<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rosary Hill House Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000426</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Stradbally, Castleconnell, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 377 530</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:rosaryhillhouse@gmail.com">rosaryhillhouse@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Rosary Hill House Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Martin Lynch</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
15 November 2016 10:00 15 November 2016 17:30
16 November 2016 08:50 16 November 2016 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Major</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in November 2014 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, the provider, person in charge, the Assistant Director of Nursing (ADON), and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 7 of the 22 residents residing in the centre with a formal diagnosis of dementia. With one further resident suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspector found the person in charge and staff team were very committed to providing a high quality service for residents.

The inspector saw that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was a staff member allocated to the function of activity co-ordinator on daily basis who fulfilled a role in meeting the social needs of residents and the inspector observed that staff generally connected with residents as individuals. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre. The inspector found that staff were knowledgeable about residents’ likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. The inspector spoke with residents, who confirmed that they felt safe and were happy living in the centre.

The person in charge had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge and provider had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors did not generally concur with the provider’s judgments and further improvements were required. Although progress was made by the provider in implementing some of the required improvements identified on the inspection in November 2014, some of the findings at that time were again evident on this inspection. Such as premises issues and care planning.

The overall atmosphere in the centre was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. However residents’ privacy and dignity was compromised in the three multi-occupancy rooms. Following the registration inspection in November 2014 the provider had submitted costed time
bound plans to HIQA for an extension and substantial renovation to the building so that all bedrooms would be single or twin bedrooms. The first phase was to be completed by 31 August 2016 and the centre was registered with a condition stipulating this. On this inspection the building/renovations had not commenced and the centre was found to be in breach of the condition of registration. The provider was informed this required immediate attention and he assured the inspector that the plans were going ahead. The inspector found that a number of improvements required on the inspection in November 2014 had generally been implemented. Premises and care planning required further action. Staffing levels in the evening time also required review. These are discussed throughout the report and the Action Plan at the end of this report identifies 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 Standards for Residential Care Settings for Older People in Ireland 2016.
Outcome 01: Health and Social Care Needs

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:
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 22 residents in the centre on the day of this inspection, 7 residents had a formal diagnosis of dementia and 1 resident with a level of cognitive impairment.

Residents had a choice of General Practitioner (GP) but most residents have their medical care needs met by a local GP who visited the centre on a very regular basis and the inspector saw regular medical reviews documented in residents files. Residents had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health services. With regular visits from community mental health nurses and outpatient appointments facilitated to see psychiatrists as required. The inspector focused on the experience of residents with dementia in the centre on this inspection and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents.

The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of evidenced-based validated tools to assess each resident’s risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Resident generally had a care plan developed within 48 hours of their admission based on their assessed needs. There were some care plans in place that detailed the interventions necessary by staff to meet residents’ assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents’ changing needs. However, the inspector found inconsistencies in the care planning process. One resident admitted in July 2016 only had only a plan of care for shortness of breath yet her comprehensive assessment identified that she had numerous other assessed needs that required plans to direct her care. The inspector found that in a number of care plans further improvement was
required to ensure that care plans accurately reflected the care to be delivered to the resident. Also, the interventions outlined in care plans were not always specific or detailed enough to direct care and there were some inconsistencies noted. Many of the plans talked about assessing residents' needs but these were residents who were in the centre for a long time and their needs were well established. Further personalisation of care plans was required. Care plans for residents with responsive behaviours were seen by the inspector to be not specific enough to direct care to ensure all staff maintained a consistent approach to responsive behaviours. Overall further development of the care planning process is required to ensure care plans guide care and were person centred and individualised. There was evidence that residents and their family, where appropriate participated in care plan reviews.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. The centre were in the process of introducing a programme to ensure all residents end of life wishes were discussed and documented. The inspector saw that residents and their families, where appropriate were involved in the care planning process for end of life care plans which reflected the wishes of residents. To date the staff had held detailed discussions with three residents but were planning to roll this out to all residents including residents with dementia.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room were observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.
The inspector reviewed a sample of residents’ medicine prescription records and they were maintained in a tidy and organised manner, they were clearly labelled, they had photographic identification of each resident and they were legible. There was evidence that residents’ medicine prescriptions were reviewed at least every three months by a medical practitioner as well as a pharmacist.

There was a centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. Review of records and observation of practices indicated nursing staff were adhering to professional guidelines and regulatory requirements in regard to storage and administration of medicines.

