

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rosemount House Nursing Home
<b>Centre ID:</b>	OSV-0004583
<b>Centre address:</b>	Garrabeg Road, Church Street, Gort, Galway.
<b>Telephone number:</b>	091 631 847
<b>Email address:</b>	donal.rosemounthouse@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Rosemount Nursing Home Limited
<b>Provider Nominee:</b>	Donal Walsh
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	4

## **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 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:
04 April 2017 10:00	04 April 2017 17:00
05 April 2017 08:30	05 April 2017 13:30

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Substantially Compliant
Outcome 05: Suitable Staffing		Substantially Compliant
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 08: Governance and Management		Compliant
Outcome 10: Suitable Person in Charge		Compliant
Outcome 12: Notification of Incidents		Compliant

**Summary of findings from this inspection**

This report sets out the findings of an unannounced thematic inspection that focused on dementia care. The purpose of this inspection was to determine the standard of care and quality of life for residents with dementia living in the centre. Prior to the inspection the provider and person in charge had completed a self- assessment document and had submitted this to HIQA with relevant policies that included policies for the admission of residents and for managing behaviors associated with dementia. The inspector reviewed these documents prior to the inspection. The centre can accommodate 39 residents and at the time of inspection 35 residents were

accommodated. The majority of residents were over 65 almost half were identified with a dementia related condition either as their primary diagnosis or as an underlying condition. The inspection focused on nine outcomes and reviewed the actions taken to address non compliances identified during the last inspection which was conducted in March 2016.

The inspector observed the delivery of care, reviewed the systems in place in relation to admissions, discharges, assessments and care plans and viewed the premises layout over the inspection days. Staff, residents and visitors that the inspector talked to provided their views on the operation of the centre and the services provided. The inspector found staff were committed to their roles and were well informed about care practice in relation to dependent people. They were well informed about the care needs of individual residents and conveyed a good understanding of the varied ways dementia impacted on the lives of residents. There was good emphasis on supporting residents to maintain contact with the local community and several residents were supported to go home or out to the town each week. The inspector observed care practice and interactions between staff and residents. Staff were respectful and friendly to residents and demonstrated that they were familiar with their dementia care needs and took these in to account during interactions and when delivering personal care. Residents were given time to make decisions and were given clear choices to avoid causing confusion and distress from excessive information. Choices were outlined in relation to activities, where they wanted to sit during the day and what they liked to eat at meal times. Residents were greeted by staff when they met and visitors were warmly welcomed throughout the day. The inspector was told by residents that staff worked hard to ensure they "were satisfied with their care" and "happy in the home".

Rosemount House Nursing Home is purpose built and provides a bright and comfortable environment that meets the needs of dependent people including people who have dementia. It is located a few minute's walk from the shops, business premises and restaurants in the town of Gort. The person in charge was proactive in the creation of an environment that enabled residents with dementia to live life as independently as possible. She had introduced a number of changes that had made the building more "dementia friendly" and more suited to the individual needs of residents with dementia. Signage had been placed on the doors of facilities such as dining and sitting rooms to help residents identify these areas. Further signage to help residents locate their rooms was being considered. The main sitting areas were home like and their size enabled residents to talk together in comfort. Hallways were unobstructed and there was good lighting throughout. There was a secure accessible garden space that had raised beds that were being cultivated for the summer and this area had level access and was safe for residents to use independently.

The inspector judged there was an adequate complement of staff deployed with the appropriate skills and experience to effectively meet the needs of residents. The inspector found that residents were well cared for, that their nursing and care needs were being met and that there was a programme of interesting activity to ensure social care needs were addressed. Activity staff facilitated the varied activities which were noted to address individual needs and entertained and engaged residents. There was access to general practitioners (GP) and to allied health professionals

when required. The treatment plans and recommendations made were noted to be incorporated into care plans and followed by nurses and care staff. Residents have access to well established pastoral care and spiritual support from local clergy who visit the centre regularly.

