

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Roselodge Nursing Home |
| Centre ID: | OSV-0000088 |
| Centre address: | Killucan, Westmeath. |
| Telephone number: | 044 937 6220 |
| Email address: | orlamc40@gmail.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Killucan Nursing Centre Limited |
| Provider Nominee: | Orla McCormack |
| Lead inspector: | PJ Wynne |
| Support inspector(s): | |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 43 |
| Number of vacancies on the date of inspection: | 7 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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|---------------------|---------------------|
| From: | To: |
| 21 March 2017 09:30 | 21 March 2017 18:00 |
| 22 March 2017 09:20 | 22 March 2017 14:45 |

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 03: Information for residents | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Compliant |
| Outcome 06: Absence of the Person in charge | Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Non Compliant - Moderate |
| Outcome 09: Medication Management | Compliant |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Substantially Compliant |
| Outcome 12: Safe and Suitable Premises | Substantially Compliant |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 14: End of Life Care | Compliant |
| Outcome 15: Food and Nutrition | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 17: Residents' clothing and personal property and possessions | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The centre can accommodate a maximum of 50 residents who need long-term care, or who have respite, convalescent or palliative care needs. The inspector reviewed

progress on the action plan from the previous inspection. All the actions were satisfactorily completed. Notifications of incidents received since the last inspections were reviewed on this visit.

The inspector met with the provider and person in charge who displayed a good knowledge of the regulatory requirements. The management teams have an active presence at all levels in the centre. The provider works full-time in the service and she is well known to residents and their families.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met.

There were sufficient numbers of suitably qualified staff on each work shift to promote residents' independence. During conversations with the inspector residents confirmed that they were well looked after, the care was good and they felt safe. Questionnaires completed by relatives and residents confirmed they were satisfied with the service provided.

The premises, fittings and equipment were clean, well maintained and decorated to a good standard. Bedrooms accommodation comprises of 50 single bedrooms. Eight bedrooms have an en-suite comprising of a shower and toilet and 16 bedrooms have an en-suite with a toilet and wash hand basin. Bedrooms are suitable in size and equipped suitably to meet residents' needs.

There were handwritten care plans in place for each identified need. Arrangements were in place so that each resident's care plan was kept under formal review. There were opportunities for residents to partake in activities. An activity coordinator was employed for five days per week.

There was a good choice of options at each mealtime. Access to a dietician and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe healthy nutritional status.

A total of 18 Outcomes were inspected. Fifteen outcomes were judged as compliant with the regulations and the remaining three as substantially in compliance with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The statement of purpose was kept up to date and revised in February 2016. The provider understood that it was necessary to keep the document under review. The provider was aware of the requirement to notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

The inspection evidenced the service provided was reflective and as described within the statement of purpose.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was a defined management structure in place. The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent. There is an organised structure in place to support the person in charge.

The management team have a visible presence at all levels throughout the centre. The provider is involved in the governance, operational management and administration of the centre on a consistent basis. The provider works full-time in the centre and she is well known to residents and their families.

During the inspection the provider demonstrated knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development.

There were sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was evidence of planned investment to expand the service in the future, enhance the facilities, professional development of staff and sufficient staff deployed to meet residents' care needs.

There was a variety of audit tools available and each audit completed described any deficits identified, the action to be taken within required timescales and the person responsible to implement the improvement plan.

The audit program was reviewed and evidenced a defined set of criteria are reviewed regularly and systemically. A comprehensive audit of accidents or falls by residents was completed. A medication audit was completed in conjunction with the pharmacist. The medicines audit reviewed the storage medicine and maintenance of medicine records.

A system has been implemented to audit the usage of psychotropic and might sedative medication to inform practice to ensure enhanced individual outcomes for residents. An audit of care plans and weight checks is undertaken at intervals to ensure consistency in work practices.

An annual report on the quality and safety of care was compiled.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that all residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of contracts of care. All contracts were signed by relevant parties.</p> <p>Expenses not covered by the overall fee incurred by residents for example, chiropody, hairdressing and escort to appointments were clearly explained in the contract of care.</p> <p>There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.</p> |
| <p>Judgment: Compliant</p> |

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge is a registered nurse and holds a full-time post. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. Relatives and residents highlighted the positive interactions and support provided by the entire team in questionnaires submitted to HIQA.

