

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Rosary Hill House Nursing Home
Centre ID:	OSV-0000426
Centre address:	Stradbally, Castleconnell, Limerick.
Telephone number:	061 377 530
Email address:	rosaryhillhouse@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rosary Hill House Nursing Home Limited
Provider Nominee:	Martin Lynch
Lead inspector:	Julie Hennessy
Support inspector(s):	Geraldine Ryan; day one only
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	2

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

From:	To:
18 November 2014 09:30	18 November 2014 17:00
19 November 2014 09:00	19 November 2014 12:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an announced inspection of Rosary Hill House Nursing Home following an application by the provider to renew the registration of the centre.

Inspectors met with residents, the provider, the person in charge, the assistant director of nursing (ADoN) and members of the staff team. Inspectors observed practices, the physical environment and reviewed documentation such as policies, procedures, risk assessments, residents' files and training records.

Inspectors found evidence of good practice across all outcomes. A significant amount

of work had taken place since the previous inspection, in particular in relation to care planning, the documentation of consultation processes and the activities programme. Inspectors found that staff were knowledgeable about residents’ likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. Inspectors spoke with residents, who confirmed that they felt safe and were happy living in the centre.

The premises were homely, comfortable, and warm. However, the multi-occupancy rooms will not comply with the National Quality Standards for Residential Care Settings for Older People in Ireland in 2015. The provider was engaged in the planning process to address this issue.

Some non-compliances were identified relating to the statement of purpose, care plans, the provision of mandatory training and the completion of documentation, checks and records. These will be discussed in the body of the report and 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:
 The centre had an up to date Statement of Purpose of the Regulations. However, improvements were required as the Statement of Purpose did not contain all of the information required by Schedule 1. Information required includes: the information set out in the Certificate of Registration; the services which are to be provided by the registered provider to meet specific care needs; the age-range and sex of the residents for whom it is intended that accommodation should be provided; arrangements for the management of the centre where the person in charge is in charge of more than one centre or absent from the centre and; the arrangements for consultation with, and participation of residents in the operation of the centre. Also, the arrangements made for dealing with complaints needed to be more specific to the centre.

Judgment:
 Non Compliant - Moderate

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

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

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

Findings:

There was a clearly defined management structure in place. Processes were in place for monitoring and improving the quality and safety of care and the quality of life of residents in the centre. Some improvements were required to ensure that audits contributed to the delivery of safe, quality care services in a meaningful way. Also, a system was required to ensure an annual review of the service took place.

The provider was involved in the governance of the designated centre. The provider visited the centre formally on a weekly basis and more frequently if required; the provider and person in charge met during such visits and reviewed any issues arising.

Inspectors spoke with staff who were clear on the management structure and the reporting mechanisms. Residents were able to identify the person in charge.

The ADoN had commenced auditing against the Standards in June 2014 and the inspector viewed a range of audits, including those relating to infection control, medication management, privacy and dignity, restraint, people moving and handling, accidents and incidents, health and safety and end of life care. Audit tools were used. However, improvements were required to ensure that audits contributed to the delivery of safe, quality care services in a meaningful way. For example, the audit source was not included in completed audits and some issues identified during inspection had not been identified during completed audits of those areas. For example, the accident/incident audit did not identify that not all details of accidents and incidents had been captured on the accident/incident form and there were no actions in the action plan. Although an action plan had been completed arising out of the infection control audit; the need to improve the environmental cleaning in some areas had not been identified. Also, a number of audits were completed in a short-time frame (four audits were completed in a single day). There was no audit schedule in place. The inspector concluded that the system was not planned or resourced in a way that ensured that audits contributed to improving the delivery of safe, quality care services in a meaningful way. These findings were discussed with the person in charge and provider during inspection.

A system was required to ensure an annual review of the service took place, prepared in consultation with residents and their families and that resulted in a copy (of the review)

being made available to residents and the chief inspector.

Feedback from residents was captured in a number of ways. Residents forums had commenced since the previous inspection and residents views and opinions were sought individually. Inspectors reviewed the minutes of the meetings and noted that action had been taken to address any issues raised.

