

**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
Provider Nominee:	Denise Charmant-Dunne
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	0

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

From:	To:
30 January 2017 10:30	30 January 2017 18:00
31 January 2017 08:00	31 January 2017 15:00

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	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
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	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection further to the receipt of an application to renew the registration of the centre. The inspection took place over two days. Prior to the inspection the provider was requested to submit relevant documentation to the Authority. The fitness of the provider entity, person in charge and key senior manager was assessed through an ongoing fit person process. They demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated

Centre's for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland, throughout the inspection process.

As part of the inspection process, the inspector reviewed the documentation submitted, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

There was a clearly defined management structure that identifies the lines of authority and accountability. The management team facilitated the inspection process and had all the necessary documentation available for inspection. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Feedback from relatives and relatives was very positive. Residents said it was a lovely place to live and staff were wonderful. Relatives also praised the caring attitude of staff and commented on the welcoming inclusive, atmosphere.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual care plans. Evidence was available that residents healthcare needs were met.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

Some improvements were required to the level of access to the community and to individual activities and also to the use of CCTV in the centre.

The action plan of this report highlights the matters to be addressed and also identifies where issues require to be addressed, related to the premises which did not conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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):

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

Findings:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre.

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):

No actions were required from the previous inspection.

Findings:

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

The provider works full time in the centre and supports the person in charge. The

person in charge was a registered nurse with the relevant experience as required by the regulations and also worked full-time in the centre. The management team also includes an assistant person in charge

Throughout the inspection it was noted that all residents were familiar with both the person in charge and the provider nominee and many could address them by name.

Effective communication and supervision processes were in place and staff were aware of their roles and responsibilities.

Systems were in place to review and monitor the standard of care provided including clinical care such as; fall management, pressure area care, restraint and nutrition. Non clinical aspects reviewed included maintenance of premises and health and safety.

An annual review of safety and quality of care was also in place. A report on the review was available. The report identified quality care indicators to indicate the standard of and safety and quality of service being delivered. Residents' and relatives' consultation and feedback processes included invitations to regular meetings, direct feedback to the provider or person in charge and feedback via a suggestion box.

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

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

No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract which deals with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged.

This included a list of facilities and services provided including laundry, meals, and housekeeping. Services offered in the centre which incurred additional fees were listed. A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies. Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions, details of staff on duty and contact details for advocacy services.

Judgment:

Compliant

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 centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service. Through an assessment process it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

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):

No actions were required from the previous inspection.

Findings:

Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide was complete and available. A copy of the insurance cover in place was provided which meets the requirements of the Regulations.

The directory of residents was reviewed and was found to meet the requirements of the Regulations and was up to date with records of admissions discharges and transfers

maintained.

It was found that, overall, general records as required under Schedule 4 of the Regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records and operational policies and procedures as required by Schedule 5 of the Regulations. Policies were reviewed on a regular basis and within the three year timeframe required by the regulations.

It was found that all records listed in Schedule 2 and Schedule 23 of the regulations were being maintained in terms of accuracy and were updated regularly. The inspector reviewed a sample of staff files and found that they met all of the requirements listed in Schedule 2.

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:

Suitable arrangements were in place for periods of absence of the person in charge and the provider complied with his responsibilities to notify the Authority when a change occurred to both the person in charge and the nominated person to replace them. The fitness of the assistant person in charge to replace the person in charge in the event of an absence was determined through an assessment process during the inspection. The assistant person in charge was aware of the roles and responsibilities of the position and had the qualifications and experience required by the legislation.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Promotion of a restraint free environment was maintained with bed rails in use for only one resident at the time of inspection. The inspector observed a high use of alternative measures such as: ultra low beds; crash mats; and mattress alarm systems. These alternatives combined with staff vigilance provided an effective alternative to falls management and resident safety. Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented. In conversations with them, residents told the inspector that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.</p> <p>The provider did not act as pension agent for any of their current residents, although provision was made to assist some residents to safeguard small sums of money. The inspector reviewed the system and found all monies given in for safekeeping and subsequently withdrawn, were recorded and signed by two persons. Receipts for purchases were retained. Copies of the account balance with details of transactions were given to residents on a regular basis and on request.</p>
<p>Judgment: Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Emergency lighting and fire-fighting equipment, directional signage and appropriate fire procedures were available throughout the building. Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of extinguishers, fire retardant materials and the alarm system were documented. All staff had received training in fire safety within the past 12 months and were familiar with what actions to take in the event of a fire alarm activation. The inspector was told</p>

