

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Roseville Nursing Home
Centre ID:	OSV-0000089
Centre address:	49 Meath Road, Bray, Wicklow.
Telephone number:	01 286 2582
Email address:	rosevillenursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Roseville Nursing Home Limited
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	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 Monitoring Compliance 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:
05 November 2018 11:30	05 November 2018 17:30
06 November 2018 09:30	06 November 2018 14:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

Summary of findings from this inspection

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's rating and the inspector's rating for each outcome.

This centre is a converted former Georgian house which provides residential care for 30 people. Approximately 45% of residents have dementia. This centre does not have a specific dementia unit.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment undertaken and care plans were in place

to meet their assessed needs. The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Some improvement was required to care planning documentation to ensure that it contained sufficient detail to guide practice for residents with dementia. Some improvement was also required in medication management.

Safe and appropriate levels of supervision were in place to maintain residents' safety. Measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The overall use of restraint remained low but adequate guidance regarding care when restraint was in use was not included in the care plans.

On the days of inspection, there was appropriate staff numbers and skill mix to meet the assessed needs of residents. Some improvement was required to ensure staff files were complete. The professional development of staff was promoted with an emphasis on training including dementia care.

The inspector found that residents' privacy and dignity were respected and that residents were enabled to make choices about how to live their lives. Some improvement was required to ensure consistent meaningful engagement by staff.

These are discussed further in the report and included in the Action Plan at the end of this report

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by an acceptable standard of nursing care and appropriate medical and allied health care. The inspector saw that improvement was required to some care planning documentation to ensure that it contained sufficient detail to guide practice for residents with dementia. Some improvement was also required in medication management.

Comprehensive assessments were carried out and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, level of cognitive impairment and their skin integrity. A care plan was developed within 48 hours of admission based on the resident's assessed needs. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process. Some gaps and inconsistencies were noted in the care planning documentation. For example, some parts of the care plans were auto generated and did not refer to the specific resident. This was discussed in detail with staff and was being addressed prior to the end of inspection.

The inspector saw that medications were not consistently being administered at the times listed on the prescription record. For example, the inspector saw that medications were prescribed to be administered at 8am but some residents did not get these medications until nearer 10am. The inspector reviewed a sample of prescription and administration records and noted that the maximum dose of medicines to be administered as and when required (PRN) was not consistently recorded. Both of these practices can lead to medication errors. Sufficient guidance was available in the medication management policy.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

Written evidence was available that three-monthly reviews were carried out. Support

and advice were available for the supplying pharmacy.

A secure fridge was provided for medicines that required specific temperature control. The temperature, which was monitored daily, was within acceptable limits on the days of inspection.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that detailed residents' individual food preferences and outlined the recommendations of dietitians and speech and language therapists where appropriate. The inspector also noted that individual preferences and habits around mealtimes were recorded.

Assistance was offered to residents in a discreet and sensitive manner. Residents told the inspector that they enjoyed the food with some residents describing it as 'better than at home' and all acknowledging that staff would get you anything you wanted to eat.

The inspector visited the kitchen and noticed that it was well organised. The chef on duty discussed the special dietary requirements of individual residents and information on residents' dietary needs and preferences.

The inspector saw that caring for a resident at end of life was regarded as an integral part of the care service provided. In the sample of care plans reviewed, there was documented evidence to show that residents were afforded the opportunity to outline their wishes regarding end of life. Advice and support was provided by the local palliative care team if required. The inspector also noted that practices were in place to support other residents following the death of a resident. This included regular chats and when appropriate, residents were involved in designing a memorial board to reflect the deceased resident's life.

Residents had access to GP services and out-of-hours medical cover was provided. Residents spoke very highly of the services provided. A full range of other services was available on referral including dietetic, speech and language, and occupational therapy (OT) services. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Judgment:

Substantially Compliant

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 found that measures were in place to protect residents from being harmed or abused. Some improvement was required to ensure sufficient guidance was available to staff when restraint was in use.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken with displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The inspector was satisfied that, when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Detailed assessment and treatment plans were in place. Staff had attended extensive training. Support and advice were available from the psychiatric services if needed. During the inspection, staff approached residents with responsive behaviours in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

The inspector found that the overall use of restraint remained low, and additional equipment such as low beds had been purchased to provide less restrictive alternatives. Detailed assessments were completed. However, adequate guidance regarding care when restraint was in use, was not provided in the care plans. Safety checks were carried out when restraint was in use. The person in charge discussed plans to allow easier recording of these checks electronically.

The provider did not act as a pension agent for any resident. Pocket monies were being managed for some residents. The inspector checked a sample of balances and found them to be correct. A more robust system was currently being introduced.

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' privacy and dignity were respected and that residents were enabled to make choices about how to live their lives. Some improvement was required to ensure consistent meaningful engagement by staff.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents with a dementia. The observations took place in the day-room and the dining room. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 33% of interactions demonstrated positive connective care, 30% reflected task orientated care while 29% indicated neutral care. The remaining 8% represented institutional or controlling care and missed opportunities for meaningful engagement by staff. For example, the inspector saw that a staff member came into a room where residents were engaged in an activity and proceeded to take routine blood pressure measurements. The inspector also noted that a staff member started bringing residents up to lunch even though the activity underway was not finished. In addition, it was noted that during the days of inspection, many residents seemed to be unoccupied for long periods of time. These results were discussed with the staff who attended the feedback meeting and the areas for improvement were outlined.

The inspector observed that some residents were spending time in their own rooms and enjoyed reading and watching TV, or taking a nap. Other residents were seen to be spending time in the different communal areas of the centre. Newspapers and magazines were available and the inspector saw some staff reading to residents.

