<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rushmore Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000381</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Knocknacarra, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 523 257</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:rushmorenursinghome@eircom.net">rushmorenursinghome@eircom.net</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>Rushmany Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sharon Conlon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>23</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

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

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

The inspection took place over the following dates and times

<table>
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<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td>08 July 2014 10:30</td>
<td>08 July 2014 19:00</td>
</tr>
<tr>
<td>09 July 2014 09:40</td>
<td>09 July 2014 18:30</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 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This inspection took place following an application to the Health Information and Quality Authority (the Authority) to renew registration of the centre. As part of the inspection the inspector met with residents and staff members, observed practices, and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Residents had access to allied health professional care such as physiotherapy, chiropody, dietician and speech and language therapy. Meal times were unhurried and a pleasant experience in the centre. The inspector observed food was nutritious and well presented for both regular and modified consistency meals. Residents spoken with expressed they enjoyed the food in the centre and related their
favourite meal choices.

Staff interacted with residents in a respectful and courteous way throughout the two days of inspection. Residents and family members spoken with during the course of the inspection indicated they were satisfied with the care they received in the centre. The centre had a small, pleasant and well maintained enclosed garden area that residents accessed independently and were observed to do so throughout both days of inspection.

Overall, the inspector found that the provider met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland, to a good standard. Improvement was necessary in relation to policies for the centre and the provider demonstrated co-operation and prompt action in addressing issues raised throughout the course of and immediately following the inspection.

Non-compliance was found in relation to resources for alternatives to restraint in the centre, sluicing and laundry facilities in a shared space, which did not meet best practice guidance for infection control management. Activity provision in the centre was not based on meaningful social care assessments and resident committee meetings were not frequent enough.

The inspectors’ findings are detailed in the body of the report and the areas for improvement are set out in the Action Plan at the end of the report.

### Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a written statement of purpose that accurately described the service provided in the centre and was clearly demonstrated in practice during the two days of inspection.

The statement of purpose contained all the information required by Schedule 1 of the
Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was kept under review as needed.

**Judgment:**
Compliant

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**Outcome 02: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There had been consultation by the provider or person in charge, with residents and their relatives/representatives relating to their care in the centre. This was documented and signed in resident’s care plans.

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was supported in the management of the centre by the person participating in management and the provider.

The system in place to review and monitor the quality of care and life of residents was reviewed by the inspector. Audits were carried out to review the management of complaints, falls, food and nutrition and resident’s files, for example. The inspector noted that corrective and preventative action had come about in response to review of falls in the centre and care for a resident had improved as a result. Resident’s mealtime experience had also been improved as a result of consultation and review of mealtime routines.

However, there were not always sufficient resources to ensure appropriate care, for example, a lack of adjustable height beds impacted on the trial of alternatives to restraint. The provider informed the inspector that it was her intention to review beds in use and purchase a bed with adjustable height so alternatives to restraint could be trialled and implemented.

**Judgment:**
Non Compliant - Moderate
**Outcome 03: Information for residents**

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The residents’ guide met the requirements of the regulations. It outlined a summary of services and facilities in the centre. The terms and conditions, the complaints procedure and visiting arrangements were also outlined in the guide.

Each resident had a signed written contract, which outlined the services provided in the centre under the Nursing Home Support Scheme. Fees charged for additional services were specified in the contract of care. Contracts had been signed by the resident and/or their relative or representative.

**Judgment:**

Compliant

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**Outcome 04: Suitable Person in Charge**

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge of the centre was Bridget (Breege) Small. She was a registered general nurse and midwife. Ms Small had worked in the centre since 1994 and in the position of person in charge of the centre in a fulltime capacity since January 2013. Her registration for both disciplines of nursing was up to date.

The person in charge informed the inspector she worked full-time and was supported in her role by the provider, Sharon Conlon and person participating in management, Bogusława Grzyb. This was confirmed by the provider and was reflected in staff rosters reviewed by the inspector.
The person in charge was recognised by residents and visiting family members. The inspector observed positive, pleasant interactions between family, staff and residents with the person in charge during the inspection.

She had continued her professional development by undertaking training in gerontology and end-of-life care, October 2012, occupational first aider course April 2013, infection control September 2013, medication management, January 2014, quality and end-of-life care, April 2014 and food and nutrition management, March 2014.

