<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Roseville Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000089</td>
</tr>
<tr>
<td>Centre address:</td>
<td>49 Meath Road, Bray, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 286 2582</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:rosevillenursinghome@gmail.com">rosevillenursinghome@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>Roseville Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Denise Charmant-Dunne</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>30</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</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 an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 04 February 2016 08:30  
To: 04 February 2016 14:30

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 01: Statement of Purpose</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk</td>
<td>Compliant</td>
</tr>
<tr>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
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**Summary of findings from this inspection**

This announced inspection took place in response to an application to vary the conditions of registration for Rosville Nursing Home. The variation application was received in the week preceding this announced inspection. The application was made by the provider subsequent to the completion of an extension to the premises and improvements to the facilities of the centre.

The provider applied to vary the conditions of registration in relation to the maximum number of persons to be accommodated at any one time in the centre. The application requested an increase from 26 to 30 persons to be accommodated at any one time.

As part of the application for variation of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). These were submitted by the provider and were found to be satisfactory.

The inspector met with the nominated person on behalf of the provider and the person in charge. An inspection of the building was also carried out and documentation such as staffing rosters, personnel files and clinical care plans were reviewed.
The design and layout of the new building which adjoins the original centre was found to meet the needs of the current resident profile. It was noted to be furnished and decorated to a good standard and provided a comfortable spacious and inviting living environment.

The determination of fitness of the provider and person in charge was previously and successfully undertaken by the Authority with the provider nominee and the person in charge.

The inspector found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. These include improvements to statement of purpose and care planning processes.
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 statement of purpose broadly set out the services to be provided and reflected the design and layout of the building. It included the maximum number of residents the centre intends to accommodate.

However the document required to be reviewed in order to fully meet the requirements of the Regulations and Schedule 1.
The document needs to be updated to include;
- The specific criteria admission including arrangements for emergency admissions if or when emergency admissions are accepted.
- Clarification on the range of needs being met, particularly the reference to provision of palliative care.
- Identification of the type of nursing care i.e. whether general; intellectual disability and/or psychiatric.
- Include the aims, objectives and ethos of the centre.
- Specify the additional staffing numbers and skill mix being included on daily rosters in actual numbers and whole time equivalents to meet the needs of residents following the increase in capacity.

The inspector learned that works to bring the premises in line with the requirements of Regulation 17 and Standard 25 (Physical Environment) of the National Quality Standards for Residential Care Settings for Older People were completed in July 2015. Subsequently the provider commenced admissions to the four additional beds. The provider communicated with the Authority following the completion of works in July 2015 and submitted a draft Statement of purpose identifying the proposed increase in bed capacity, floor plans and a fire certificate.

However, a variation application was not submitted to amend condition 7 of the centre’s registration to increase capacity from 26 to 30 beds as required by the Health Act 2007.
In conversations with the provider the inspector was told that she had corresponded via email and telephone with the Authority regarding the completion of the works and sought advice on the requirements for registration and/or inspection of the new bedrooms.

The inspector understands that a variation application was not sought or submitted and this communication error was not intentional.

The provider subsequently applied to vary the conditions of registration immediately prior to this inspection, in relation to the maximum number of persons to be accommodated at any one time in the centre.

**Judgment:**
Non Compliant - Moderate

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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

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

**Findings:**
A clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose was in place.

The provider works full time in the centre and supports the person in charge. The person in charge (PIC) was a registered nurse with the relevant experience as required by the regulations and also worked full-time in the centre. The management team also includes an assistant PIC and a Clinical Nurse Manager. Throughout the inspection it was noted that all residents were familiar with both the PIC and the provider nominee and many could address them by name.

Systems were in place to review and monitor the standard of care provided including clinical care such as; falls management and nutrition. Non clinical aspects reviewed included maintenance of premises and health and safety.
**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:**  
Actions arising from previous inspections relating to provision of a cleaning room, storage of equipment, window restrictions and smoking risk assessments were addressed.

Fire compartmentalisation was in place and electro-magnetic doors were provided which closed automatically once the fire alarm was activated. All internal doors were fire retardant. Smoke detectors were located in all bedrooms and general purpose areas. Emergency lighting and fire fighting equipment was provided throughout the building. Directional signage, appropriate fire procedures and exit directions were available throughout the building.

The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors and a register of visitors was available. A CCTV system was in place both internally on corridors and externally.

Systems were found to be in place for the repair, replacement and maintenance of the premises equipment and supporting infrastructure. Fire records were available. In addition written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with has been provided.

The centre was found to be visibly clean and clutter free and there were documented procedures in place for staff to follow to maintain a high standard of hygiene.

Emergency plans and procedures were in place for evacuation and in the event of a resident absent without staff knowledge. All residents had a personal evacuation plan and a missing persons’ profile.

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

Findings:
The actions arising from the last inspection in relation to care plans for restraint were not reviewed. Although improvements were needed to care plans that were reviewed.

Residents had access to GP services. There was some evidence of access to specialist and allied health care services to meet the care needs of residents such as dietician speech and language therapists, physiotherapy and occupational therapist reviews. Opticians, dentists and chiropody services were also reported to be available.

Residents had access to community services such as Psychiatry of Old Age services but it was noted that there was limited evidence of Geriatrician Consultancy Reviews given the current profile of residents.

The arrangements to meet residents’ assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents’ health was in place. Although in general care plans reflected the care delivered, further improvements were required. The checks in place, although regular, did not consider the effectiveness of the plans to make sure they were detailed enough to maintain or improve a resident’s health. The daily nursing progress notes did not always refer to changes in health care plans or changes to treatments or recommendations made by clinicians to give a clear and accurate picture of residents’ overall health. For example where resident's oral intake of food and drink had reduced. It was also found that some care plans were generic in nature and were not person centred.

