



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Roseville House Nursing Home
Name of provider:	DSPD Limited
Address of centre:	Killonan, Ballysimon, Limerick, Limerick
Type of inspection:	Unannounced
Date of inspection:	25 June 2020
Centre ID:	OSV-0000427
Fieldwork ID:	MON-0029719

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Roseville House Nursing Home is a designated centre located in a rural setting a short distance from Limerick city. It is registered to accommodate a maximum of 39 residents. It is a single-storey facility set on a large mature site. Residents' bedroom accommodation is set out in two wings, the old wing, and the new wing which has two corridors. There are single and twin bedrooms, and one triple bedroom, some with en suite facilities. Communal areas comprise a dining room, two day rooms and a seating area along the bright wide corridor in the new wing. Residents have access to a secure paved courtyard with garden furniture and raised flowerbeds. There are well maintained unsecured gardens around the centre. Roseville House Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 June 2020	10:00hrs to 16:00hrs	Breedan Desmond	Lead

What residents told us and what inspectors observed

The inspector observed that visiting restrictions had lifted and this was done in accordance with national policy. A culture of openness and respect was observed to be promoted by the registered provider representative when engaging with residents and staff.

As it was a lovely summer's day, visitors were observed outside visiting their relatives, observing social distancing and infection control precautions.

Dining in the dining room had recommenced and residents were observed enjoying their meals there, while some residents chose to remain in their bedrooms. Activities were facilitated in the large day room in the morning and residents enjoyed the outdoors in the afternoon. The inspector met some residents during the inspection, but due to their cognitive impairment the inspector was unable to get feedback about the service, nonetheless, residents were relaxed and were seen to chat with staff who actively engaged with them and orientated them in a respectful manner. Residents were well dressed and appeared comfortable in their setting.

Capacity and capability

The registered provider representative provided ongoing support to the centre and was on-site on a weekly basis at minimum. The person in charge had left post in May 2020 and the new person in charge was due to take up post in July 2020. In the absence of the person in charge, the clinical nurse manager (CNM) took up interim responsibility for the service. The senior nurse deputised in the absence of the person in charge and there was an on call out-of-hours system in place.

Many of the issues identified on the previous inspection had been addressed and other premises-related issues were in the process of being addressed but had been suspended due to COVID 19 precautions. Remedial actions were completed regarding extension of the clinical room with the addition of a hand wash sink; there were three new shower rooms available throughout the building; additional storage was available for clinical equipment; privacy screens in twin bedrooms were appropriate to ensure the dignity of residents; additional hand hygiene dispensers were available throughout the centre; additional slings for hoists were procured to ensure infection control protocols; the roof was partially replaced. Areas which remained outstanding including flooring and general refurbishment; this refurbishment work was due to recommence shortly as soon as the COVID-19 precautions allowed.

This centre was subject to a COVID-19 outbreak in March and April 2020 where

some residents and staff tested positive for the virus. The inspector acknowledged that residents, staff and families had been through a challenging period, but at all times, the best interest and safety of residents was to the fore of care delivery. While some staff tested positive for the virus, staff levels were maintained with their own staff complement which enabled continuity of care by staff who knew residents' needs and wishes.

A 'COVID' folder was in place which included up-to-date information from HSE/HPSC. There was a list with links to HSE COVID-19 published guidance available as reference for staff which was an invaluable resource. The contingency plan was available with identified roles and responsibilities assigned. There was a catering plan which had a step-by-step schedule for the daily routine that included records to be maintained as well as temperatures to be recorded; a daily cleaning schedule for the kitchen was also detailed. There was detailed information in the kitchen with all the residents names, their preferences for all their meals, where they liked to dine and this was updated regularly with residents' changing preferences. Environmental health reports demonstrated compliance for the previous three inspection reports. A daily safety pause was introduced and staff education formed part of the daily routine such as practical demonstrations reminding staff on donning and doffing PPE as well as providing updates on COVID-19, with ongoing discussions and reminders relating to infection prevention and control precautions. Daily temperature checks were introduced for staff whereby a designated staff member was assigned to complete temperature checks three times a day.