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:

A guide in respect of the centre was available to residents. Each resident had a written contract agreed on admission. Each resident's contract dealt with the care and welfare of the resident in the centre. The sample of contracts reviewed set out the services provided and the details of all fees being charged to the resident.

Judgment:

Compliant

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 centre was managed by a suitably qualified and experienced person in charge with authority, accountability and responsibility for the provision of the service.

The person in charge was in a full-time post for two designated centres. The person in

charge had the necessary experience and qualifications, as required by the Regulations and had completed a management course appropriate to the role.

The inspector found that the person in charge was involved in the governance and operational management of the centre on a regular and consistent basis. The person in charge worked two days full-time each week in the centre and was aided by the ADoN, who was in charge the days the person in charge was not in the centre. The person in charge told inspectors that she was in regular contact with the ADoN on the days she was not working in the centre and this was confirmed by the ADoN.

The post of the ADoN was also full-time and she worked four days a week in the centre. The ADoN was a suitably qualified and experienced nurse who demonstrated her commitment to her own professional development by completing a postgraduate certificate in gerontology in 2013 and she had also previously completed a management course.

Judgment:

Compliant

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):

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

Findings:

The records listed in Schedules 2,3, 4 and 5 of the Health Act 2007 (Care and Welfare of Residents in designated centres for Older People) Regulations 2013 were maintained and in a secure manner and easily retrievable Some improvements were required to ensure completeness of records.

Residents, to whom records referred, were able to access them.

The inspector reviewed a sample of staff files and found that they contained all of the information as required under Schedule 2 of the Regulations.

The centre had established a directory of residents that contained all of the information specified in paragraph (3) of Schedule 3.

Improvements were required to the recording of accidents and incidents as some required details were not captured on the forms. Also, a property checklist had not been completed and kept up-to-date for residents, as required by the Regulations.

The centre was adequately insured against accidents or injury to residents, staff and visitors. Improvements to the recording of fire drills were required to meet the requirements of Schedule 4 of the Regulations.

Whilst all policies required under Schedule 5 of the Regulations were in place and overall gave good guidance, the end-of-life policy required further development to ensure that it met the individual needs of residents from all religious faiths or of no faith.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed 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:

Inspectors found that there were appropriate deputising arrangements in place and the person in charge and ADoN deputised in each others' absence. There were appropriate arrangements in place at weekends with the person in charge and the ADoN on call on alternate weekends. Inspectors reviewed the roster and found that there was a nurse on duty at all times as required by the Regulations.

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 measures in place to safeguard residents and protect them from abuse. A restraint-free environment was promoted.

The centre had a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff training records reviewed indicated that all staff had attended training on this matter. Staff spoken to knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incident to. The inspector found that processes were in place to monitor systems in place to protect residents and that there were no barriers to residents or staff disclosing abuse.

Robust systems were in place to safeguard residents' money. The inspector reviewed the records held with regard to residents' finances and found that any monies/personal valuables retained on behalf of residents were properly accounted for. Dual signatories were evident on all financial lodgements or withdrawals. The centre had a policy with regard to safeguarding resident's finances.

The centre had a policy on, and procedures in place for managing behaviours that challenge and for the management of restraint.

The inspector reviewed documentation pertaining to the use of bed-rails. The rationale for the use of bed-rails was documented. Regular checks were completed and documented when bed-rails were in use. Consent was documented. However, the inspector found that risk assessments had not been completed with respect to the safe use of bed-rails, as required. The person in charge completed the required risk assessments prior to the end of the inspection.

The ADoN confirmed that a restraint-free environment was promoted. The centre's policy on the use of restraint gave clear guidance to staff on its' use. Staff training records reviewed indicated that staff had received training of the use of restraint. There was evidence that residents' consent was sought for the use of restraint.

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):

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

Findings:

Arrangements were in place to protect the health and safety of residents, staff and others in the centre. Improvements were required to the risk management policy. Also, some aspects of environmental cleaning did not meet an acceptable standard.