The inspector judged that four outcomes were compliant and the remaining five were judged as substantially compliant with the Regulations. The Action Plan at the end of this report identifies the areas where improvements are required to comply 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. The areas where improvements are required include premises signage, the smoking facility, the records of complaints, the daily records maintained by nurses and the visitors' record.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector found that each resident's wellbeing and welfare was protected and supported by a high standard of nursing care and that appropriate access to medical and allied healthcare services was available when required. There were suitable arrangements in place to assess and meet the health and nursing needs of residents with dementia and residents with mental health problems. Pre-admission assessments were undertaken to ensure that the service could meet the individual needs of residents and to ensure the placement was appropriate. Prospective residents and their families are invited to visit the centre where possible prior to making a decision to live there. Comprehensive assessments were carried out and the assessment process involved the use of validated tools to assess each resident for risk of malnutrition, falls, levels of cognitive impairment and skin integrity. A care plan was developed within 48 hours of admission based on the resident's assessed needs. Care plans for dementia and for management of health and behaviour that fluctuated were available and provided appropriate guidance to staff to ensure a person centred approach to care. For example there was an assessment of cognitive impairment and associated care plans that described how dementia impacted on day to day life and the interventions to be undertaken by staff to ensure that residents had appropriate care and maintained the maximum level of independence. The activities that residents could do for themselves, who they recognised and their daily routines were outlined to guide staff actions. Communication capacity was described well in records with information available that indicated that staff knew when residents could follow instructions and when capacity for understanding was limited. The inspector saw that some residents had been provided with a "communication book" to help them understand queries from staff and to enable them to make choices particularly in relation to food options at meal times. There were photographs of meals and activities and a large print format was used to maximise the usefulness of these documents. This intervention was noted to have good outcomes as residents had been able to convey their views and staff had adhered to the choices they had made which had resulted in less distressed behaviour in some cases. There was information recorded that conveyed residents' choices and preferences in relation to clothes they liked to wear, times to get up and go to bed and preferred activities. There was also information on the backgrounds and previous lifestyles of residents to inform

and guide staff on the delivery of person centred care. An action plan in the last report that required that a summary and review of changing needs and conditions be undertaken had been addressed. The inspector saw that where behavior changes had been evident these had been monitored and appropriate interventions put in place and documented with a good outcome for the resident.

There was evidence that residents and their families, where appropriate, were involved in the care planning process. The consultations with residents or their representatives was recorded and used to inform care plans. The inspector saw that families had been consulted in June and October of 2016 and in February 2017 in relation to care plans for their relatives.

There were arrangements in place to meet the end-of-life needs of residents and these were described in care plans. Residents' wishes in relation to their physical, psychological and spiritual care including their preferred place to receive care at end of life were outlined. Some information had been outlined by family members where residents had been unable to do this. Residents had access to clergy from different denominations and to pastoral care. Staff cared for residents with end-of-life care needs with the support of community palliative care services and residents' GPs.

The staff had established good relationships with local acute hospitals and with specialist services such as the mental health team. When admission to acute services was required there was a transfer of information to ease the transition process for residents and to ensure that the service receiving the resident had up to date information on the reason for the transfer and current care needs. The information relayed included details regarding level of mobility, falls risk, communication needs, dietary requirements and prescribed medications. The inspector noted that similar information was provided on discharge back to the centre and included an update on interventions made and any contributions from members of the multidisciplinary team.

The inspector reviewed the management of specific clinical issues such as wound care, diabetes, falls management and nutrition. There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and were reviewed on a four monthly basis or more regularly if there were clinical indicators of change. Residents' weights were checked on a monthly basis or more frequently if required. Nutritional care plans were in place that outlined the recommendations of dieticians and speech and language therapists where appropriate. The inspector noted that regular monitoring was undertaken where weight changes were unplanned. Evaluations of care provided an overview of how the resident had responded to interventions and there were onward referrals to doctors to review care if additional actions were required. There were four residents with daily food and fluid monitoring arrangements in place due to weight loss. All had stabilised over the previous three weeks. Details of residents' specialist dietary needs as recommended by dietician and speech and language services, in addition to individual food preferences, were available for reference in the kitchen. Residents had a choice of hot meals at lunch time and could choose their preference for evening meals. Residents requiring assistance with eating were assisted discretely and sensitively. The majority of residents who required assistance had their meals in the dining rooms and this ensured all residents had the opportunity to enjoy the social aspects of dining with other people.

The inspector noted that adequate staff were available at meal times to ensure that residents had the support they needed. Residents were satisfied with the meals provided and told the inspector that the food was "just like at home", "everything is prepared here and is fresh and tasty" and another comment was "the food is very good and the chef very helpful". The inspector saw that meals were attractively served, that menus were provided and that the dining experience was enjoyed by residents.