regular fire drills were held which included activation of the fire alarm, staff responded by checking the fire panels on each floor which were located at the nurses' station. All staff were familiar with the principles of horizontal and vertical evacuation. Regular simulated evacuation drills were held. These drills also included simulation of an actual evacuation to determine the competency of staff to use evacuation equipment such as evacuation sheets and practicing the principles of all forms of evacuation.

A risk register was established which was regularly reviewed and updated. Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions.

The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors and a register of visitors was available. A CCTV system was in place internally and externally. The centre was found to be visibly clean and clutter free.

Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Written operational policies were in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were supplied to the centre by a retail pharmacy business in an individual monitored dosage system. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Nursing staff, administering medicines to residents during the morning administration rounds, were observed. The administration practice was in line with current professional guidance.

Judgment:

Compliant

<i>Outcome 10: Notification of Incidents</i> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.
Judgment: Compliant

<i>Outcome 11: Health and Social Care Needs</i> <i>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.</i>
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 findings of the last inspection required actions to improve care planning and assessment processes to make them more specific and ensure they meet residents' needs. Evidence of efforts to improve care planning and assessment and the documentation of clinical care were found and these actions were fully addressed. A sample of clinical documentation and medical records were viewed. The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Care plans viewed were detailed enough to guide staff, on the appropriate use of interventions to manage the identified need, and the reviews considered the effectiveness of the interventions to manage and/or treat the need. In general nursing

documentation was clear and co-ordinated. Risk assessments, care plans and nursing progress notes were linked and gave an overall picture of residents' current condition. Efforts to plan and deliver care in a person centred manner were also noted.

There was evidence that the well being and welfare of residents was being maintained through the provision of a good standard of nursing medical and social care.

Evidence of timely referral and review by a range of medical and allied health professionals was found with documented visits, assessments and recommendations by dietician, and speech and language therapists, physiotherapy and occupational therapist reviews.

Residents were also reviewed by opticians, dentists and chiropody services on a regular and as required basis.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

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

A number of care plans referred to family involvement in the care planning process, where family were consulted for decision making or to seek and give information relating to the resident.

Judgment:
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 design and layout of the centre were broadly in line with the statement of purpose.

This nursing home consisted of a converted former Georgian house with accommodation provided over two floors, with a chair lift to transfer residents between the floors. The ground floor had been extended and was split level with six steps leading down to the extended area. A wheelchair ramp was installed beside the steps for accessibility purposes.

The ground floor consisted of: four twin bedrooms, two with full en suite and 10 single bedrooms all with full en suite. The first floor consisted of; two single bedrooms without en suite and four twin bedrooms, two with toilet and wash hand basin en-suite. There were sufficient communal bathrooms and toilets, and adequate, sluicing, cleaning rooms, laundry and storage facilities.

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

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

Ongoing efforts to ensure the premises met the needs of all residents were found. On previous inspections it was noted that two bedrooms on the first floor were not fully accessible. This limited the use of these rooms to fully mobile residents. On this inspection it was noted that the provider had installed a chair lift on the section of steps leading down to these two rooms. However, accessibility to toilets and shower facilities remained limited. The single room did not have any en suite facilities and the twin room had toilet with wash hand basin only. These rooms remain limited in terms of meeting the needs of residents who are not independently mobile.