An evaluation had begun following the COVID-19 outbreak in line with the Health Protection Surveillance Centre (HPSC) guidance following an outbreak, to enable the information be examined to establish learning which would inform future outbreak management. Their COVID-19 management commenced on 28 February 2020 whereby the management team meeting was convened (registered provider representative, person in charge and CNM), and the person in charge was identified as the outbreak management team lead with the CNM as the deputy lead. Staff received training regarding infection prevention and control precautions, hand hygiene, respiratory hygiene and cough etiquette. A review of personal protective equipment (PPE), laundry stock, cleaning and catering supplies was undertaken and additional supplies were ordered.

Policies were updated to reflect the impact of COVID 19 such as medication management, admissions, risk management, nutrition, infection control, cleaning and visiting. A risk assessment was undertaken identifying additional risks associated with a possible outbreak and additional control measures required to mitigate the risks identified.

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Vetting in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012 was seen for the volunteer, musician and hairdresser.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. The registered provider

representative gave assurances that staff levels would be kept under review and adjusted when admissions would re-commence. The training matrix was reviewed. Mandatory training was up-to-date. Training that had been scheduled for earlier in the year was rescheduled and completed in June, for example safeguarding, manual handling and lifting, fire safety and cardio-pulmonary resuscitation.

Complaints were recorded in line with regulatory requirements.

The insurance certificate was seen, however, this was not updated to reflect the current registered number of residents, as it detailed 40 rather than 39 residents.

Regulation 14: Persons in charge

The person in charge had left the post in May 2020. The CNM assumed responsibilities in the interim and was full time in post. A new person in charge was due to take up the position in July 2020.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff to the size and layout of the centre. At the time of inspection, staff had returned to work and the centre was staffed by employees of Roseville House Nursing Home. The registered provider representative assured that staff levels were kept under constant review with the changing needs of residents and the number of residents accommodated.

Judgment: Compliant

Regulation 16: Training and staff development

COVID-19 precautionary training completed included hand hygiene, breaking the chain of infection and donning and doffing PPE, respiratory hygiene, cough etiquette, and management of clinical waste.

Mandatory staff training was up-to-date including safeguarding, manual handling and lifting and fire safety training.

Judgment: Compliant

Regulation 22: Insurance

The insurance certificate was seen, however, this was not updated to reflect the current registered number of residents as it detailed 40 rather than 39 residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The person in charge had left post in May 2020 and the new person in charge was due to take up post in July 2020. In the absence of the person in charge, the clinical nurse manager (CNM) took up interim responsibility for the service. The senior nurse deputised in the absence of the person in charge and there was an on call out-of-hours system in place. Staff were familiar with the governance structure arrangements.

Judgment: Compliant

Regulation 31: Notification of incidents

Notification as required by the regulations were submitted to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 32: Notification of absence

The registered provider representative had submitted the necessary notification to advise of the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were recorded in line with the requirements set out in the regulations. Feedback from residents and families were seen as avenue for service

improvement.

Judgment: Compliant

Regulation 4: Written policies and procedures

Staff had access to up-to-date guidance issued by the HPSC and the HSE. Policies were updated to reflect the impact of COVID-19 in areas such as medication management, admissions, risk management, nutrition, infection control, cleaning and visiting.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider representative had submitted the necessary notification to advise of the absence of the person in charge and the interim arrangement for when the person in charge was absent.

Judgment: Compliant

Quality and safety

Residents had access to advocacy services, information on local events, notice boards, radio, television and the Internet. As the pandemic precautions significantly curtailed residents ability to socialise, they had set up whatsapp groups and face-time, and an area outdoors and indoors for relatives to safely visit, and see and speak with their relatives. These visits were scheduled to ensure social distancing in line with HPSC guidance.