Residents had access to GP services and out-of-hours medical cover was also provided. A full range of other services was available on referral including speech and language therapy (SALT), dietetic services and mental health services. The inspector reviewed residents' records and found that where residents had been referred to these services the results of appointments and recommendations made were available in residents' medical notes and used to inform care plans .

The inspector reviewed medication administration arrangements and found that the systems in place were safe and met appropriate standards for security. A sample of administration and prescription records was reviewed. Staff make ongoing efforts to ensure that residents are only prescribed the medication required to achieve good health and efforts are continually made to reduce sedative and psychotropic type medications. Some residents required their medication to be administered in crushed format and instructions to crush medications were authorised by the prescriber. A record of all "as required" medication used was maintained and this was reviewed by the community mental health nurse. Where medication had to be used regularly , the overall mental health condition was reviewed and there was ongoing monitoring to ensure that the medication regime was appropriate. The use of psychotropic and night sedative medication was regularly reviewed. The person in charge and nursing team were well informed about how these medications impacted on residents and their therapeutic uses. An action plan in the last report that required that medication was administered in accordance with best practice for safety was addressed. All medication is now administered directly from the blister packs in which it is supplied. The inspector observed this to be the case when medication rounds were in progress.

There was one wound care problem in receipt of attention when this inspection was conducted. There were appropriate care plans and care interventions in place with evidence of stability and improvement recorded in the regular assessments. Residents considered at risk of pressure area vulnerability were identified and measures to reduce the possibility of pressure area problems developing were implemented. These included the use of pressure relieving mattresses, support cushions and repositioning schedules.

The centre had an active social programme that met the needs of all residents. There were some residents who preferred to spend time in their rooms and a schedule of visits from care and activity staff was in place to ensure that they were not isolated or alone for long periods. Some residents had one to one care when required. The activity programme was noted to be varied and included group, individual activities and celebrations of seasonal events, birthdays and anniversaries. There were two activity staff employed. Regular activities included exercises, story- telling, Tai chi sessions, music, armchair exercises and outings to local places of interest or to the local town. The centre is well integrated with the local community and its accessible location in the town contributes to this staff told the inspector. Residents with dementia are assessed

regularly in relation to the activities they enjoy and the programme is adapted to ensure that they can participate fully as their needs change.

Care records are maintained on a computer programme. All information was accessible and records including reviews of care plans were up to date. The inspector noted that some daily records did not fully reflect the person centred care interventions in place to ensure residents' continued independence. For example nurses had described daily patterns of behaviour and there were intensive one to one interventions in place to relieve anxiety and distress in some instances. However, these one to one interventions and the role staff played in ensuring the resident's well being was not reflected in the daily records.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

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

**Findings:**

Measures to protect residents being harmed or suffering abuse in the centre were in place. Residents said that they felt safe and attributed this to staff being available to talk to and having confidence in them to sort out problems. Two residents told the inspector that when they had raised issues they had received prompt attention. There was a policy and procedures in place to guide staff in the prevention, detection and response to abuse. Safeguarding issues were addressed promptly and appropriately notified to HIQA and to the local social work team. There were measures in place to ensure the safety and well being of residents where this was required and the inspector noted that these measures were understood and adhered to by staff and the residents concerned.

Staff were well informed on adult protection matters and could outline the varied type of abuse and acts of omissions that constituted abuse. Carers and nurses interviewed said that they had completed refresher training on this topic.

Residents with dementia who displayed fluctuating and changeable behaviours had a care plan in place to guide staff when supporting residents. Incidents of responsive behaviours were recorded and the inspector saw that staff helped residents appropriately and sensitively during periods when they were restless or anxious. There were some very creative and helpful interventions in place to alleviate distress and these included ensuring that staff had alternative communication measures in place and facilitating residents to spend time in areas of the centre where they felt comfortable. Referrals for specialist advice were made to allied health professionals including

members of the mental health team when staff required additional advice and support to ensure appropriate care was delivered. Training on dementia care and associated behaviour patterns had been completed by several members of the staff team. The inspector noted that training on responsive behaviours had in some cases been completed some time ago in 2014 and concluded that refresher training was required taking in to account the varied range of dementia care needs and mental health problems that staff addressed day to day.