She maintained her professional development and attended mandatory training required by the regulations. There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored maintained in a secure manner. Samples of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care. Records required by the regulations viewed included incidents falls and accidents and correspondence to or from the designated centre relating to each resident. The centre's insurance which covered against accidents or injury to residents, staff and visitors. The directory of residents included all the information specified in Schedule 3. The details of the most recent transfer of a resident to hospital and death were updated in the directory.

The complaints procedure was displayed inside main entrance for visitors to view and provided guidance on how to raise an issue of concern. The certificate of registration was displayed prominently.

All records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval:

The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available the inspector verified this on inspection.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in

charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A key senior manager has been notified to the HIQA to deputise in the absence of the person in charge. This occurred during 2016. The appropriate notifications were completed within the respective timeframes outlined in the regulations.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

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 financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. The provider was not an agent to manage pensions on behalf of any residents. The centre's management team purchased any items as required on behalf of residents if necessary and invoices were issued monthly.

There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. Consent was obtained from residents and their wishes respected. There were sufficient numbers of suitably qualified staff on each work shift to promote residents' independence.

Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. The contact details of the Health Service Executive (HSE) adult protection case worker were outlined in the safeguarding policy along with a referral form. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

During conversations with the inspector residents confirmed that they were well looked after, the care was good and they felt safe. Questionnaires completed by residents confirmed they were happy. While some expressed a wish to be able to live at home they confirmed they were content with the care provided. Residents spoken with stated "the food is great", "something different on the menu each day", "I am well looked after and the staff always come when I call them". Other residents explained there were always events planned for them to enjoy in the afternoon and all staff were kind. Access to the centre was secured with a coded key pad.

There is a policy on the management of responsive behaviour. Staff spoken with were familiar with resident's behaviours. A number of residents were discharged from the care of the psychiatry team to their general practitioner (GP). Psychotropic medicines were monitored by the prescribing clinician. The usage and effectiveness audited by the person in charge regularly to ensure optimum therapeutic values. At the time of this inspection there were 11 residents on two psychotropic and one resident prescribed three antipsychotic medicines. Nursing staff in conversation outlined the need. There was good access to the psychiatry of later life team. The community mental health nurse from the team visited the centre regularly to review residents

Staff could describe particular residents' daily routines very well to the inspector. The majority of staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. However, additional training is required for recently recruited nurses and care assistants. There was a policy on restraint management (the use of bedrails and lap belts) in place. In line the national policy a restraint free environment was promoted. At the time of this inspection there were six bedrails in use. One as a restraint measure as the resident had no safety awareness and five as an enabler at the request of residents. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. The rationale for the use of bed rails was outlined. The enabling function of bedrails used as an enabler was documented in care plans reviewed. Alternatives options were utilised. Crash mats were in use. Beds were placed to the lowest level and sensor mats were available to alert staff.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

There was a centre-specific health and safety statement, last updated in January 2017 and an emergency response plan outlining the procedure to follow in events such as a fire, gas leak or infection outbreak.

The centre maintained a risk management policy and in-house risk register. This outlined environmental and clinical risk specific to individual residents including those with impaired swallow, responsive behaviour and those with poor safety awareness. The hazards and controls to mitigate risk were described.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Staff had completed refresher training in fire safety evacuation procedures. However, an inadequate number of drills were completed to ensure all staff had the opportunity to participate in regular drill in between annual refresher fire safety training. Some staff only worked nights and had not participated in fire drills to reflect a night time scenario.

Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced in accordance with fire safety standards. Fire safety checks were completed by staff on a weekly and monthly basis to ensure fire safety equipment was operational and functioning.

Each resident had a personal emergency egress plan developed. These outlined the method of evacuation and type of equipment required to assist each resident evacuate the building safely. These were updated on a weekly basis and included both day and night time evacuation requirements. Exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

There were procedures in place for the prevention and control of infection. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination. Hand gels were located at each end of the corridors containing bedroom. However, the number of hand hygiene points requires review at mid sections on corridors to ensure ease of access to hand sanitising facilities.

A small number of residents smoked. A safety care plan for residents who smoked was completed. It detailed if the resident was safe to smoke independently and outlined the

level of assistance and supervision required in a plan of care. A smoking room was provided close to the day sitting room fitted with a smoke detector and fire extinguisher.