There was a risk management policy in place. However, it did not contain all of the items set out in Regulation 26(1). There was a safety statement in place and a number of other policies relevant to the protection of the health and safety of residents, staff and others. Policies relevant to infection control were in place.

There were adequate facilities for hand hygiene including accessible sinks and readily available alcohol-based hand rubs. Procedures were in place for the prevention and control of infection. Alcohol hand gels, disposable gloves and aprons were evident throughout the centre. Staff were observed availing of protective equipment (PPE) when engaging in personal care or housekeeping practices. Clinical waste was stored in a secure manner and there was evidence of an arrangement in place for the collection of clinical waste by an external agency. Glucometer sets for the checking of blood sugar levels were provided, which were dedicated to individual residents and contained disposable parts (glucose sticks and needles).

Staff had received training in relation to infection control and hand hygiene since the previous inspection. Inspectors spoke with staff and found that they demonstrated awareness of infection control guidelines. The person in charge and ADoN were aware of what constitutes an outbreak of influenza (flu) in a nursing home and steps to take in response to an outbreak of an infectious disease. The housekeeping staff confirmed that the training included environmental cleaning.

There was a cleaner employed in the centre five days a week. Inspectors spoke with a housekeeping staff member who was knowledgeable in regard to procedures on cleaning residents' bedrooms and en suites. Implementation of a new colour-coded system of cleaning was planned and the staff member was able to demonstrate how the new system would operate. The person in charge did however confirm that additional staffing resources were required for cleaning and general housekeeping duties and that efforts had been made to recruit additional staff. Inspectors observed that, although the levels of cleanliness and housekeeping overall was adequate, that some improvements were required to ensure that shower doors, flooring, window frames and radiators were cleaned to an acceptable standard. This was brought to the attention of the provider during the inspection.

The health and safety committee had re-commenced meeting since the previous inspection. Hazard inspections were being carried out and risk assessments completed for identified sources of harm. However, the inspectors observed some hazards that had not been identified, including: downstairs windows were unrestricted and posed a potential risk of injury or of a resident absconding; a cupboard door in the entrance hall was unsecured and contained maintenance items such as screwdrivers; blinds did not have safety features fitted and; the sluice room, the door of the sluice room was locked with a key, which was left in the key-hole.

Accidents and incidents were recorded and reported. Arrangements were in place for investigation and learning from incidents and adverse events involving residents. Improvements were required to the recording of accidents and incidents as some required details were not captured on the forms. This was previously addressed under Outcome 5: Documentation to be kept at a designated centre.

Staff had up to date training in the moving and handling of residents and fire safety. Inspectors spoke with staff and found that staff were aware of what to do in the event of a fire. Suitable fire equipment was provided. There was evidence that fire exits were checked daily. Records reviewed that the fire alarm was serviced on a quarterly basis and fire safety equipment on an annual basis. Procedures for the safe evacuation of residents and staff in the event of fire were prominently displayed throughout the centre. Training for staff on fire prevention was ongoing and records reviewed evidenced this; the most recent fire drill was carried out in October 2014. Improvements to the recording of fire drills were required as records of each fire practice drill were incomplete. This was previously addressed under Outcome 5: Documentation to be kept at a designated centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Each resident was protected by the designated centre's policies and procedures for medication management.

The centre had operational policies relating to the ordering, prescribing, storing and administration of medicines to residents in line with guidance issued by An Bord Altranais agus Cnáimhseachais na hÉireann.

A sample of medication prescription and medication administration charts reviewed contained all appropriate information relevant to the residents.

The processes in place for the handling of medicines, including controlled drugs, were in accordance with current guidelines and legislation. There was a facility in place for the safe storage of scheduled controlled drugs (MDAs). The inspector reviewed the MDA register and, with the staff nurse, carried out a spot check on two MDAs and found that

the totals corresponded with the documented balanced checked at staff handover.

Staff were observed adhering to appropriate medication management practices.