Where care plans were in place they were not specific enough to guide staff and manage the needs identified examples included; Positive behaviour support plans were not in place to manage behaviours associated with restlessness and agitation. The care plan in place to manage these needs did not fully guide staff on the signs to look for as
potential triggers to responsive behaviour. The plans also did not guide staff on the type of distraction techniques which could be employed to reduce escalation or of all measures which were known to manage the behaviour and prevent recurrence.

Residents who were ill and had recently returned from acute hospital services were not clinically reviewed. Clinical risk assessments and care plans were not updated to give an accurate picture of the residents current health status, although information contained in the nursing daily progress notes indicated that there was evidence of some clinical deterioration.

Although it was found that long term regular staff were familiar with their residents needs and could recognise changes to their demeanour, for new, inexperienced or replacement staff care assessment and planning documentation was not sufficiently explicit to direct care.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Actions arising from the previous inspection included;
Lack of adequate sluicing facilities; lack of separate visitors room; lack of appropriate storage for equipment and suitable cleaners room. Previous findings related to the need for reduction of beds in three and four bedded multi-occupancy bedrooms. Plans to address these issues were found to have been implemented on this inspection. Adequate sluicing facilities, cleaner's room visitor's room and storage were now available.

It was found that all multi -occupancy rooms were now reduced to twin and four additional single bedrooms were in place and occupied. The additional four single bedrooms with full shower en suite facilities were spacious and finished to a good standard.
The design and layout of the centre were broadly in line with the statement of purpose. This nursing home was not purpose built, and consisted of a converted former Georgian house with accommodation provided over two floors, with a chair lift to transfer residents between the floors. The ground floor had been previously extended and was split level with six steps leading down to the extended area. A wheelchair ramp was installed beside the steps for accessibility purposes.

Some key characteristics of the original Georgian house had been maintained such as the cast iron fireplaces in some bedrooms and the high ceilings in the older part of the house lent an air of space and charm to the surroundings.

The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising. Grab rails and hand rails were installed were required. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals.

Signage with lettering and pictures were in place on all bedroom, bathroom and toilet doors. Colour schemes were muted throughout with contrasting colours on toilet seats and doors to aid recognition.

Communal facilities were available on the ground floor including a bright spacious sitting room; large dining room; visitors room/quiet room with access to a small enclosed patio area.

All of the bedrooms were personalised to reflect residents' individual wishes with pictures photograph's and mementos. Some also contained items of furniture with sentimental value.

### 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:
Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Agency staff were not used and cover was provided from a small relief panel.

The inspector observed mutually warm and respectful interactions between staff and residents. In conversation with some residents they expressed satisfaction for the cheerful and helpful manner in which staff delivered care. Residents could identify both the person in charge and the provider nominee by name.

All residents were warmly and appropriately dressed and were provided with discreet assistance during lunch.

Issues arising from the last inspection related to skill mix. It was noted that only one nurse was rostered to provide care for up to 26 residents during day shifts on some days. Although there were no risks identified at that time the provider was asked to keep this under review.

Similar findings were noted on this inspection. Over a two week period one nurse was rostered for duty on six out of 14 days. It was noted that this was primarily due to sick leave and the planned roster did include two nurses but in discussions with the provider a relief cover was not arranged. The inspector raised this as a concern given the current resident profile and the increase in capacity. The level of nurse cover did not accord with current staffing ratios recommended by professional nursing bodies.

However, the inspector was told and planned rosters viewed confirmed that from 7 February there would be two nurses rostered on duty every day over the seven day period on an ongoing basis.

The provider gave verbal assurances that this would remain in place. A recruitment process had recently resulted in two new nurses accepting positions and on review of their personnel files it was noted they contained the information required by the Regulations

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Health Information and Quality Authority**  
**Regulation Directorate**

**Action Plan**

**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Roseville Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000089</td>
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<tr>
<td>Date of inspection:</td>
<td>04/02/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/03/2016</td>
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**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:**

The statement of purpose did not meet the requirements of Schedule 1 of the Regulations in that; specific criteria admission including arrangements for emergency admissions; aims, objectives and ethos and additional staffing numbers and skill mix following the increase in capacity were not included and the range of needs being met or type of nursing care being provided was not clear.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 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 Residents in Designated Centres for Older People) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Statement of purpose has been duly amended and information regarding admissions, aims, objectives and ethos, additional staffing number and skill mix following increase in capacity and range of needs being met or type of nursing care being provided for were included as per Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Proposed Timescale:** 10/02/2016

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### 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:**
Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need. All care plans did not include the recommendations of allied health professionals.

2. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The care plan for a resident no later than 48 hours after that resident’s admission to the designated centre, has been improved with more realistic details to direct care as referred to in Regulation 5(2).

**Proposed Timescale:** 07/02/2016

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.
3. **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:**
Reviews on most care plans are being carried out not only at intervals not exceeding four months but also as seen necessary especially when a residents' condition changed (improved or further deteriorated), to reflect effectiveness of care plans and if there are some improvements needed. Improvements of care plans and more accurate formal reviews are ongoing as referred to under Regulations 5(4) and 5(3).

Formal review of care plan for resident no later than 48 hours after that resident’s admission to the designated centre has been reviewed three times already since the improved and more detailed plan of care was put in place, and discussed with resident, resident GP (who has visited less than 48 hours for readmission), and resident’s next of kin.

Proposed Timescale: (For all Care Plans – more or less a thousand care plans, to be improved to direct care to be delivered, and reviewed again, formally.) 30 April 2016

**Proposed Timescale: 30/04/2016**