There were bedrails used at night for some residents. The use of this equipment was assessed and reviewed regularly. The person in charge said that staff were consistently working towards reducing bedrail use and most were now used where there were falls risks and other measures had not provided adequate levels of safety. There was no restriction on residents' movements around the centre and residents could choose where they spent their time during the day.

The only area where a non compliance was noted in relation to the safety of residents was the visitors' record which was not completed as people entered and left the building and therefore staff could not establish exactly who was visiting at any time. This outcome was judged to be compliant in the self-assessment and the inspector judged it as substantially compliant.

**Judgment:**  
Substantially Compliant

### ***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:**  
The inspector found that residents including residents with dementia were consulted about how the centre was run and were enabled to make choices about how to live their lives. There was evidence of a culture of good communication between residents and the staff team. The inspector saw that staff interacted with residents in a courteous manner and respected their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. Night staff served breakfast or early morning tea to residents who woke up early. During the day, residents were able to move around the centre freely, to receive visitors and to go out with them. Personal space was adequate in double rooms for residents presently accommodated and there was adequate storage space for personal items and clothing.

The inspector spent two periods of time during the morning and afternoon of the first

inspection day observing staff interactions with residents. A validated observational tool, the quality of interactions schedule (QUIS) was used to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The observations took place in the sitting areas. The inspector observed that staff knew the residents well, greeted them in a personal way when they entered rooms and chatted about the days proposed activities.

There was a consistent staff presence in communal areas and this could be care or activity staff. Interactions were social and meaningful with staff noted to check and discuss particular personal arrangements with residents. Few interactions were task-focused except when necessary to offer drinks or initiate activity. There was evidence of general wellbeing where residents chatted together and read the daily newspaper and when they chatted while spending time in the smoking area. Residents who were very frail and who had significant levels of cognitive impairment were noted to be well supported and were provided with regular opportunities for social interaction and sensory stimulation. The inspector saw that residents were prompted to take part in the exercise group and shown the exercises individually where necessary to enhance their participation and were regularly spoken to on a one to one basis where they had sensory problems.

During the lunch time period, staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace with minimal assistance to improve and maintain their functional capacity. Meal times were observed to be social occasions with plenty of conversations between staff and residents and all interactions were noted to be positive and meaningful.

Residents had a wide ranging social programme that included in house activities, outings and contact with the local community. There are activity staff on duty daily and an activity is scheduled for mornings and afternoons. The inspector found there was a varied activity programme provided that met the needs of all residents. There were a mix of group and individual activity. The activity programme was reviewed regularly to ensure that the programme was relevant to residents' past lives and interests.

There was a system in place to consult regularly with residents. Meetings took place regularly and records confirmed that residents were happy with the food and services provided. They particularly valued the staff team, the comfort of their rooms, the service of the physiotherapist and the day trips out to places of interest. A trip to Bunratty Castle had been very successful according to staff and residents.

The inspector observed that some residents choose to spend time in their rooms during the day reading and watching TV, or taking a nap. Residents could meet visitors in private and visitors were welcomed throughout the day. Family members were noted to be well supported by staff where they had difficulty coming to terms with their relative's illness or behaviour.

Residents had access to a safe secure outdoor area and this area was being cultivated seasonally. Residents' interests in the garden have changed the inspector was told and

vegetables that were cultivated in past years have been largely replaced by flowers and shrubs to provide interest over the summer months. A range of newspapers and magazines were available. Staff informed the inspector that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. The inspector saw that residents were free to come and go to the shops and others went home with relatives several times a week or at weekends. Weekly Mass was held in the centre. Residents were facilitated to exercise their political and religious rights. Many voted in elections, including residents with dementia.

**Judgment:**

Compliant

***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:**

There was a complaints procedure in place and a complaints record that described details of complaints was maintained as required by Regulation 34- Complaints procedures. The person in charge and provider representative said that they had addressed issues of concern immediately and the record confirmed this was the case in practice.

Residents that the inspector talked to said they were aware of how to make a complaint and identified the person in charge as the person they would approach if they had an issue of serious concern but that most of the time they would tell any member of staff. The inspector saw that a range of matters that included concerns about care practice had been investigated and addressed.

This outcome was judged substantially compliant as the records did not describe how issues had been investigated and there was no supporting documentation to confirm that staff or residents had been interviewed about the issues raised. The records were narrative in style and did not enable anyone viewing the record to make a judgement that the situation had been managed effectively however despite this there was evidence in practice that the actions taken were appropriate.