The centre had measures in place for the recording, storing and disposal of out of date medication. Records reviewed indicated that these medications were quantified, signed and dated.

Documentary evidence on residents' medical notes indicated that residents' medication was reviewed by the GP on a three-monthly basis and as required.

The fridge containing medication was located in the clinical room. There was evidence that the temperature of the fridge was monitored daily and that the fridge contained medication only. The medication administration trolley was securely locked and, due to constraints of space, was securely located in a corner of the dining room.

Regular auditing of medication management was carried out and this included competency assessment of nursing staff. Residents had a choice of pharmacist, where possible.

Judgment:

Compliant

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:

A record of all incidents occurring in the designated centre was maintained, as required by the Regulations. Quarterly reports were provided to the Authority as required. Improvements were required to the notifications relevant to the use of bedrails. Although the Authority was notified about the use of bedrails; the information submitted in the quarterly returns was insufficient and did not meet the requirements of Schedule 4 of the Regulations. This was discussed with the person in charge during the inspection.

Judgment:

Non Compliant - Minor

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:

Overall, inspectors found that the health care needs of the residents were being met. Some further improvement was required to care plans.

Residents' health care needs were being met through timely access to general practitioners (GP's) and residents had the choice to retain their own GP. The inspector reviewed a number of residents' records and noted entries relating a wide range of preventative and diagnostic tests and interventions including blood sampling and urine testing.

Residents had been offered influenza (flu) vaccination to protect them against potentially becoming seriously ill as a result of contracting the flu. However, the person in charge confirmed that the centre did not have a policy or practice that encouraged staff to receive flu vaccination. Such a policy would be in line with recommendations from relevant health advisory bodies and supported by evidence-based best practice, to protect residents who were immune-compromised or who either refused to take or did not respond to the vaccine. The ADoN confirmed that the GP had offered vaccination to staff recently and that she would follow up on this again.

Residents had access to a range of allied health care services if needed, including physiotherapy, speech and language therapy and social work review. Input from medical, nursing and allied health services was reflected in care plans and in practice.

Inspectors reviewed a number of residents' files and risk assessments completed on a computerised system.

Each resident had a comprehensive assessment of needs. Individual risk assessments using validated risk assessment tools, including tools relating to pressure sores, nutrition and hydration. However, risk assessments had not been completed for individual residents who smoked.

A significant amount of work had taken place since the previous inspection and new care plans had been developed for each resident. However, inspectors found that

further improvement was required to ensure that care plans accurately reflected the care to be delivered to the resident. For example, although detailed information pertaining to a resident on a special diet was available in the resident's file and the kitchen, it was not clear from the care plan that this was the dietary information to follow. A specific care plan was required for a resident on warfarin. Also, the interventions outlined in care plans were not always specific or detailed enough to direct care and there were some inconsistencies noted. For example, a resident's communication care plan said to collaborate with the speech and language therapist if needed, while the person in charge confirmed that no further input from the speech and language therapist was indicated. Finally, although the ADoN confirmed that care plans were developed in consultation with residents; residents' involvement was not documented in their care plans.

Systems were in place to manage the temporary absence of residents, both to home and to hospital, in a safe and organised way. There was evidence of communication between the centre and the hospital for any residents in hospital.

Judgment:

Non Compliant - Moderate

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 location, design and layout of the centre was in line with the statement of purpose; was suitable for its stated purpose; met the residents' needs and; there was appropriate equipment for use, which was properly maintained.

The premise was located in a rural village. The centre was set on large grounds with a small internal patio area that contained seating, tables and sun umbrellas.

The centre was homely, warm and comfortable. While the centre was in condition overall, some areas showed wear and tear and required repair. For example; damaged flooring (lino) was observed in one shower, peeling lino was observed in a number of showers and also at the entrance to another shower room.

A suitable space had been provided since the previous inspection for residents to receive visitors in private, should they so wish.

Residents' bedrooms were individually decorated with suitable storage facilities for personal possessions. Bedrooms either had wash hand basins or full en-suite facilities with a toilet, shower and wash hand basin.