The person in charge engaged in governance, operational management and administration duties in the centre, for example, completing audits and quality of service reviews, joint review of policies with the provider, supervision of staff and completing staff appraisals.

She gave a good account of what she would do in the event of a fire. She was clear in regard to her responsibilities in the event of an allegation of abuse and how she had oversight of manual handling practices in the centre. She also outlined how she engaged in supervision of staff and observed staff care practices to ensure quality care for residents.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Records maintained in the centre were kept secure and were easily retrievable in the most part. The designated centre had written operational policies and procedures however, there was some improvement required to ensure all policies as set out in Schedule 5 were maintained in the centre. This was promptly addressed by the provider during the course of the inspection.

A visitor’s sign in book was maintained in the centre.
Insurance cover was in place against loss or damage to the assets and delivery of service. It was also up to date. The directory of residents was available to the inspector and kept in accordance with matters outlined in Schedule 3 of the Regulations.

A sample of staff files were checked against schedule 2 of the regulations and they were found to be in compliance. The centre had provisions for the documentation of complaints, notifications, incidents of behaviour that is challenging, allegations of abuse and recording of restraint.

A record of medical, nursing and allied health professional investigations and treatment was maintained in the centre.

On review of operating policies and procedures for the centre the inspector noted there was no policy in place for the temporary absence and discharge of residents, this was brought to the attention of the provider on the second day of inspection.

The provider drafted this policy in the days after the inspection and forwarded it to the inspector. The policy contained the procedures and guidelines to ensure compliance with the conditions set out in regulation 25 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

A copy of the duty roster of persons working at the designated centre was maintained. However, there were some issues relating to the legibility of the entries and the roster did not indicate staff job titles. Both a planned and an actual roster were not maintained separately as outlined in Schedule 4 (9) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This is further discussed under outcome 18.

Judgment:
Non Compliant - Minor

**Outcome 06: Absence of the Person in charge**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
Both the person in charge and provider were aware of their duty to notify the Chief Inspector of an expected absence of more than 28 days. The person in charge had been absent from the centre for more than 28 days since the last inspection and the provider had notified the Chief Inspector of this arrangement.
Staffing rosters indicated that the person in charge and person participating in management worked opposite each other and covered each other’s holiday periods.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety
**Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.**

**Theme:**
Safe care and support

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

### Findings:
There were adequate risk management systems in place and health and safety of residents, visitors and staff were promoted and protected. Risk management systems in place included policies, safety statements and a risk register. Specific risks were documented. These included precautions in relation to unexpected absence of any resident, assault, accidental injury to residents or staff, aggression and violence and self harm.

The health and safety statement for the centre was dated July 2014. Risks were identified in a risk register also dated July 2014 and staff signatures indicated they had read the register. The emergency plan was up to date with guidelines for staff to follow in the event of an emergency, for example evacuation of the centre.

Hand rails were provided in circulation areas. The centre had safe floor covering provided. Corridors, bedrooms and the dining room had a good source of natural and artificial light. There was evidence of moving and handling practices and training programmes in place. The provider was a manual handling trainer. All staff working in the centre had completed manual handling training in 2014 and the provider indicated that supervision and assessment of staff practices was ongoing.

Hand gels were supplied throughout the centre and there was adequate hand washing facilities for staff. There had been no notification of an outbreak of infectious diseases since the last inspection and the inspector noted good hand washing practices throughout the two days of inspection.

Infection control measures in the centre were adequate throughout, however, the sluice and laundry facilities in the same room posed a potential risk of cross contamination, and this is further discussed in outcome 12.
A fire register was maintained in the centre. All staff had received fire safety training and this was up to date, two fire wardens worked in the centre and carried out regular drills with evidence of drills occurring in March and July 2014. There was evidence of regular checks of fire related matters, for example, fire exits were checked daily. Fire fighting equipment had been serviced in June 2014 and the quarterly servicing of the fire alarm control panel was up to date.

The fire evacuation procedure was prominently displayed. Doors were held open using fire compliant units that released when the fire alarm sounded. Fire escapes were checked daily and records were up to date. Emergency lighting for the centre was checked weekly however, documentation of these checks was out of date. The person in charge inspected the emergency lighting on the day of inspection and updated the fire register.

While there were policies and procedures in place, some gaps were evident in practice for residents in relation to unexplained absence from the centre. For example, residents did not have a missing person profile in their care plans should this be required to give to An Garda Síochána in the event of a resident's unexplained absence from the centre. The centre had a fully enclosed outdoor courtyard that residents could access. Key code security was in place for all access doors and CCTV was in operation on the exits and perimeters of the centre.