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

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

**Findings:**

There was an appropriate number and skill mix of staff to meet the assessed health and social care needs of residents and there was evidence that education and training on dementia care had been provided to ensure that all staff could meet the diverse care needs of residents and implement good practice initiatives for dementia care.

Staff were noted to be effectively supervised by the person in charge and nursing staff who were observed to be available to provide advice and guidance throughout the inspection days. The majority of staff had up-to-date training on the mandatory topics of moving and handling, fire safety and adult protection. There were seven staff scheduled to complete training in moving and handling. Some staff had qualifications in moving and handling prior to commencing work in the centre but there was no information available to confirm that they were assessed as competent to use the equipment available in the centre. The inspector concluded that an assessment of ability in this area or training should be provided when staff commenced work.

Staff had access to a range of education and training opportunities to equip them to meet the needs of residents including residents with dementia. The majority of staff had training on understanding dementia and behaviours associated with dementia and further training was planned the inspector was told by the person in charge. Staff had been provided with training on health and safety, end of life care, wound care management and dysphagia. Training had also been provided on mental health issues and specific training for staff on "Minding Your Mental Health"

As described throughout this report staff were readily available to residents, responded promptly to requests for assistance and demonstrated good awareness of how to deliver care sensitively. Staff the inspector talked to were enthusiastic about their work and said they valued the training provided on dementia care as it had provided them with better understanding of how to provide care where residents had memory problems or were disorientated.

The recruitment procedures were reviewed and were found to reflect good practice for the recruitment of staff who work with vulnerable people. The inspector reviewed the personnel records for three staff and found that the required Schedule 2 information including vetting disclosures was available.

**Judgment:**  
Substantially Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

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

**Findings:**

Rosemount House Nursing Home is a purpose built care facility that can accommodate 39 residents. It provides a homelike comfortable for residents. It is situated in the town of Gort and is a few minutes' walk from shops and business facilities. Bedrooms are single or double occupancy. There is a range of communal spaces where residents can spend the day. The dining areas were well organised and residents had the choice to have meals in a small or large dining area. Toilets and bathrooms were well located throughout and were accessible to communal rooms. There was a smoking area and this was noted to be bright and well ventilated. An action plan in the last report that described inadequate ventilation in this area had been addressed. However this area continued to need attention as it showed signs of wear and tear and was not adequately spacious for the number of residents who smoked and required access to this area. The inspector concluded that the smoking arrangements should be reviewed to ensure they were suitable to the needs of residents.

There was a safe and accessible courtyard/garden area that was in regular use. Residents confirmed that they went out when the weather was fine and said they enjoyed looking at the vegetables and flowers in the raised beds and planters. The centre was in generally good decorative condition and was visibly clean. The dining room was attractively decorated and had homelike features that included tablecloths and flower arrangements to enhance the dining experience. Sitting areas were used throughout the day by residents and were comfortably furnished. Televisions were readily visible and there was a supply of films and music for use when residents did not wish to watch television.

The provider representative had a maintenance plan in place to ensure the appropriate upkeep of the centre. The inspector noted that "dementia friendly" features had been put in place. There was signage to guide residents to the communal dining, sitting areas and bathrooms. Signage for bedroom doors to help locate their rooms was being considered the person in charge told the inspector. Hand rails could easily be distinguished from walls to help residents with mobility and vision problems. There was good personalisation of bedrooms areas with photographs and personal items on display. Staff had access to supplies of personal protective equipment. Some items were accessible in hallways and could present a risk to residents who were confused. This had been identified by the health and safety committee who were considering ways to address this while ensuring the protective equipment was readily accessible for staff.

This outcome was judged as compliant in the self assessment and the inspector judged that it was substantially complaint as the areas outlined above required attention.

**Judgment:**

Substantially Compliant

***Outcome 08: Governance and Management*****Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There is a clear management structure for the centre in place. There was good communication between the provider representative and person in charge to ensure that the governance and management of the centre was managed appropriately. There were systems in place to ensure that the service was safe and effectively monitored. For example there were audits of events such as falls and preventative measures were found to be in place to prevent recurrences.

Adequate resources were in place to meet the needs of residents. Extra staff were made available at times when residents' needs indicated higher levels of supervision were required. The staff allocation took into account the dependency needs of residents and the need to provide a varied social care programme.

