<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Roselodge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000088</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Killucan, Westmeath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>044 937 6220</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:orlamc40@gmail.com">orlamc40@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Killucan Nursing Centre Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Orla McCormack</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Christopher McCann</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>43</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>7</td>
</tr>
</tbody>
</table>
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 05 November 2015 21:00 To: 06 November 2015 00:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Major</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was the eighth inspection of the designated centre by the Authority. Previous reports can be accessed online at www.hiqa.ie. This inspection was completed in response to receipt of information by the Authority in relation to failure to adequately meet residents' needs including need for assistance by staff with retiring to bed at night.

The person in charge attended the centre on this inspection following notification from the nurse in charge. Inspectors spoke to residents, staff, observed practice and reviewed documentation. Staff resident interactions as observed on the evening of this inspection were respectful and kind. Staff spoken to were informed regarding residents' needs. Residents and relatives spoken to in the centre were complimentary of staff and the service provided.

While there was evidence of action taken by the provider and person in charge to address areas of major non-compliance with the regulations as identified on the last inspection in December 2014, findings on this inspection continue to support a requirement for significant improvement in the governance and management in relation to provision of staffing to meet the assessed needs of residents. Findings did not support provision of sufficient staffing resources to ensure the effective delivery of care in accordance with the statement of purpose. Eight regulatory failings were
identified on this inspection, six of which are the statutory responsibility of the provider and two of which are the responsibility of the person in charge. These findings are evidenced throughout the report.

The action plan at the end of this report identifies the failings and the actions the provider/person in charge is required to take to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Findings on this inspection evidenced that the designated centre was not sufficiently resourced in terms of staffing to ensure effective delivery of safe services to residents in accordance with the centre’s statement of purpose. This finding is discussed in outcome 18.

The person in charge is employed on a full time basis and a review of rosters confirmed that her hours of employment were 8.00 hours to 16.00 hours, Monday to Friday. The provider is also present in the centre on a full-time basis. The deputy person in charge is also employed on a full time basis and is included in the standard compliment of staff involved in the direct care of residents.

Notifications submitted as required by regulation 31(d) found that the incidence of residents who sustained a fall resulting in a requirement for medical or hospital attention since the last inspection in December 2014 had significantly reduced. There was evidence that learning from investigation of previous incidents from July to December 2014 had been implemented with the exception of adequate staffing resources at night which was identified on this inspection as a period when a higher incidence of resident falls occurred.

The provider employed the support of an external company who assisted with staff training, policy development and documentation and audit of practices in the centre. The person in charge demonstrated that this improvement work, while not yet completed was in progress.

Four staff required refresher fire safety and evacuation training and two staff required training in protection of vulnerable adults as referenced in the staff training records.
**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Records in relation to the administration of medication were incomplete as stated in Outcome 12 and required by Schedule 3 of the Regulations. An inspector observed that some of the medication prescription sheets examined did not contain a prescriber's signature for discontinuation of medications. Prescription of subcutaneous fluids was not informed by an administration protocol. Therefore, these prescription orders were not complete authorisations to administer medications as per the Medicinal Products (Prescription and Control of Supply) Regulations (Amendment) 2007. While the policies and procedures as required by Schedule 5 of the regulations were in place and in the process of review, the medication management policy did not inform some areas of residents' medication in the centre. These findings are also discussed in outcome 12.

**Judgment:**
Non Compliant - Moderate

**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:
Since the last inspection in the centre in December 2014, the provider had put measures in place to ensure re-assessment of individual resident's risk of further falls following a fall incident. The inspectors observed that residents assessed as being at risk of falls were provided with appropriate equipment to mitigate the risks identified including low-low beds, sensor equipment and protective mats on the floor. Falls diaries were maintained to assist with assessment of risk and in determining the effectiveness of interventions used to mitigate reoccurrence. Supervision of residents was also improved in the late evening with a designated carer assigned to supervise residents in the sitting room who wished to go to bed later. This action was also evidenced in the sample of residents' documentation reviewed during this inspection.