Judgment: Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme: Safe care and support

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

Findings:
There were adequate risk management systems in place and health and safety of residents, visitors and staff were promoted and protected. Risk management systems in place included policies, safety statements and a risk register. Specific risks were documented. These included precautions in relation to unexpected absence of any resident, assault, accidental injury to residents or staff, aggression and violence and self harm.

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Hand rails were provided in circulation areas. The centre had safe floor covering provided. Corridors, bedrooms and dining room had a good source of natural and artificial light. There was evidence of moving and handling practices and training programmes in place. The provider was a manual handling trainer. All staff working in the centre had completed manual handling training in 2014 and the provider indicated that supervision and assessment of staff practices was ongoing.

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A fire register was maintained in the centre. All staff had received fire safety training and this was up to date, two fire wardens worked in the centre and carried out regular drills with evidence of drills occurring in March and July 2014. There was evidence of regular checks of fire related matters for example fire exits were checked daily. Fire fighting equipment had been serviced in June 2014 and the quarterly servicing of fire alarm control panel was up to date.

The fire evacuation procedure was prominently displayed. Doors were held open using fire compliant units that released when the fire alarm sounded. Fire doors closed fully on release. Fire escapes were checked daily and records were up to date. Emergency lighting for the centre was checked weekly however, documentation of these checks was out of date. The person in charge inspected the emergency lighting on the day of inspection and updated the fire register.

While there were policies and procedures in place, some gaps were evident in practice for residents in relation to unexplained absence from the centre. For example, residents did not have a missing person profile in their care plans should this be required to give to Gardaí in the event of a resident's unexplained. The centre had a fully enclosed outdoor courtyard that residents could access. Key code security was in place for all access doors and CCTV was in operation on the exits and perimeters of the centre. absence from the centre.

Judgment:
Non Compliant - Minor

**Outcome 09: Medication Management**

Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were written operational policies relating to ordering, prescribing, storing and administration of medicines to residents. Some improvements were necessary to the drug prescription charts to reduce risks of drug errors.

Residents with swallowing difficulties had liquid medications prescribed and indicated on their prescription charts. No resident was prescribed crushed medications at the time of inspection. Residents that self medicated had an assessment as per the centre’s policy. Residents engaged in self-medication were provided with a locked storage facility in their bedroom and ongoing assessment of their capacity to self medicate was evident. All nurses had up to date medication management training. At the time of inspection nurses did not engage in transcribing drug prescriptions from original prescriptions made by resident's general practitioners (GP) or psychiatrists.

The inspector observed a drug round and found administration practices to be safe. A nurse indicated her understanding of the centre’s medication policy and safe practice in the disposal of soiled or rejected medication. Refused medications were indicated on the prescription chart.

The process for handling controlled medication was safe. Medications were stored in a locked cabinet within a locked press. The drug trolley was kept locked at all times. Medications for residents were stored in the trolley in separate containers with photographic identification, resident’s date of birth and name. Controlled drugs were checked by two nurses, one from each shift at shift handover. A controlled drug register was maintained and counts were up to date. The centre did have safe facilities for their documentation and storage. The medication fridge was stored in a locked room and daily temperature readings were recorded.

There was ongoing audit of medication management in the centre, for example sleeping tablets were counted and documented nightly. Pharmacy audits occurred twice yearly. Residents had opportunities to keep the pharmacist of their choice on admission to the centre.

Documentation on prescription charts required review to ensure it indicated clearly and legibly the directions of the prescriber of each resident. For example, maximum dose of PRN medication in 24 hours was not indicated on all prescription charts and in some cases prescription charts did not have clear and legible writing. This indicated gaps in the maintenance of documentation and led to a risk of medication error occurring.

Judgment:
Non Compliant - Minor
### Outcome 10: Notification of Incidents

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

**Theme:**
Safe care and support

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

**Findings:**
There was a log of all accidents and incidents, allegations of abuse and restraint maintained in the centre. Notifications had been reported to the Authority within the specified time frame and in accordance with the regulations.

The person in charge and provider demonstrated knowledge of their responsibilities for notifying the Authority and also demonstrated good knowledge of incidents that required notifying.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
Residents’ wellbeing and welfare were maintained to a good standard in the centre. Evidence-based nursing care was provided across a range of areas in the centre.