Falls and incidents were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed to identify any contributing factors.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified and displayed discreetly in their bedrooms. However, the type of hoist and sling size was not detailed in each risk assessment reviewed.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to work service areas to include the kitchen, clinic room and sluice room was secured in the interest of safety to residents and visitors.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

Findings:

There was a policy on the management of medicines which was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt, administration, storage and accounting for medicines were satisfactory. Medicines were being stored safely and securely in a room which was locked at all times.

All medicine was dispensed from blister packs. These were delivered to the centre by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the blister packs to ensure all prescription orders were correct for each resident.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of medicine error. The prescription sheets reviewed were legible. The prescription sheets were legible and separately identified the regular medication, (p.r.n) medicine (a medicine only taken as the need arises) and short term medicines.

The administration sheets viewed were signed by the nurse following administration of medicine to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medicine was refused on the administration sheet.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a regular basis. An audit of the medicines management system was carried out by the pharmacist.

The system for storing controlled drugs was secure. Controlled drugs were stored safely in a double locked cupboard. Stock levels were recorded at the beginning and end of each shift in a register. The inspector examined a sample of medicines and this corresponded to the register.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe 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 or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Chief Inspector as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

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

Findings:

Each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. A pre-admission assessment was completed by the person in charge to ensure the care needs of a prospective residents can be met.

On admission a comprehensive assessment of needs was completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed.

There were handwritten care plans in place for each identified need. Arrangements were in place so that each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives. The evaluation of the care plan outlined the professional judgment of the planned care pathway and its effectiveness.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Residents had timely access to allied health professionals to include speech and language therapist, dietician and a chiropodist.

Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions to protect skin integrity. There were two residents with vascular wounds at the time of this inspection. A plan of care was in place and regularly revised. Wound assessment charts were completed each time the dressing was changed. There was access to a clinical nurse specialist in wound management for complex wounds. However, timely referrals were not in place for recently admitted residents.

There were opportunities for residents to partake in activities. An activity coordinator was employed for five days per week. The inspector met with the activity coordinator and reviewed the activity schedule which provided both physical and sensory stimulation. A physical therapist visits the centre one day each week and undertakes seat based exercises with residents.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The building is designed to meet the needs of dependent older people. The centre was maintained in good decorative condition. The building was all on one level, with no steps or slopes impacting on a resident's ability to mobilise around the centre. The centre was well lit, heated and ventilated throughout. Corridors had safe floor coverings and handrails along both sides.

There are is one sitting room and a quieter sitting area mainly used by residents to spend time with visitors. A dining area suitable in size to meet residents' needs is located off the sitting room. There are two separate sittings at each mealtime. A small number of residents chose to have their meals in the sitting room.

Bedrooms accommodation comprises of 50 single bedrooms. Eight bedrooms have an en-suite comprising of a shower and toilet and 16 bedrooms have an en-suite with a toilet and wash hand basin. Bedrooms are suitable in size and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided. There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience.

There were limited visual cues or pictorial signage to direct resident from their bedrooms to communal areas. While work had commenced on implementing dementia friendly design features an improvement in communication aids in the sitting room and dining room is required to orientate residents to time and place. While the dessert options were on the menu board the main lunch meal or tea time options were not display to help remind residents of the choices. Notices board to remind residents of the day, month or weather conditions or other topical events were not located in the sitting areas.

External grounds were well maintained and safe internal garden were accessible to residents.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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 policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. Within the complaints procedure access to an advocate was identified to help residents raise an issue or concerns they may have.

A designated individual was nominated with overall responsibility to investigate complaints. The timeframes to respond to a complaint, investigate and inform the complainant of the outcome of the matter raised by them was detailed.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations.

No complaints were being investigated at the time of this inspection. A complaints log was in place. This contained the facility to record all relevant information about complaints and the complainant's satisfaction with the outcome.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Discussions with the nursing team evidenced that end-of- life care was person centred

and respected the values and preferences of individual residents. There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. There were 20 residents with a do not attempt resuscitation (DNAR) status in place. A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team.

Each resident had a plan of care for end-of –life needs. End-of- life care plans recorded good detail of personal and spiritual wishes to assist meeting social and psychological needs. Decisions concerning future healthcare interventions were outlined. Resident’s preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans.

The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There was one resident under the care of the palliative team at the time of this inspection.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated. Nine residents were prescribed supplements to help maintain a healthy nutritional status.

Access to a dietician and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe healthy nutritional status.