The inspectors completed a review of resident incidents of slip/fall from 01 July 2015 to the day of this inspection. Eighteen incidents were recorded for this period. Ten (55%) of incidents occurred between 20:00hrs and 08:00hrs. Some residents sustained an injury to their head, neurological assessment was completed in line with evidence based nursing practice. However, there was insufficient evidence of action taken to address higher incidence of resident falls at night.

While staffing levels and skill mix continued to vary at different periods of the day as referenced on the last inspection, inspectors found some evidence to support ongoing assessment procedures in place to ensure staffing levels/skill mix reflected the needs of residents. One additional care staff was rostered up to 22:00hrs on a daily basis. However findings on this inspection evidenced that staffing review was required during the night period to ensure the safety needs of residents were met. This finding is also discussed in Outcome 18.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
An inspector accompanied the staff nurse administering residents' night medications and
reviewed a sample of medication prescription and administration documentation. Medication was not prescribed at specific times by the prescriber but for administration at specific periods referenced as breakfast, lunch, tea and bedtime. The administration records referenced specific times for administration such as 08.30 hours or 22.00 hours. The person in charge advised the inspectors that these times were guidance for nurses and as the centres policy allowed for administration of medications within one hour either side of these times. However, on the last inspection in December 2014 and on this inspection medication was not administered within these timeframes. Findings supported that administration records did not accurately reference the time medication was administered, which is not in line with the guidance provided to nurses on medication management by An Bord Altranais. There was also no clear system in place to ensure that residents received medication at the same time consistently each evening. Therefore as stated in Outcome 5, the records as required by Schedule 3 were not accurate.

The administration sheet had sufficient space for staff administering medication to record if medication was withheld or refused.

An inspector observed that some of the medication prescription sheets examined did not contain a prescriber's signature for discontinuation of medications. Prescription of subcutaneous fluids was not informed by an administration protocol. Therefore, these prescription orders were not complete authorisations to administer medications as per the Medicinal Products (Prescription and Control of Supply) Regulations (Amendment) 2007. The medication management policy required review to ensure it informed all aspects of medication management in the centre. These findings are addressed in outcome 5.

The designated centre has a policy of nursing staff having protected time when administering medication by utilising a 'red apron' as a symbol which was worn by the nurse on the night of inspection. The inspectors observed that medication administration was interrupted on a number of occasions to facilitate the nurse to attend to urgent resident needs. Medication administration to residents on the night of this inspection commenced at 20:40hrs and did not conclude until 23:20hrs

The staff nurse was knowledgeable regarding a newly admitted resident's care needs and medications. There was a procedure in place for recording medication errors. There was no medication error incidents recorded since the last inspection. A pain assessment tool was in use to assist with residents' pain management. All staff nurses had completed refresher training in medication management as referenced by the staff training records.

**Judgment:**
Non Compliant - Moderate

**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There were forty three residents in the centre on the evening of this inspection. Fifteen residents were assessed as having maximum dependency needs, 10 had high dependency needs, eight had medium and ten had low dependency needs. Many residents had dementia/alzheimers care needs.

Inspectors reviewed a sample of residents’ personal files and found evidence to support improvement in documentation referencing admission assessment and assessment of need following accidents and/or incidents since the last inspection. However, inspectors observed that this supervision ended at 22:00hrs. There were also findings from observation of practice to support that this arrangement did not ensure the on-going supervision of some residents to bed and thereafter especially when other residents were unwell or having difficulty settling to sleep. For example, during the inspection, inspectors found that they had to alert staff to some resident requests for assistance.

Of the sample of care plans reviewed, inspectors found that the interventions to meet residents' needs were specific and informative and addressed all resident needs as assessed. Progress notes were completed and were generally linked to care plans. Staff on duty on the night of the inspection was aware of residents' needs.