The centre had three multi-occupancy bedrooms; two five-bedded rooms and one four-bedded room. The multi-occupancy rooms will not comply with the Standards in 2015. The inspector viewed plans to extend the nursing home and address the issue of multi-occupancy rooms. Inspectors found that the multi-occupancy bedrooms met the needs of the residents' at the time of inspection in terms of dignity, privacy and safety.

There were a sufficient number of toilets, bathrooms and showers in the centre. Each bedroom accommodated a bed, a bedside locker, a wardrobe, a chair and any specialised equipment or furniture as required by any resident. Overall, there was suitable storage for residents' belongings and personal possessions.

Adequate privacy was ensured; shared rooms provided screening that ensured privacy for personal care. One privacy curtain however in the vacant twin room did not fully encircle the bed. All rooms allowed for adequate movement of residents and staff, free movement of a hoist or other assistive equipment and free access to both sides of the bed. There was a functioning call bell system in place throughout the centre.

There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste. Adequate arrangements were in place for the management of laundry; personal laundry was done on-site with bed linen and towels sent to an off-site facility. There were suitable staff facilities for changing and storage.

There was suitable assistive equipment provided, including electric beds, hoists, wheelchairs, walking frames, pressure relieving air cushions and mattresses. Inspectors reviewed servicing records and they were all up to date. Staff had received training or instruction in relation to how to use equipment correctly. There was adequate storage space and equipment was stored safely and securely.

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 inspector found evidence of good complaints management.

There was a complaints policy in place that was up to date. The complaints procedure was displayed in a prominent location and contained all of the information required by the Regulations.

The inspector reviewed the complaints log which included a record of any complaint, response and whether the complainant was satisfied with the outcome of any complaint. Any complaints to date had been investigated and responded to appropriately.

There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately responded to.

The inspector spoke with residents who confirmed that they would be happy to raise any issues or suggestions with the person in charge, ADoN or senior staff on duty.

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:

Residents in the centre received care at the end of their lives that met their physical, emotional, spiritual and psychological needs.

The centre had an up-to-date policy on end of life care. It included information in relation to the arrangements in place for capturing residents' end-of-life preferences. Improvements were required to the end of life policy to ensure that it met the needs of persons of all faiths or no faith. This will be further addressed under Outcome 5: Documentation to be kept at a designated centre.

The person in charge confirmed that residents' care planning in this matter was in progress. The inspector reviewed a sample of residents' care plans with regard to end-of-life care and noted that they included some guidance on the care the resident required at such a time.

Residents spoke in a positive manner with regard to their care.

Staff, when required, received training from the staff of the local hospice team, on the use of a syringe driver (a mechanical pump used to administer medications) in symptom management. A staff nurse stated that the centre was well supported by the local specialist palliative care team.

Religious and cultural practices were facilitated and residents had the opportunity to attend religious services held in the centre.

Family and friends were facilitated to be to be with the resident at end of life. A sitting room was available for family and friends to use as an overnight facility at this time. Snacks and refreshments were readily available to relatives. Open visiting was facilitated.

There was a protocol for the return of personal possessions of a deceased resident.

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 inspector found that residents' nutritional needs were met; special dietary requirements were addressed and the residents' nutritional and hydration status was closely monitored.

Policies were in place for the monitoring and documentation of nutritional intake. The person in charge had identified the need to develop a policy for the management of dysphagia. Inspectors spoke with staff and found that they were aware of such policies and how they should be implemented in practice.

Residents who had been identified as at risk had their risk of malnutrition assessed using a validated risk assessment tool. The benefit of completing this assessment for all residents, even to use as a baseline, was discussed with the ADoN and the person in charge. Residents were monitored for changes in weight on a monthly basis, or more frequently if required. Monitoring of fluid balance was completed where indicated. Input from allied health professionals was implemented in practice. Nutritional supplements were administered as prescribed.

The inspector spoke with the chef on duty who was knowledgeable regarding residents' special diets, likes and dislikes. There was a list of residents on special diets in the kitchen. The chef was fully aware of different types of modified diet and displayed an awareness and appreciation of the importance of following dietary guidelines.