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served with sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those on fortified diets. A trolley served residents mid morning

and afternoon offering a choice of tea/coffee fruit, buns and biscuits and dessert.

There was an emphasis on residents' maintaining their own independence. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the meals including the quality and variety in questionnaires submitted to HIQA.

Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents' needs were served. A record of residents who were on special diets such as diabetic, fortified diets or those requiring a modified consistency or fluid thickeners was available for reference by all staff and kept under review.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence of a good communication culture amongst residents, the staff team and person in charge. It was observed staff interacted with residents in an appropriate and respectful manner and there was adequate space for residents to meet with relatives in private, separate from their bedrooms. Visitors were seen to come and go throughout the day and it was evident that they were familiar with staff. Staff knew residents visitors well and engaged with them and updated relatives on their well being.

A range of activities were available each day such as physical activity exercises, arts and crafts, quizzes, SONAS, and music. Residents had access to television, newspapers, and telephone facilities.

The preferences of all religious denominations were respected and facilitated. Religious ceremonies were celebrated in the centre that included weekly mass for residents. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Personal hygiene and grooming were well attended to by care staff. During the day residents were able to move around the centre freely. Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the centre's management team.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily. A residents' forum was in place. Residents had access to an independent advocate who provided feedback to the person in charge.

The centre conducted a residents' survey in 2016. Questions asked in this related to the satisfaction of residents with aspects such as the food, variety of activities and events, cleanliness of the centre and quality of care. Residents responded positively, stating they felt safe and respected.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A clear system was in place to ensure all clothes were identifiable to each resident. A property list was completed with an inventory of all residents' possessions on admission.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet

the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

The provider employs a whole-time equivalent of 7.13 registered nurses including the person in charge and 20.46 care assistants. In addition, there is catering, cleaning, laundry staff and an activity coordinator employed. There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspector noted that the planned staff rota matched the staffing levels on duty. There were two nurses rostered each day. One from 8.00am until 8.00pm and one until 2.00pm. At night there is a nurse rostered for 12 hours commencing at 8.00pm and one nurse from 8.00pm until 11.00pm supported by three care assistants throughout the night work shift..

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees. There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care and falls prevention. All nursing staff were facilitated to engage in continuous professional development and had completed training on medication management.

All nurses employed had confirmation of their registration with the Nursing and Midwifery Board of Ireland for 2017 documented.

There were a small number of volunteers in the centre, for whom files were kept outlining their role and responsibilities, supervision arrangements and confirmation of Garda vetting. The centre did not avail of external agency staff.

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:

PJ Wynne
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: | Roselodge Nursing Home |
| Centre ID: | OSV-0000088 |
| Date of inspection: | 21/03/2017 |
| Date of response: | 24/04/2017 |

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The type of hoist and sling size was not detailed in each moving and handling risk assessment reviewed.

1. Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control

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

accidental injury to residents, visitors or staff.

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

All moving and handling risk assessments have been reviewed and the type of hoist and sling size is clearly reflected

Proposed Timescale: 24/03/2017

Theme:

Safe care and support

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

The number of hand hygiene points requires review at mid sections on corridors to ensure ease of access to hand sanitising facilities.

2. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The numbers of hand hygiene points have been increased at the mid sections on all corridors.

Proposed Timescale: 28/04/2017

Theme:

Safe care and support

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

An inadequate number of drills were completed to ensure all staff had the opportunity to participate in regular drill in between annual refresher fire safety training. Some staff only worked nights and had not participated in fire drills to reflect a night time scenario.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

An adequate number of drills will be completed to ensure all staff have the opportunity to participate in regular drill.

Proposed Timescale: 30/04/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

There was access to a clinical nurse specialist in wound management for complex wounds but timely referrals were not in place for recently admitted residents.

4. Action Required:

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

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

All residents have access to a clinical nurse specialist and in order to meet the needs of respite residents a timely referral will be put in place.

Proposed Timescale: 22/03/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

An improvement in communication aids in the sitting room and dining room is required to orientate residents to time and place. While the dessert options were on the menu board the main lunch meal or tea time options were not display to help remind residents of the choices. Notices board to remind residents of the day, month or weather conditions or other topical events were not located in the sitting areas.

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:

Communication aids will be implemented throughout the nursing Home to orientate resident to time and place and to remind them of their choices.

Proposed Timescale: 31/05/2017