The inspector observed many kind caring interactions by staff and residents responded well to this. It was obvious that staff and residents knew each other well. The inspector found that residents were consulted about how the centre was run, and were enabled to make choices about how to live their lives. There was a residents' committee, and meetings were held on a regular basis. Staff told the inspector that the views of all residents were taken on board. The inspector saw that residents' suggestions regarding outings had been acted upon.

Residents' religious and civil rights were supported. Residents told the inspector that they had the opportunity to vote at the recent elections.

Staff spoken with outlined details of independent advocacy services that were available to the residents. A notice advertising this service was on display.

There were no restrictions to visiting in the centre other than at mealtimes and some residents were observed spending time with family or friends in the various communal areas of the centre.

An activity programme included activities arranged for the mornings and afternoons, such as music, quizzes, exercises and relaxation therapies. The inspector saw residents enjoying these activities.

Judgment:

Substantially 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:

The inspector was satisfied that the complaints of each resident or relative including residents with dementia, were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display on the ground floor and was also set out in the resident's guide. A minimal number of complaints were received, and records showed that all dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were recorded.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that, on the days of inspection, there was appropriate staff numbers and skill mix to meet the assessed needs of residents. Some improvement was required to ensure staff files were complete.

There was a recruitment policy in place which met the requirements of the regulations. The inspector examined a sample of staff files and found that two of four reviewed did not have a satisfactory history of gaps in employment while one did not have a reference from the employee's most recent employer. There were one volunteer in the centre at the time of inspection and appropriate documentation was in place.

Assurance was given by the registered provider representative that Garda Síochána (police) vetting was in place for all staff. The inspector reviewed the roster which reflected the staff on duty.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff told the inspector they had received a broad range of training which included dementia care and managing responsive behaviours. A training plan was in place for 2018 and this included additional training in fire management, infection control, falls prevention as well as dementia care.

The inspector observed that a formal induction programme and suitable mentoring arrangements were in place. Staff appraisals were also carried out.

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:

The inspector found that the location, design and layout of the designated centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way.

The building was laid out over two separate floors, accessed by chair lifts, stairs and a platform lift.

The environment was homely, well decorated and in a style which was comfortable. There was a programme of regular maintenance. The centre was found to be well maintained, warm and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising. At the time of inspection, radiator guards were being fitted on some radiators as a potential risk of burning had been identified.

In total there were 14 single and eight twin rooms, many of which had en-suite facilities. The bedrooms were comfortable, and many of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments.

Communal areas are comfortably furnished and decorated with good use of colour and paintings on the walls to help residents to orientate themselves to each room. Contrasting colours were also in use to provide further orientation. Orientation boards were noted around the centre. Many of the corridors were decorated with old

memorabilia and ornaments. Colourful cushions were also in use.

The inspector also noted that coloured cutlery and place mats were available to assist residents.

Signage was available on most communal room doors such as the dining room. This was in pictorial and word format and was also in a raised style.

The centre had a well-maintained enclosed garden area extending around the building. Seating was available at intervals should residents need to rest. The garden area was wheelchair accessible and is furnished with tables and chairs. The garden provided a safe and pleasant outdoor area for residents. The inspector saw many residents accessing this area on the days of inspection.

The designated centre is situated close to local shops and amenities and is accessible by public transport routes and a short walk. There is a small car park at the front of the building with off street parking also available.

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:

Sheila Doyle
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 report¹

Centre name:	Roseville Nursing Home
Centre ID:	OSV-0000089
Date of inspection:	05-06/11/2018
Date of response:	03/12/2018

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:

Some gaps and inconsistencies were noted in the care planning documentation.

1. 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.

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

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

As per Regulation 05(3) in regard to our Care Planning, some improvements, gaps, inconsistencies and auto generated details which were noted in relation to some resident's care plans was immediately addressed prior to the end of inspection. We will monitor and continue to improve same.

Proposed Timescale: 03/12/2018

Theme:

Safe care and support

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

Morning medications were not administered at the time prescribed.

The maximum dose of medicines to be administered as and when required (PRN) was not consistently recorded.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

As per Regulation 29(5), all medications are administered at the time prescribed with the exception of the second day of inspection when there was a GP round which took longer than usual. We always endeavour to administered medications in a timely manner.

In relation to the PRN medication dosage, recording of same has been amended to reflect the maximum dose that can be given in any twenty-four-hour period.

Proposed Timescale: 03/12/2018

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

Safe care and support

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

A sample of care plans reviewed did not provide adequate guidance regarding care when restraint was in use.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

As per Regulation 07(3), In relation to the use of restraints, all care planning has been reviewed and proper guidance regarding care when restraint is used, had since been reflected. All our safety checks that were in place and recorded electronically has also been improved since the inspection. And we will continue to monitor same on an ongoing basis in line with the Department of Health's National Policy on the use of Restraints.

Proposed Timescale: 03/12/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Some residents, particularly residents with dementia, spent a lot of time unoccupied during the days of inspection.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

As per Regulation 09(2)(b), on the day of inspection, it was noted that some of our residents spent sometime unoccupied in the day room between 10:00A.M. to 10:30A.M. On the said day, there was a Holistic Therapy scheduled for that morning from 10:00A.M., however, there was a miscommunication in relation to the starting time with the new therapist and this has been rectified. The Holistic Therapist has now been coming in on time.

Proposed Timescale: 03/12/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Two of four staff files reviewed did not have a satisfactory history of gaps in employment while one did not have a reference from the employee's most recent employer.

5. 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:

As per Regulation 21(1), the two staff files that did not show satisfactory history of gaps in employment has been rectified.

Proposed Timescale: 03/12/2018