A list was available of residents with their date of testing and their COVID-19 result; a separate list was maintained for staff. A further list was available of the resuscitation wishes of residents, and whether a discussion was had relating to COVID-19, regarding admission to acute care. Separate personal emergency evacuation plans were available.

Advance care directives were in place and updated with COVID-19 related decisions and wishes. Consent was sought and signed by residents where possible. Residents had the new adapted COVID-19 care plan in place which provided information and direction to staff regarding care of residents suspected or confirmed COVID-19 and

additional information to support safe care for residents with a cognitive impairment. Nonetheless, the care documents reviewed of one resident's were not updated in accordance with the regulations; there was no assessment or supporting wound management to enable a high standard of evidence based care to be delivered. Care plans for this resident were not updated with the resident's changing needs. Observations to determine the resident's status were not done routinely upon the resident's deterioration in condition as observation were last done on 23 March 2020, even though the resident was commenced antibiotic treatment on 21 March and prescribed a second course on 6 April 2020. Comprehensive information was not routinely provided to the receiving hospital when residents were temporarily transferred to ensure that appropriate care was given, in accordance with residents' current assessed needs. Consequently, better oversight and monitoring of assessment and care documentation was required to ensure that a high standard of evidence-based nursing care was delivered, which would enable best outcomes for residents.

The minutes of the last residents' meeting was in March where information regarding COVID was relayed to residents. While the inspector was informed there was ongoing information to residents on any COVID-related updates, there was no documentary evidence seen of further communication with residents or families. There was an activities programme in place, however, it was very limited in the range of activities provided and activities programme was available from Monday to Thursday only. Even though there was adequate space in bedrooms for residents' personal possessions, it was not ensured that residents had easy access to items such as their bedside locker or bed table.

The risk register in place had COVID-19 related risks identified with hazards and controls detailed, and responsibilities assigned. The registered provider representative had daily telephone calls with the centre during the outbreak to provide support to staff and called to the centre on a weekly basis with PPE. The inspector was informed that there were daily updates given to staff regarding HPSC COVID-19 guidance; minutes of a staff meeting in May 2020 provided updates relating to COVID-19 and staff spoken with were knowledgeable regarding HPSC guidance and it's practical application.

Regulation 11: Visits

Information pertaining COVID-19 visiting restrictions and precautions was displayed at entrances to the centre. The smaller day room was re-configured to facilitate visiting in compliance with COVID-19 precautions. An outdoor area was also established to enable visitors call to the centre and speak with their family member. Scheduled 15-minute visits were in place. Infection control precautions were in place should a visitor enter the building whereby a COVID-related questionnaire was completed along with taking the visitor's temperature. The questionnaire included a contact number for the visitor should contact tracing

be required.

Judgment: Compliant

Regulation 17: Premises

The centre was homely and provided adequate space to meet residents needs. The centre was clean and bright and easily accessible. Residents had access to an enclosed garden patio area which was easily accessible. A lot of refurbishment work was completed, and while other premises-related issues were identified, these were part of the ongoing maintenance and upkeep plan in place which was put on hold due to COVID-19 precautions. The inspector was given assurances that these would be addressed as soon as the precautions were eased.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Comprehensive information was not routinely provided to the receiving hospital when residents were temporarily transferred to ensure that appropriate care was given, in accordance with residents' current assessed needs. In the sample reviewed, it was necessary for the receiving hospital to ring the centre to seek additional information regarding residents' care needs.

Upon return to the designated centre, nursing staff ensured that all relevant information was obtained from the discharge service and allied health professionals.

Judgment: Not compliant

Regulation 26: Risk management

The risk register in place had COVID-19 related risks identified with hazards and controls detailed, and responsibilities assigned.

The inspector was informed that there were daily updates given to staff regarding HPSC COVID-19; minutes of a staff meeting in May 2020 provided updates relating to COVID-19; staff spoken with reported they were continually informed of the changing HPSC guidance during the crises.