A sample of resident's care plans were reviewed as part of the inspection. Care plans indicated evidence of residents and their relative/representative being consulted with relation to their care.

Residents had access to their own GPs who carried out regular reviews. Referrals were made as necessary to allied health services such as speech and language therapy,
A range of assessments were implemented in relation to falls, weight loss/gain management, dependency levels, continence care, pressure ulcer risk, risk of absconding and restraint. Nursing note entries were documented daily and up to date on the day of inspection.

Measures were in place for the prevention and management of falls. The inspector reviewed care plans of residents who were a risk of falls. Residents who had sustained falls received neurological observations and were reviewed by the GP and physiotherapist if required. Care plans were updated post falls, for example, a sensor mat had been introduced for one resident to alert staff when the resident got out of bed and may need supervision.

Residents at risk of developing pressure ulcers were reviewed and had associated pressure ulcer prevention strategies in place, such as the use of pressure relieving mattresses. Wound care plans indicated intervention strategies to promote wound healing, for example, prescribed nutritional supplements to aid healing, pressure relieving mattresses and cushions and dressings to wounds managed as clinicians prescribed.

Residents were also assessed for nutritional risk. Where risk was identified, residents were referred to a speech and language therapist and a dietician. Some staff working in the centre had received training in the use of a nutritional risk assessment. Residents were prescribed nutritional supplementation if required and a revised dietary plan where necessary. Residents with swallowing difficulties had received speech and language assessment and recommendations indicating the consistency of meals and drinks to meet the specific needs of each resident.

Residents with diabetes had personalised care plans in place. The inspector also noted that residents with health issues that caused discomfort and pain, for example, gall stones or arthritis, had pain management care plans in place to ensure they were as comfortable as possible.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The premises were homely, clean, comfortable and suitably decorated. The centre had a sufficient number of commodes, toilets and bathing facilities and residents had access to an assisted bath. The centre had two floors and a stair lift was in operation between floors.

The centre had an adequate supply of grab rails located in toilets, bathroom and showering facilities. Hand rails were fitted in circulation areas. Floor coverings were even and the centre had an adequate supply of natural and artificial light.

The external grounds were safe and enclosed and residents had unrestricted access to this space. Garden furniture and potted plants made this area a pleasant space for residents to frequent during fine weather.

Residents’ bedrooms had adequate storage space for clothes and personal belongings. CCTV was in operation for exits and the external perimeter. The front entrance door was locked with restricted access for visitors to the centre.

Areas of the centre that posed a risk to residents had adequate risk measures in place to prevent unsupervised entry. For example, the sluice/laundry room had a key pad on the door and the nurse’s office had a key pad lock to restrict access when unoccupied. Sinks had been fitted with thermostatic valve controls to prevent risk of scalding to residents.

However, as had been found on previous inspections there was inadequate sluicing and laundry facilities as both were located in the one area. Storage space for equipment had also been identified as non-compliance on previous inspections. The provider had submitted plans to the Chief Inspector previously for works to extend the premises.

At the time of inspection building works had not commenced. These floor plans for extension works were submitted again to the inspector in the week following the inspection. When reviewed by the inspector they noted the plans submitted did not outline written, costed actions and/or plans with timescales to address the identified areas of non compliance regarding the premises and physical environment. They required review.

Judgment:
Non Compliant - Moderate
### Outcome 13: Complaints procedures

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

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

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

**Findings:**
The prominently displayed complaints procedure was in compliance.

Residents spoken with expressed their satisfaction with the centre and indicated to the inspector they would speak to the person in charge, person participating in management or a staff member if they had a complaint.

A complaints register was maintained in the centre. The inspector reviewed complaints that had been dealt with in the centre. These indicated that complaints had been promptly responded to and satisfaction feedback was sought and documented. The provider and person in charge had an open attitude to complaints and viewed them as feedback on how the service provided in the centre could be improved.

The complaints policy identified a nominated person to deal with complaints, an independent person to review complaints and an appeals process was also identified.

**Judgment:**
Compliant

### Outcome 14: End of Life Care

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

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

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

**Findings:**
The centre had written operational policies and protocols in place for end-of-life care. These had recently been reviewed and updated in order to guide staff procedures and practice more comprehensively.