Residents were offered a varied nutritious diet, as evidenced by previous menu plans. A monthly meal plan was in place and a daily supper list. Meals were prepared fresh every day and no frozen food was used. The menu was displayed in the dining room and choice was offered at every meal. A number of the residents told inspectors that the food was very good. Inspectors saw a variety of home-cooked food including fresh homemade soup. Food was presented and served in an attractive manner and those on a modified consistency diet received the same choice as those on other diets.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks were available throughout the day. Staff were observed offering and encouraging drinks throughout the two inspection days.

Meals were served in the homely dining room adjoining the kitchen. Residents' art work was displayed on the dining room wall. The tables, chairs and table settings were suitable with condiments and napkins provided. A choice of drinks was offered. The atmosphere during dinner was relaxed and unhurried. Staff were observed offering assistance to those residents who required it while encouraging other residents to eat independently. There were sufficient staff available to assist during mealtimes.

Feedback from residents was sought formally during residents' meetings and informally by the chef and staff. There was evidence that requests for menu changes had been met.

The inspector reviewed previous EHO (environmental health officer) reports, which were maintained in the centre. The chefs and other staff involved in food handling had completed HACCP (Hazard Analysis and Critical Control Points) training which involves maintaining a food safety management system.

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):

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

Findings:

The inspector found evidence of good complaints management.

Formal systems for consultation with residents had been implemented since the previous inspection. Inspectors evidenced minutes of residents' meetings which depicted how residents were consulted on the centre was run. Feedback was regularly sought from residents and relatives. On inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices.

A separate area where residents could receive visitors in private had been created since the previous inspection.

It was evident that residents received care in a dignified manner and that the residents' privacy was maintained at all times. Residents' communication needs were highlighted in their care plans and practices observed demonstrated that staff were very aware of the different communication needs of residents.

All residents' bedrooms had wall mounted televisions and residents had access to newspapers, information on local events. Inspectors noted visitors coming and going throughout the day of inspection.

The role of an activities coordinator had been introduced in the centre since the previous inspection. The inspector spoke with the activities coordinator who outlined the varied activities programme in place, which reflected the diverse needs of the residents. Residents could participate in group activities and one to one sessions were also available to residents who preferred this. Activities included music, bingo, weekly physiotherapy, card games, puzzles, reading and weekly dog therapy. Residents told the inspector that they were happy with the choice of activities on offer.

Day trips had been organised during the few months prior to inspection and included outings to a historical castle and a local hotel for lunch. Residents confirmed that they enjoyed such outings.

Judgment:

Compliant

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:

There were appropriate arrangements in place for the management of residents' clothing, personal property and possessions.

There was a policy on the management of residents' property and valuables that was in date.

However, a property checklist had not been completed and kept up-to-date for residents, as required by the Regulations. This was previously addressed under Outcome 5: Records and documentation to be kept at a designated centre.

Residents were facilitated to retain control over their own possessions and clothing, should they wish to do so and each cupboard contained a lockable safe.

Adequate personal storage space including a wardrobe and bedside locker was provided in each resident's bedroom.

Residents' personal laundry was managed in the centre. There was a laundry room with space for sorting and drying clothes that provided sufficient space for the number of residents in the centre. Care was taken of residents' personal clothing and there were no complaints relating to clothes getting mixed up or going missing.

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:

The inspector found that there were sufficient staff with the right skills and experience to meet the assessed needs of residents; staff had access to education and training to meet the needs of residents and; there were appropriate recruitment, vetting and supervision systems in place. However, not all mandatory training was up to date.

Inspectors found that, at the time of inspection, there were sufficient staff numbers with the right skills and experience to meet the assessed needs of residents.

The person in charge explained how staffing levels were determined by the dependency level and needs of the residents. The person in charge maintained an up to date record of the dependency level of each resident. There was an actual and planned staff rota and the planned rota matched the staff on duty on the inspection days. The rota demonstrated that there was a nurse on duty at all times.