Judgment: Compliant

Regulation 27: Infection control

'Interim Guidance on the Prevention and Management of COVID 19 Cases and Outbreaks in Residential Care Facilities and similar units of June 2020' was available for referencing. Ongoing pandemic precautions were discussed and HPSC precautions for suspect or confirmed cases were in place. There were adequate PPE, hand sanitisers and clinical waste bins available. Issues identified on the previous inspection were remedied.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessments and care plans were not updated in line with the changing needs of residents, including wound care assessment and antibiotic treatment.

Judgment: Not compliant

Regulation 6: Health care

Residents notes demonstrated they had timely access to speech and language specialist services, mental health services and GPs.

Observations to monitor a resident's status in accordance with their changing needs, were not completed in line with a high standard of evidence based nursing care in accordance with professional guidelines. For example, there was no supporting wound management plan to monitor progress or interventions. Observations to determine the resident's status were not done routinely upon the resident's deterioration in condition as observation were last done on 23 March 2020, even though the resident was commenced antibiotic treatment on 21 March and prescribed a second course of treatment on 6 April 2020.

Judgment: Not compliant

Regulation 8: Protection

Staff continued to promote a restraint-free environment. Vetting in accordance with the National Bureau of Vetting was in place for volunteers and persons who provided services to residents. All staff had received specific training in the protection of vulnerable adults and this was up-to-date for all staff.

Judgment: Compliant

Regulation 9: Residents' rights

There was minutes of residents' meetings March 2020, and while the inspector was informed that there was ongoing updates given to residents, there was no documentary evidence of the type of information sharing with residents during the COVID-19 outbreak.

The activities programme was very limited and the activities programme was from Monday to Thursday. The registered provider representative outlined that it was the responsibility of all staff to engage with residents regarding activities over the weekend but this was not evident from the activities calendar as there was no one assigned to undertake activities.

It was not ensured that residents had easy access to their bedside lockers or bed tables as some bedside lockers were placed at the opposite side of the bedroom rather than beside residents' beds.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Roseville House Nursing Home OSV-0000427

Inspection ID: MON-0029719

Date of inspection: 25/06/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 22: Insurance	Substantially Compliant
Outline how you are going to come into compliance with Regulation 22: Insurance: Insurance has been updated to reflect 39 residents	
Regulation 25: Temporary absence or discharge of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: Going forward we will be using the new National Transfer Document for transfer from residential to acute settings. This will be completed in full to capture all the relevant information about the resident.	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plans are currently being reviewed to ensure they are up to date and relevant to the needs of the resident. They will be audited to ensure compliance All wounds now have a wound chart and infections are documented on EPIC care	

system

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All Nursing Staff have been reminded of the importance of recording observations when a residents baseline condition changes. Routine observations are carried out monthly and in the event of a resident being unwell this frequency is increased to daily at a minimum and more if indicated. This is monitored by CNM and DON.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Resident meetings have re commenced and will be held monthly. Minutes are recorded. Our activity program has been reviewed and in line with Public Health guidance activities have recommenced in smaller groups. We now have activities on every day. Residents confined to their rooms have one to one activities tailored to their needs. We also have introduced Netflix and You tube for movies and concerts and sing along's.
All staff have been made aware of the importance of ensuring residents have access to locker and/or table with personal belongings placed within easy reach. Rooms have been reconfigured to allow this to happen more easily.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 22(2)	The registered provider may insure against other risks, including loss or damage to a resident's property and where such insurance is effected the resident shall be advised accordingly.	Substantially Compliant	Yellow	06/08/2020
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Not Compliant	Orange	30/08/2020

	designated centre, hospital or place.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/08/2020
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	30/08/2020
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial	Not Compliant	Orange	06/08/2020

	origin, cultural and linguistic background and ability of each resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	06/08/2020
Regulation 9(3)(c)(i)	A registered provider shall, in so far as is reasonably practical, ensure that a resident information about current affairs and local matters.	Not Compliant	Orange	06/08/2020