**Judgment:**
Non Compliant - Moderate

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
The inspector reviewed the centre's policy on suspected or actual abuse and was found to be comprehensive. Staff training records were reviewed and the inspector saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

The inspector was satisfied that there were general measures in place to safeguard residents and protect them from abuse. Robust systems were in place to safeguard residents' money. The inspector met with the accountant and 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. Residents received invoices for care and required extras and these were seen to be clear and robust.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that they had received training in responsive behaviours and specialist dementia training in 2015 and this was on-going for 2016. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as was discussed under outcome 1. The records of residents who presented with responsive behaviours were reviewed by the inspector.
who found that these were managed in a very dignified and person centred way by the staff using effective de-escalation methods.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There had been a substantial reduction in the use of bedrails during the year and there were only four residents using bedrails at the time of inspection and in comparison to ten residents using bedrails in the first quarter of the year. Alternative to restraints were put in place such as low low beds and alarm/sensor mats. The inspector noted that signed consent in relation to the use of restraint had been obtained from residents, where possible. Review of use of restraints was on-going. Families were involved in the assessment procedure and gave feedback regarding the process. The inspector saw that regular checks of all residents were being completed and documented.

**Judgment:**
Compliant

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

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

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

**Findings:**
Residents’ religious preferences are facilitated through regular visits by clergy to the centre with mass held once a week and administration of sacrament of the sick. Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. The inspector observed that residents’ choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. Inspectors observed that some residents were spending time in their own rooms, watching television, or taking a nap.

Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly and was there on one of the days of the inspection some residents told the inspectors how they enjoyed availing of the service and saw it as a social outing.
Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome. They said that if they any concerns they could identify them to the person in charge and were assured they would be resolved. Family surveys were undertaken which were generally very positive but they did identify staffing in the evening time required review this is discussed under outcome 5 staffing.

Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events. Systems for consultation with residents were in place. 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. Residents with dementia were represented by relatives and the centre had access to independent advocacy services, the independent advocate had visited the centre and contact details were available on the residents notice board.

There were one staff allocated to the function of activity co-ordinators on a daily basis who fulfilled a role in meeting the social needs of residents and the inspector observed that staff generally connected with residents as individuals. 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. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the afternoon. These observations took place in the communal room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in multi-occupancy and twin bedrooms to protect the residents privacy. However residents and relatives identified to the inspector that it was not always easy to maintain privacy and dignity in the multi-occupancy rooms. One resident identified that it can be noisy at night especially if a resident is new to the centre and is trying to settle it. She described residents being up and down during the night walking the whole room. A relative described how a resident had died in the multi-occupancy
room in a bed next to her mother and she would like to see more single or twin rooms. The inspector noted that there was a lack of general personalisation of the multi-occupancy bedrooms that was seen in other rooms in the centre. This is further discussed and actioned under outcome 6 Premises

**Judgment:**
Compliant

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### Outcome 04: Complaints procedures

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

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

**Findings:**
A written complaints policy was available in the centre and the inspector saw that the complaints procedure was hung in a prominent place outside the office. 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. There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

The inspector reviewed the complaints log and found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. Residents and relatives all said that they had easy access to the nurses and the person in charge who to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded as required by the regulations. There was evidence that analysis of complaints was undertaken and written corrective action taken.

**Judgment:**
Compliant

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### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
Findings:
Residents and relatives generally spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, management of responsive behaviours and safeguarding vulnerable persons. Other training provided included restraint procedures, dementia specific training, infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including blood-letting, infection control and medication management. The inspector saw that other training courses had been booked and were scheduled for the coming months.

Duty rosters were maintained for all staff and during the two days of inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. However the staff levels reduce from 20.00 to only one nurse and one care staff. There were seven residents who require the assistance of two staff and the Nurse is required to do a medication round without being disturbed. The provider was requested to keep his staffing levels under review to ensure he has adequate staff with the right skills to meet the needs of the residents after 20.00. There were seven residents in the centre at the time of the inspection that required the assistance of two staff and the nurse is required to do a night medication round without being disturbed. The early evening is a busy time with visitors in and out and residents requiring to retire to bed which requires an additional member of staff.

A sample of staff files was reviewed and those examined were complaint with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. Staff files demonstrated that staff appraisals were undertaken annually. The person in charge informed the inspector that there had been a delay with obtaining Gardaí vetting for one staff member who was currently on leave pending vetting before her return to work.

Judgment:
Non Compliant - Moderate
**Outcome 06: Safe and Suitable Premises**

**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 premise was located in a rural village on the outskirts of Limerick city. The centre was set on large grounds with a small internal patio area that contained seating, tables and sun umbrellas. The centre was a two-storey building with the ground floor used for resident accommodation and the first floor used for storage, laundry and staff facilities. Accommodation compromised of four single bedrooms, three twin bedrooms, one four-bedded room and two five-bedded rooms. A number of the bedrooms have en suite toilet, wash basin and shower facilities. The other bedrooms have wash basins with bathroom and toilet facilities in close proximity to their bedrooms.