The premises were well maintained and decorated in a home like comfortable style. It was well equipped with furniture and specialist equipment according to the needs of residents. Fire safety precautions were found to be of a good standard. The centre was visibly clean and good practice in infection control and hand hygiene practices were observed.

The provider also has a full time role in the centre and undertakes a range of management duties. He was familiar with the residents currently accommodated, complaints and the specialist care needs of some residents. The inspector found that the governance arrangements were robust and that persons responsible for the service had a clear understanding of their roles and responsibilities.

**Judgment:**

Compliant

***Outcome 10: Suitable Person in Charge*****Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre was managed by a suitably qualified and experienced nurse who has held this role for some years. She is a qualified general nurse and has a full time role. She has completed a number of training courses including training on adult protection, dementia care and mental health and well being. Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland), was up to date.

She demonstrated that she had a sound working knowledge of the Regulations and the HIQA's standards that govern designated centres for older people. She is supported in her role by an experienced nurse who takes charge in her absence.

There was adequate time allocated for the person in charge to undertake her management role including the supervision and organisation of the staff team.

**Judgment:**

Compliant

***Outcome 12: Notification of Incidents*****Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. The inspector found that the centre adheres to the requirement to submit relevant notifications to the Chief Inspector.

**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:***

Geraldine Jolley  
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<sup>1</sup>

<b>Centre name:</b>	Rosemount House Nursing Home
<b>Centre ID:</b>	OSV-0004583
<b>Date of inspection:</b>	04/04/2017 and 05/04/2017
<b>Date of response:</b>	26/05/2017

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

Some daily records did not fully reflect the person centred care interventions in place to ensure residents' continued independence. For example, nurses had described daily patterns of behaviour and there were intensive one to one interventions in place to relieve anxiety and distress in some instances but the range of interventions in place were not reflected in the daily records.

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

**1. 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:**

All staff nurses are now required to give full details of all interventions which are carried out in the course of the residents care during the day and night times.

The daily records will be completed to reflect the person centred approach to care which exists in the centre.

**Proposed Timescale:** 12/04/2017

**Outcome 02: Safeguarding and Safety****Theme:**

Safe care and support

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

The visitors' record did not provide a complete record of persons in the building at any time and this could impact on protecting residents and ensuring their safety.

**2. 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:**

There is a notice at the reception together with the visitor's sign in record book requiring all visitors to the centre to sign in.

All staff have been made aware of this requirement and always encourage visitors to do so.

Proposed Timescale: 26/05/2017 completed and ongoing.

**Proposed Timescale:** 26/05/2017

**Outcome 04: Complaints procedures****Theme:**

Person-centred care and support

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

The record of complaints did not provide information on the investigations undertaken

and did not enable anyone viewing the record make a judgment on the appropriateness of the actions taken to resolve issues raised.

**3. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

All records of complaints will now include full details of the investigations undertaken regarding the complaint, outcome and whether the complainant was satisfied with the outcome.

**Proposed Timescale:** 12/04/2017

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

Some staff had recorded qualifications in moving and handling prior to commencing work in the centre, however there was no information to confirm their competence had been assessed in relation to work in the centre or that they were competent to use the equipment available in the centre.

**4. Action Required:**

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

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

New staff are assessed on their competency on the use of equipment before commencement of work. This is carried out by an induction/training process and by our in house manual handling instructor.

Proposed Timescale: 26/05/2017 Completed and ongoing

**Proposed Timescale:** 26/05/2017

**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:**

The smoking arrangements required review to ensure that all residents who wished to smoke could do so comfortably and safely.

There was some signage to guide residents to communal areas however further signage was required to help residents find their bedrooms and to assist with way finding in general.

The availability and location of supplies of personal protective equipment that could present a hazard to residents required review to ensure their safety.

**5. Action Required:**

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

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

(a) A keypad door access from the conservatory to the second courtyard has been installed to enable dependent residents access this area in suitable weather to smoke in comfort and safely outdoors. A covered area for the second courtyard will be put in place for less favourable weather.

(b) Further signage to guide residents to find their bedrooms and other areas in the centre will be put in place.

(c) The gloves and aprons dispenser is now moved to an area that would not pose a potential risk to residents whilst being accessible to staff. Additionally safe bags have been put on the care assistant's trolleys to secure personal protective equipment.

Proposed Timescale: (a) 1st October, 2017 (b) 1st July

**Proposed Timescale: 01/10/2017**