No resident was at end-of-life at the time of inspection. The inspector reviewed the end-
of-life care plan for a recently deceased resident. Care practices, plans and facilities were in place so that residents received end-of-life care in a way that met their individual needs and wishes. The wishes of residents and their families in relation to the location of where the resident would receive end-of-life care were documented in the care plan reviewed.

Residents were supported to avail of palliative care services, resuscitation choices were documented with evidence of resident’s and family/representative signature. Religious and cultural practices were documented and facilitated and there was documentation of residents’ requests in relation to this in the care plan reviewed.

Family and friends were facilitated to be with the resident when they were dying and there was evidence of respect for the resident shown in how staff attended funeral masses and/or burials. Family feedback relating to end of life care indicated they were very satisfied with the care their relative received in the centre.

Nursing care practices at the end of life were documented in detailing care practices that focused on making the resident as comfortable as possible during the later stages of end of life.

Judgment:
Compliant

**Outcome 15: Food and Nutrition**
*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

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

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

**Findings:**
The centre had a policy for the monitoring and documentation of the nutritional intake of residents. The inspector reviewed care planning for residents with regards to nutrition and found the policy was implemented in practice.

Residents were provided with snacks and drinks at intervals throughout the day, with jugs of water and juices in resident’s bedrooms and in the day room. Residents spoken with informed the inspector they enjoyed the food in the centre and mentioned their favourite meals. Food served on the two days of inspection was well presented, smelt appetising and was served warm. Residents were offered second helpings.

There were two separate mealtime sittings. This ensured residents requiring assistance were given adequate supervision and time to enjoy their meal in an unhurried and
dignified manner. Menus were on display in the dining room and on a notice board at the entrance to the dining room. Some residents in the centre preferred to eat their meals in their bedrooms, which was facilitated with assistance if necessary.

Inspection of the kitchen found a plentiful supply of food and condiments. Staff that worked in the kitchen had HACCP training. The inspector found frozen, fresh and cooked foods stored correctly in separate fridges. Homemade cakes and deserts were available and residents requiring a gluten free diet were facilitated. Residents had fresh homemade soup each day if the wished.

Residents’ risk of malnutrition was assessed using a nutritional risk assessment tool. Referrals were made to the speech and language therapist and/or dietician as required. Residents received nutritional supplements if required and fluids were thickened following prescribed recommendations by the speech and language therapist.

Care had also been taken to detail residents’ specific likes and dislikes for certain foods. This had been recently been updated on 7 July 2014. Residents requiring modified diets had a good choice of supper time meals also. Two staff working in the centre had received training in nutritional supplementation and hydration needs. More staff training in this topic was scheduled for the 18th and 25th of August 2014.

**Judgment:**
Compliant

**Outcome 16: Residents’ Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
The inspector was satisfied that residents living in the centre were afforded privacy, dignity and consultation. During the inspection staff in the centre interacted with residents in a respectful and caring manner. However, improvements were needed in relation to frequency of resident's meetings and activity provision.

Resident’s religious and cultural preferences were catered for in the centre. A small oratory was available for residents to use. A polling station was set up in the centre for residents to use during election times. The inspector noted that residents had access to daily newspapers and were kept informed of current affairs by staff reading newspapers
and access to daily news programmes on the television in the day room. An independent advocate attended the centre regularly.

Residents had opportunities to attend residents’ committee meetings however, these meetings had not been held with enough frequency. The most recent residents’ meeting was held in July 2014 and the inspector reviewed a copy of minutes taken. However, improvement was required to ensure meetings were held with enough frequency as there had been just one meeting in 2014.

Residents had access to a private telephone and the centre had space for residents to meet visitors in private if they wished. Visiting times were not restricted except during meal times. Residents had access to activities in the centre such as bingo, skittles, music, hand massage and Sonas, a therapeutic activity for residents with dementia and/or cognitive decline. The centre had been without an activity coordinator for a period of time over the year previous.

During this time the provider had made provisions for staff working in the centre to facilitate activities for residents and to undergo training in Sonas. This was to ensure residents had access to activities and therapies in the activity coordinators absence. However, there was no evidence of meaningful social care assessments in resident’s care plans to ensure activities provided were in accordance with their interests and capacities.