While chair stair lifts were available, there was no lift to facilitate the safe transfer of residents between floors, should they become ill or weak and unable to sit upright. A condition was in place on the registration certificate, that the use of these rooms were for independently mobile persons. The provider was meeting the terms of this condition. The provider and person in charge were very aware of these limitations and were considering ways of addressing them in order to meet the regulations and the national standards going forward.

The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising. Grab rails and hand rails were installed where required. There was a functioning call bell system in place within the centre, and assistive equipment was in working order with service records available.

Judgment:

Non Compliant - Moderate

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.</p> <p>On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 14: End of Life Care</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Equipment and facilities for residents and relatives were available to meet religious and spiritual needs. A determination on the standard of end of life care delivered could not be fully made as no resident was receiving end of life care at the time of the inspection. Access to specialist palliative care services were available when required. Some evidence was available that residents will or preference was sought in relation to issues such as emotional, social and spiritual needs, place of death or funeral arrangements.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 15: Food and Nutrition</i> <i>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</i></p>

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:

Residents were provided with food and drink at times and in quantities adequate for their needs. A four week rolling menu was in place to offer a variety of meals to residents.

Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff.

Most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. The main kitchen was located beside the dining room. Food was served directly from there by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Residents on modified consistency diets also received the same choice of menu options as others. Drinks such as water, milk, tea and coffee and fresh drinking water at all times were available. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition. Intake was recorded on the computerised system in sufficient detail to enable a determination of the adequacy of the intake be made.

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:

Evidence that residents were consulted with, and participated in, the organisation of the

centre was found. Regular resident meetings were held, where residents were consulted about future activities or outings and facilitated to give feedback on how the centre was run. There were no restrictions to visiting in the centre and the inspector observed a constant stream of visitors throughout the two day inspection. Visitors were provided with tea and cake which they enjoyed as they chatted to their relatives. Choice was respected and residents were asked if they wished to attend Mass or exercise programmes. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. The right to vote in national referenda and elections was facilitated with the centre registered to enable polling.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. The inspector also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person centred way. Staff chatted to residents about their family, how they were feeling, or the local community news, in particular, with those residents who sat apart and could not fully participate.

There was a varied activities programme with arts and crafts, bingo, puzzle games, gardening and music included. The activity coordinators made creative use of seaweed, driftwood and cockle shells from the beach to stimulate memories and conversations. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence and sensory stimulation. The inspector was told that one to one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities, and that this time was used for sensory stimulation such as providing hand massages.

Residents' rights, privacy and dignity was found to be respected

Feedback from residents and their relatives on the level of consultation with them and access to meaningful activities was generally positive. All those spoken too praised the staff for the cheerful and respectful manner in which they delivered care. Residents said staff were quick to respond to their call bells and regularly enquired if they were OK. However, some comments reflected a need for more outings in the community. In conversation with several residents, the inspector heard that they usually only left the centre to attend appointments. Outings were infrequent and only during the summer, although some residents did say they would enjoy going to the shops, church or for a walk. This was also discussed with the provider and one of the activity coordinator's who acknowledged that outings were limited. The provider was trying to involve families to increase outings for residents.

CCTV was in place both internally and externally in the centre. A sign was placed in a prominent position to inform all visitors of its use. However, it was found that camera's were in place in communal areas such as sitting and dining areas which may be in breach of the Data Protection legislation in respect of the right to privacy. In conversation with them the provider advised that the CCTV was used to promote resident's safety, by pre-empting and responding to, responsive behaviours and/or falls. Nonetheless, the inspector noted that these areas were well supervised by staff when residents were present. It was also noted that there were cameras in place on the corridors leading to and from these areas. The inspector considered that the use of cameras within these communal rooms was difficult to justify.

Judgment:
Substantially 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 were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.
A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission.

Residents had access to a locked space in their bedroom if they wished to store their belongings.

There was a policy in place of residents' property in line with the Regulations and a list of residents' valuable property and furniture was maintained where required

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):

Findings:
Suitable and sufficient direct care staffing and skill mix were found to be in place to meet the needs of the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Cover for planned and unplanned leave was provided within the current staff complement.