**Judgment:**
Substantially 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There was evidence to support assessment completed by the provider to assess if the staffing levels were adequate to meet resident needs at various time periods. However, the findings of inspection did not ensure the number and skill mix of staff during the night was appropriate to the needs of the residents, as assessed in accordance with Regulation 5 and the size and layout of the designated centre.

The provider had increased staffing levels with an additional carer up to 22:00hrs in response to findings from the last inspection. This action enhanced supervision of residents in the sitting room who wished to retire to bed late. The inspectors observed that this staff member remained with residents in the sitting room up until they retired to their rooms at 22:00hrs. A daily staff allocation schedule was implemented which included supervision of a number of residents and delegated responsibility for ensuring care needs were met. This initiative also ensured staff were assigned to the dining room for mealtimes to meet the needs of residents.

During the inspection, inspectors found that they had to alert staff to some resident requests for assistance. The person in charge returned to the centre due to the inspection taking place and inspectors observed that her assistance was required with attending to residents’ needs during this time. Evidence to support a requirement for additional staff at night to ensure residents’ needs were met was also found on the last inspection in December 2014. Therefore the actions taken by the provider and person in charge since the last inspection has not sufficiently addressed this deficit to date. This action is repeated in the action plan of this report.

Staff spoken with on this inspection were knowledgeable regarding residents' needs. A staff training matrix was maintained and recorded staff attendance at training to support their professional development and evidence based best practice in a number of areas. However, training records confirmed that not all staff had attended medication management training.

The findings of this inspection substantiated the parts of the information received by the Authority indicating insufficient staffing resources to ensure residents’ needs were met.

Judgment:
Non Compliant - Major

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:*

Catherine Rose Connolly Gargan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Findings on this inspection evidenced that the designated centre was not sufficiently resourced in terms of staffing to ensure effective delivery of safe services to residents in accordance with the centre’s statement of purpose.

1. 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 extra staff member has been added to the night staffing compliment in order to ensure the effective delivery of care to our residents.

**Proposed Timescale:** 14/12/2015

---

**Outcome 05: Documentation to be kept at a designated centre**

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Governance, Leadership and Management</th>
</tr>
</thead>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The medication management policy did not inform some areas of residents’ medication in the centre.

**2. 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:**
We have sought an administration protocol to support staff nurses.

**Proposed Timescale:** 31/01/2016

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Governance, Leadership and Management</th>
</tr>
</thead>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records in relation to the administration of medication were incomplete as stated in Outcome 12 and required by Schedule 3 of the Regulations.

**3. 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 have been actively looking to recruit nurses. We have advertised in local papers for partime and/or full time staff nurses. We are in the process of recruiting nurses from overseas and when this process is finalised increased staffing will be put in place to enable the staff nurse to complete administration of medication in accordance with best practice.
Proposed Timescale: 31/03/2016

**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:**
Improvement was required in falls prevention management to address increased incidence of resident falls during the night.

4. **Action Required:**
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
We have increased our staffing levels and the continuation of previous measures implemented.

Proposed Timescale: 14/12/2015

**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:**
Medication administration was not administered in accordance with the directions of the prescriber for some residents. There was also no clear system in place to ensure that residents received medication at the same time consistently each evening.

5. **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:**
We have been actively looking to recruit nurses. We have advertised in local papers for part-time and/or full-time staff nurses and contacted agencies. We are in the process of recruiting nurses from overseas and when this process is finalised increased staffing will be put in place to enable the staff nurse to complete administration of medication in accordance with best practice. All nursing staff will complete medication management.
Proposed Timescale: 31/03/2016

**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvement was required to ensure residents’ requests for assistance was adequately responded to at night-time.

6. **Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
An extra staff member has been added to the night staffing compliment to ensure residents’ requests for assistance is adequately responded to.

Proposed Timescale: 14/12/2015

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number and skill mix of staff during the night was not appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

7. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
An extra staff member has been added to the night staffing compliment.

Proposed Timescale: 14/12/2015