The communal areas include a day room, a foyer with comfortable seating and a dining room which leads to an outdoor courtyard. Corridors have hand rails fitted and a number of assisted toilets are available near to communal areas. There was a large sluice room and cleaning room. A Jacuzzi bath and well equipped and fully fitted hairdressing facilities were available. The foyer was used for activities such as card playing, quiet area for residents and was also used as a suitable area for residents to receive visitors in private, should they so wish.

A designated smoking room was available to residents and although it contained metal ashtrays, fire extinguishers and a fire blanket it was not adequately ventilated and the smell of smoke was drifting into the foyer area. Residents who smoked had risk assessments completed and adequate supervision was seen to be in place.

A good level of cleanliness was maintained. There was staff assigned specifically to household and laundry duties. They used colour coded mops and cleaning cloths for different areas. Plastic aprons and latex gloves were readily available as was alcohol hand gels throughout the premises and inspectors observed staff using them. 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 a functioning call bell system in place throughout the centre. 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.
There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

The communal and bedroom areas were bright, homely and domestic in character however further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of dementia-specific care. Signage and cues were not always available to assist residents with perceptual difficulties and to assist residents to locate facilities independently. The inspector also noted that some chairs were torn and were in need of repair or replacement.

As discussed in outcome 3 the centre had three multi-occupancy bedrooms; two five-bedded rooms and one four-bedded room which were found not to meet the privacy and dignity needs of the residents. These rooms were also seen to lack personalisation of bed space. Following the registration inspection in November 2014 the provider had submitted costed time bound plans to HIQA for an extension and substantial renovation to the building so that all bedrooms would be single or twin bedrooms. The first phase was to be completed by 31 August 2016 and the centre was registered with a condition stipulating this. On this inspection the building/renovations had not commenced and the centre was found to be in breach of condition 8 of their registration. The provider was informed this required immediate attention and he assured the inspector that the plans were delayed but would still be going ahead. He had called an urgent board meeting and was to contact the registration department at HIQA.

**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:**

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

Centre name: Rosary Hill House Nursing Home
Centre ID: OSV-0000426
Date of inspection: 15/11/2016
Date of response: 05/12/2016

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

There were inconsistencies noted in the care planning process, residents did not all have their assessed needs set out in an individual person centred care plan which directed their care.

Care plans for residents with responsive behaviours needed to detail actions to be taken in response to such behaviours to ensure a consistent approach was adopted by all staff.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:**
Based on the holistic assessments of the residents individual person centred care plans have been implemented to direct the care of the residents. Responsive behaviour care plans have been further developed to ensure that they are person-centred and individualised to provide care & support to maintain a good quality of life.

**Proposed Timescale:** 31/12/2016

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staffing levels in the evening required review 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.

2. **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:**
Staffing levels in the evening were reviewed by the Provider and Person-In-Charge. Due to an increase in the number of residents a 9-9 shift was implemented to provide adequate staff with the right skills to meet the needs of the residents after 20.00. This will be effective from 12th of December 2016. Staffing levels will continue to be monitored on a regular basis.

**Proposed Timescale:** 12/12/2016

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were a number of items identified with the premises that did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

1) There was not adequate ventilation in the smoking room
2) Some chairs were noted to be torn and required repair or replacement

3) Further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of dementia-specific care. Signage and cues were not always available to assist residents with perceptual difficulties and to assist residents to locate facilities independently.

4) The centre had three multi-occupancy bedrooms; two five-bedded rooms and one four-bedded room which were found not to meet the privacy and dignity needs of the residents. Following the registration inspection in November 2014 the provider had submitted costed time bound plans to HIQA for an extension and substantial renovation to the building so that all bedrooms would be single or twin bedrooms. The first phase was to be completed by 31 August 2016 and the centre was registered with a condition stipulating this. On this inspection the building/renovations had not commenced and the centre was found to be in breech of condition 8 of their registration.

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

**Please state the actions you have taken or are planning to take:**
(1) A contractor has been assigned to install a new ventilation system in the residents’ smoking room.

(2) We are currently waiting for a new Specialised Comfort Chair for one of the resident that was assessed by the Occupational Therapist in September 2016. We have also ordered two (2) new armchairs for the residents’ rooms.

(3) Pictorial signage cues are now in place to guide the residents with cognitive impairment to locate facilities independently.

(4) The Provider has made a variation to Condition 8 of our registration to extend the time frame in which the plans for the configuration must be commenced by 31st of December 2017.

**Proposed Timescale:**
(1) 31st of December 2016.
(2) 31st December 2016
(3) 1st December 2016
(4) 31st December 2017

**Proposed Timescale:** 31/12/2017