Records reviewed showed that staff had been provided with opportunities to receive updated training in areas such as: safeguarding; moving and handling; fire safety: first aid: dementia care and food hygiene; pressure ulcer prevention; assessment and care planning and person centred care. Samples of attendance records were also viewed. Appropriate and respectful interactions were observed throughout the day between residents and staff. Overall it was noted that resident's dignity and choice was respected during care interventions and in their daily lives.

A formal staff appraisal system was established that discussed the continuous performance and training of staff with each staff member.

Effective staff supervision and development processes were in place and there was an emphasis on team spirit. Good recruitment processes were in place including a Garda vetting process. Identity checks were also conducted for all overseas staff recruited. The inspector verified that all nurses were registered with the Irish Nursing Board.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Roseville Nursing Home
Centre ID:	OSV-0000089
Date of inspection:	30/01/2017
Date of response:	09/03/2017

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 there under.

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:

The premises did not fully meet the requirements of the regulations as set out in Schedule 6.

1. Action Required:

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

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

designated centre.

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

Regarding accessibility to toilet and shower facility to rooms 5 and 6.

In order to address the problem in this regard, I have made consultations and a solution to this matter is going to be addressed as follows:

An open plan lobby will be created between room 5 and 6 and residents in these two rooms will have access to a shower, toilet and wash basin (full bathroom facility).

It will be constructed in a way to allow privacy to the residents and all measures will be taken to have the least/minimum disruption during construction.

Please see attached plan and costings in Appendix 1.

Proposed Timescale: 28 March 2017

(For the Bathroom in room in Rooms 5 and 6)

For a full Lift which is sufficiently large to facilitate the transfer of a resident by ambulance trolley or stretcher to the ground floor, with due regard to the resident's dignity, we have again consulted the company who presently looks after our platform and chair lifts. We have also consulted with our Architect a lift of this size. We need to apply for planning permission from Wicklow County Council before any works can be commenced.

Please find costings for the actual Lift, in Attachment-Appendix 2. Building work, electricity supply, architects and engineers fees are excluded from this quote.

We will endeavour to keep you updated of all plans and costing going forward.

Proposed Timescale: 25th April 2020

(For the lift that facilitates transfer of ambulance trolley or stretcher)

Proposed Timescale: 25/04/2020

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

CCTV camera's were in place in communal areas such as sitting and dining areas which may be in breach of the Data Protection Acts of 1988 and 2003 in respect of the right to privacy

2. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

CCTV camera as mentioned in the dining room and day room has been decommissioned as of today 27/2/2017.

Proposed Timescale: 27/02/2017

Theme:

Person-centred care and support

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

Opportunities for access to the community for social interaction or events were limited.

3. Action Required:

Under Regulation 09(3)(c)(iv) you are required to: Ensure that each resident has access to voluntary groups, community resources and events.

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

Access to community for social interactions and events are available and we are expanding on same by getting residents families to be much more proactive.

Residents who are well and are able to go on outings, has been visiting local shops with their family or friends once weekly or every other week. These outings are now clearly documented on the social outings logbook that is being put in place to be able to audit social outings separately.

At the time of replying to this report, an outdoor activity has been organised by the activities co-ordinator to visit the National Gallery as per request from the residents. Despite all the encouragement there are only three residents interested in going. The tour will go ahead as planned.

We do provide our residents with choices of outdoor activities weather permitting but find very few who will engage in these outdoor activities. And often times those who suggested activities during residents consultation or meetings, will not participate in the end.

We have outdoor activities in the garden such as playing bowling, passing or kicking soft balls, having conversations with staff, family or friends, under the heat of the sun, having tea or juice drinks, gardening, going for walks just for a breath of fresh air, and etc. And residents when they are out were ensured that they are properly dressed for the weather. During summer time, hats, and sun screens are provided, if preferred. We will continue to encourage those interested and wishing to participate.

Proposed Timescale: 31/03/2017