There was a training programme in place for staff. However, mandatory training in relation to behaviour that challenges had not been provided for all staff.

Staff were supported to complete additional training and education relevant to their role, including; infection control, medication management, dignity and respect, continence and food safety. Inspectors spoke with staff and found that they were aware of the Regulations and Standards.

There were written policies and procedures relating to the recruitment, selection and vetting of staff, which were within date. The inspector reviewed a sample of staff files and found that all documents required under Schedule 2 of the Regulations were available.

There was a policy in place in relation to volunteers that clearly set out the recruitment process and roles and responsibilities of volunteers. The policy clearly detailed the requirement for Garda vetting and reference checks for all volunteers.

An annual staff appraisal system was in place and documented in staff member's files.

Judgment:

Non Compliant - Moderate

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:

Julie Hennessy
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Rosary Hill House Nursing Home
Centre ID:	OSV-0000426
Date of inspection:	18/11/2014
Date of response:	08/01/2015

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: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were required as the Statement of Purpose did not contain all of the information required by Schedule 1 of the Regulations.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:

A revised statement of purpose will be submitted to the Authority

Proposed Timescale: 31/12/2014

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:

A system was not in place that involved: an annual review of the service; prepared in consultation with residents and their families; and resulted in a copy of the review being made available to residents and the chief inspector.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

An Annual Review will be prepared as requested and a copy forwarded to the Authority

Proposed Timescale: 28/02/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The monitoring of the service required development. For example, improvements were required to ensure that audits contributed to the delivery of safe, quality care services in a meaningful way.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

Our Audit system will be reviewed and further training will be provided for staff

Proposed Timescale: 31/03/2015

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:

The end-of-life policy required further development to ensure that it met the individual needs of residents from all religious faiths or no faith.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:

Our End of Life Policy will be reviewed

Proposed Timescale: 31/01/2015**Theme:**

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were required to some documentation to meet the requirements of Schedules 3 and 4 of the Regulations. For example: improvements were required to the recording of accidents and incidents as some required details were not captured on the forms; and improvements were required to the recording of fire drills.

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:

We will review our current processes with a view to ensuring that all necessary details are recorded

Proposed Timescale: 31/12/2014**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:

Some hazards in the centre had not been identified and as a result, risk assessments

had not been completed (for those hazards).

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

We will review our risk management policy taking into account the observations of the Inspector

Proposed Timescale: 31/01/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some aspects of environmental cleaning required did not meet an acceptable standard.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:

We have increased the hours allocated to cleaning, employed another staff member to be assigned to cleaning and devised a new cleaning schedule

Proposed Timescale: 30/11/2014

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

The information submitted in the quarterly returns in relation to any occasion on which bedrails were used was insufficient and did not meet the requirements of Schedule 4 of the Regulations.

Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

Please state the actions you have taken or are planning to take:

Going forward further information will be submitted as requested

Proposed Timescale: 31/01/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Improvement was required to ensure that care plans accurately reflected the care to be delivered to the resident. The interventions outlined in care plans were not always specific or detailed enough to direct care and there were some inconsistencies noted. Also, residents' involvement was not documented in their care plans.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:

We will further enhance our care planning process and ensure that resident/family involvement is documented

Proposed Timescale: 31/01/2015

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:

The three multi-occupancy rooms will not comply with the Standards in 2015.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

We confirm that we have approval from the planning authorities to develop the draft plans that were submitted to them for their consideration. Currently our Architect is drawing up detailed plans to obtain full planning permission. We will forward to you proper architect plans within 2 weeks. These plans will be submitted in our application for planning permission within 4 weeks. The Authorities have indicated that they will grant permission to our submission. The extension and the renovations ,when complete, will have single and/or twin occupancy rooms only. Once planning is granted

we will be proceeding immediately with the development.

Proposed Timescale: 31/08/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Mandatory training in relation to behaviour that challenges had not been provided for all staff.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Training in relation to behaviours that challenge will be provided for all staff

Proposed Timescale: 28/02/2015