient space to access the beds from either side. Residents were encouraged to personalise their bedrooms and inspectors saw that many residents had decorated their bedrooms with personal items of furniture, photographs and ornaments.

The use of colour and natural light was optimised to support the quality of life of residents with dementia. For example, the use of skylights on corridors and large windows fitted in parts of the communal rooms maximised natural light and views of garden.

Handrails were fitted on all corridors and were in contrasting colours to the walls to enhance orientation and safety for residents with dementia. Bedroom doors were also in contrasting colours to walls and some had been covered with high quality door wraps that recreated the outdoor look. Large-face clocks throughout the centre promoted orientation. There was clear dementia-friendly signage available throughout the centre to aid orientation. All the bathroom doors had been painted a bright blue colour and were appropriately signposted with visual clues to assist residents with dementia to effectively navigate the environment. These combined actions optimised residents’ independence.

The inspectors observed that there was suitable assistive equipment to support residents. These included grab rails in toilet/shower facilities, handrails along corridors, hoists, pressure relieving mattresses and cushions, profiling and low level beds among other equipment. Suitable storage facilities were also available. All bedrooms, bathrooms and communal areas had access to a call bell, which inspectors observed was fully functioning during the inspection.

A large quiet room equipped with a residents’ library was located in the heart of the
designated centre and was set within the large internal garden. This setting provided all round views to various shrubbery and flower arrangements in the garden. The garden had safe pathways and contained dementia-friendly benches and furniture. Access to the garden was unrestricted and available from various points in the centre.

A newly-built designated smoking area was added to the centre and inspectors were satisfied that it was adequately equipped to maintain residents’ safety. There were also a range of other rooms including a large catering kitchen, visitors’ rooms, staff rooms, two sluice rooms, treatment rooms, administration offices, laundry, and sufficient store and linen rooms.

Overall, the atmosphere in the centre was conducive and respectful to the needs of residents with dementia. Stimuli were well-controlled to create a suitable environment for people with dementia. Inspectors observed that due to the circular layout of each unit all of the areas allowed for freedom of movement for those residents who liked to actively walk around.

**Judgment:**
Compliant

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**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were comprehensive policies and procedures in place for the management of risks in the designated centre. The inspectors toured the premises and found that the centre provided a safe environment for the residents, with no immediate risk identified. Hazardous rooms such as utility rooms were secured with keypad code and there were no dangerous objects or substances left unattended. The centre was visibly clean and alcohol gel was available throughout the building.

This outcome was not reviewed in its entirety and focused on the fire safety aspect of risk management. There was a comprehensive fire safety policy in place, which provided guidance on the evacuation procedures to reflect the size and layout of the buildings. All staff had completed the mandatory training in fire safety and in their discussions with the inspectors, staff demonstrated good knowledge on what to do in the event of fire. Simulated fire drills had been carried out per compartment, which included night staffing levels.

Fire safety precautions were in place for the building and the infrastructure. All bedrooms and compartment doors had been fitted with self-closing devices, which were
found to be in working order. There was appropriate equipment in place for detecting and extinguishing the fire. The building layout facilitated safe evacuation with multiple exits and a straightforward, single-storey design. The compartmentalisation of the building extended to the attic area.

Fire certification, as well as service records, and maintenance logs were reviewed by the inspectors. In addition, there was documentary evidence of routine checks of unobstructed means of escape, equipment and fire doors checks to ensure the equipment was operational and functioning. Appropriate emergency lighting was available as well as adequate signage for escape routes. Inspectors suggested the enhancement of signage in the communal circular areas, to ensure the means of escape were visible from any points in the room, to maximise staff and resident safety in the event of fire.

Each resident had a personal emergency evacuation plan (PEEP) in place, which listed their required assistance and equipment to safely evacuate. These were updated on a weekly basis and included both day and night time evacuation requirements.

**Judgment:**
Compliant

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**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There had been no changes in the governance and management of the centre since the last inspection. The management team was well-established, had good oversight of the service and worked cohesively to ensure the residents with dementia living in the centre experienced a good quality of life.

All residents and relatives who spoke with the inspectors were familiar with the management structures in place and held them in high regard. They stated that they were approachable and worked very hard to continuously enhance the service for the benefit of the residents living with dementia.

The person in charge worked in the centre full-time and had the required experience and qualifications for the role. She was well-known to residents, relatives and staff and provided good leadership to the team. She had good clinical oversight of residents’ needs and was supported in her role by a clinical nurse manager. The registered provider representative also worked in the centre and provided additional support. The provider representative was involved in the governance, operational management and
administration of the centre on a full-time basis.

The person in charge and the registered provider representative communicated informally on a daily basis and held formal monthly quality meetings using a pre-set agenda. These meetings documented comprehensive overview of clinical quality indicators as well as the operational management of resources, staffing, risks, complaints, accidents and risks with documented corrective action plan.

Based on the documentation available, feedback received from staff, visitors and residents and interviews with the management team, the inspectors were assured that there were effective governance and management arrangements in the centre and good oversight of service delivery to ensure that the residents with dementia received good standards of quality care.

There was a clear management structure in place and staff were aware of the reporting mechanisms and the line management systems.

There were clear systems in place to monitor the quality and safety of the care and services provided for residents with dementia. These included weekly reports of key performance indicators such as pressure sores, infections, nutrition, falls and the use of psychotropic medicines, bedrails and catheter use.

The person in charge carried out monthly audits in a variety of areas: activities, infection control, environmental audits, observational audits of mealtime experience etc. A dementia care audit had also been completed and acted on. The audits conducted identified areas of good practice and where improvements needed to be made, an action plan was evident. The results of the audits and the key performance indicators were discussed with the registered provider representative at the monthly quality meetings.

An annual review for 2018 had been completed. It included residents input and views and an improvement plan for 2019.

All Schedule 5 policies were available to staff and provided clear guidance on how to provide care to the residents. They were found to be evidence-based and had all been recently reviewed and updated.

The inspectors were satisfied that the centre operated in accordance with the statement of purpose, which had been updated on a yearly basis as per regulatory requirements. The centre was adequately resourced to meet the needs of all residents, including those living with dementia.

Safe recruitment practices were in place to protect residents and all staff had completed the mandatory training.

Since last inspection, there had been no unsolicited information received by the Chief Inspector of Social Services in relation to the designated centre.

Judgment:
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Manuela Cristea  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

Provider: Roselodge Nursing Home
Provider ID: OSV-000088
Date of inspection: 27/11/2019
Date of response: 24/12/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Improvements were required to ensure that all residents were protected by safe medicine administration practices, including those residents assessed as requiring medication in a crushed format. For example, the medicine that was to be administered in crushed format was not individually identified, despite the availability of such system on the electronic prescription. As a result, some medicines that should not be crushed were not dispensed in a safer alternative format by the pharmacist.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
All medications that are to be administered in crushed format shall be reviewed by the pharmacist in conjunction with the GP and shall be dispensed in alternative form. All medicines in crushed format shall be identified individually on the electronic prescription.

**Proposed Timescale:** 28/11/2019