**Judgment:**
Non Compliant - Moderate

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**Outcome 17: Residents’ clothing and personal property and possessions**

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

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

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

**Findings:**
Generally resident's clothing and personal property were well looked after in the centre. Resident’s clothing was labelled to ensure they did not go missing. Care staff working in the centre maintained up to date logs of resident’s personal belongings. There were no complaints of resident's belongings going missing at the time of inspection. The centre also had a system to ensure resident's valuables were stored safely if a resident or their family so wished. Storage space for clothing in resident's bedrooms was adequate.

Laundry facilities were shared with sluicing facilities and this is further discussed in outcome 7 and 12.
Judgment: Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme: Workforce

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

Findings:
Training was available to staff on an ongoing basis. All staff had had completed training in manual handling, elder abuse prevention and detection, management of behaviour that is challenging and fire safety training in 2014. In addition to this a member of staff had obtained a fire warden certificate, four staff had received training in Sonas with two staff receiving updates. All nursing staff had up to date medication management training.

Staff files reviewed indicated that staff had An Garda Síochána vetting. Ongoing supervision of staff and staff appraisals were documented in staff files. Staff files reviewed met the requirements of schedule 2. There was evidence of staff signatures indicating they had read and understood policies in the centre.

The inspector reviewed the staffing rosters which indicated there was a nurse on duty at all times. Resident’s dependency levels were assessed using a validated assessment tool and according to the person in charge and provider, staffing rosters were adjusted to meet resident’s need requirements on a given week.

A planned and actual working roster for staff was maintained by the person in charge. A nurse was allocated on duty at all times in the centre. The inspector observed there to be sufficient staff on duty the two days of inspection to meet the needs of residents. However, the inspector was not able to properly review the staff roster to match it against the staff on duty the days of inspection due to the legibility of some of the entries. Also, there were no documented staff job titles on the roster. This issue is also discussed in outcome 5.

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:**

Ann-Marie O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report¹

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rushmore Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000381</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/07/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09/09/2014</td>
</tr>
</tbody>
</table>

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.

Outcome 02: Governance and Management

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of provision of adjustable height beds as an alternative to restraint in line with national policy.

**Action Required:**
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
An adjustable bed has been purchased as an alternative to restraint in line with national policy. This designated centre will ensure the effective delivery of care in accordance with the statement of purpose.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 05/09/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An actual roster was not maintained separately to the planned roster and documentation on the staffing roster was not always clearly legible.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Records shall be kept in this designated centre as set out in Schedules 2, 3 and 4. Relative to this outcome: an actual roster shall be maintained separately to the planned roster and the documentation on the staffing roster shall be clearly legible.

Proposed Timescale: 05/09/2014

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have missing person profiles in their care plans.

Action Required:
Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

Please state the actions you have taken or are planning to take:
All residents now have a missing person profile in their care plans

Proposed Timescale: 05/09/2014
Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Documentation on prescription charts required review to ensure information detailed on them indicated clearly and legibly the directions of the prescriber of the resident concerned. For example, maximum dose of PRN medication in 24 hours and clear and legible writing.

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:
This centre shall comply with Regulation 29(5), for the purpose of Outcome 09, this shall include the maximum dose of PRN (as required) medication in 24 hours and also that the writing is clear and legible. This will include the introduction of a nurse to engage in transcribing drug prescriptions from original prescriptions made by resident’s GP or psychiatrist.

Proposed Timescale: 30/09/2014

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate facilities in the centre for the following
1. Sluicing
2. Laundry
3. Storage.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
It is proposed that there shall be a separate sluice room, laundry & storage area, these shall be incorporated in existing plans and shall comply with Regulation 17(2) to include Schedule 6. These facilities are part of the plans that have been devised for upgrading this centre.
### Outcome 16: Residents' Rights, Dignity and Consultation

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Resident’s committee meetings were not carried out with enough frequency. There had been one in 2014.

**Action Required:**
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

**Please state the actions you have taken or are planning to take:**
Regular resident’s committee meetings shall be carried out so as to ensure that residents are consulted and participate in the organisation of the centre. These meetings shall be carried out four monthly at least or in the interim if noted necessary.

### Proposed Timescale: 31/05/2015

<table>
<thead>
<tr>
<th>Theme</th>
<th>Person-centred care and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <strong>Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Residents had opportunities to participate in activities however, these were not based on the outcomes of an individualised meaningful activity assessment to ensure activities provided were in accordance with residents interests and capacities.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Each resident shall have their own personal activity assessment (ACA, or PAL) so as to ensure their participation in activities are in accordance with their interests and capabilities.</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 05/09/2014