



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Rush Nursing Home
Name of provider:	Rush Nursing Home
Address of centre:	Kenure, Skerries Road, Rush, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	19 January 2022
Centre ID:	OSV-0000155
Fieldwork ID:	MON-0035599

About the designated centre

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

Rush Nursing Home is a purpose-built two storey facility which can accommodate a maximum of 56 residents. It is a mixed-gender facility providing 24 hours nursing care for people aged 18 years and over with a range of needs including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia and palliative care. Accommodation is provided in 50 single bedrooms and three twin bedrooms. Each bedroom has its own en-suite facility. In addition there are a range of rooms for social gatherings. Residents have access to two internal courtyards and the gardens surrounding the centre. The designated centre is located in the village of Rush, within walking distance from shops and public amenities. Public parking facilities are available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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How we inspect

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
Wednesday 19 January 2022	09:15hrs to 17:20hrs	Sheila McKeivitt	Lead
Wednesday 19 January 2022	09:15hrs to 17:20hrs	Arlene Ryan	Support

What residents told us and what inspectors observed

On arrival to the centre, inspectors observed appropriate cautionary signage in respect of COVID-19. There was a station set up inside the front door for temperature checks and monitoring for signs and symptoms of COVID-19. A receptionist was overseeing visitors as they came to the centre and guided them through the process. A supply of face masks and a hand sanitiser was available. Staff were aware of the latest guidance from Health Protection Surveillance Centre (HPSC) in relation to visitors to the centre.

The environment was homely and nicely decorated and there was a comfortable atmosphere in the centre. Some residents were in the reception area and sitting room chatting and reading the daily newspapers, while others were enjoying a late breakfast in the dining room. There was music playing in the background and in general there was a relaxed atmosphere. Staff were on hand to assist those in need and were observed to be interacting in a person-centred manner with the residents.

Inspectors did a walk-around of the centre and observed that corridors were clutter-free and fire exits kept clear. There was access to the garden from the reception area and residents could freely enter the garden if they chose to do so. Access out the front door was restricted by a door code for safety and security and some residents had the code and were able to go out the front for a walk.

The bedrooms appeared spacious and the interior decoration varied between rooms giving an individual appearance to each bedroom. On the first floor each bedroom door was painted in a different bright colour. One resident commented that this helped them find their room easily.

There was a list of activities available in the activities room and a copy of this was also displayed in the lift. During the morning, inspectors saw that the activities coordinator was actively participating in a group activity with the residents. During the afternoon, a few residents were seen resting in bed and the inspectors observed that they had their call bells within reach. Staff were observed to be nearby and checking on the residents. Some residents were with their visitors in the communal spaces and others in their bedrooms. The reception area was busy with residents, visitors and staff, the atmosphere was relaxed and sociable.

Inspectors saw that the complaints policy was displayed in a prominent position, and there was a suggestions box available for residents or their visitors to make comments or suggestions. When asked about making a complaint residents said that they have never had to complain about anything but if they did they would inform the nursing staff.

Inspectors observed that there were sufficient numbers of staff available to assist residents at mealtimes. Staff checked with the residents which meal they would prefer and ensured that the food was hot on arrival to the table. Staff facilitated

residents in a discreet and un-rushed manner.

The food was of a good quality and quantity and inspectors observed that residents were offered extra portions if they wanted. The food smelt and looked appetising and there was a good selection on offer to the residents. Residents told inspectors that they had 'plenty to eat' and 'lots of choice'. One resident said that they had lovely food but wasn't too hungry today, however they could get something later if they wanted - all they had to do was ask one of the staff. Another resident preferred to eat in their room and staff facilitated this.

A variety of drinks were available throughout lunch time. Cups of tea, coffee, water and soft drinks were being offered to those who wanted them.

There was a friendly relationship between the staff and residents. Inspectors observed staff sitting and chatting with residents in a kind, patient and friendly manner.

Staff knew the residents well and enabled them to feel at home in the centre. Inspectors observed how staff had facilitated one resident living with dementia to replicate their old work place in the communal area. This resident told inspectors that it was a very busy place and they were kept going. The resident appeared happy.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was a well-governed centre. The provider was Mowlam Healthcare Services Unlimited Company. The person in charge was supported by a regional manager, a director of care services and the registered provider representative. The senior management team was kept informed about the performance of the service with key quality indicators and other relevant safety aspects reviewed on a weekly and monthly basis. There was also good oversight at group level with any identified learning shared at the quarterly regional group management meetings.

The inspectors found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate.

An outbreak of COVID-19 was declared on 30 December 2021. A small number of staff and residents had tested positive for COVID-19 infection during this outbreak. However they had all recovered and all residents and staff were COVID-19 free on the day of inspection.

The compliance plan from the previous inspection carried out in November 2020 were followed up. The inspectors found that on the whole the compliance plan responses had been implemented.

The assistant director of nursing (ADON) deputised in the absence of the person in charge. Both the person in charge and ADON worked full-time in the centre and on any given day, one of them was nominated to provide out of hours on call support if need.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Staff had received all their mandatory training together with training in infection prevention and control precautions and hand hygiene.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to.

The inspectors found that the centre was appropriately resourced for the effective delivery of care and that there were good governance and management arrangements in place to ensure the service was consistent and appropriate.

All the required documents were available for review however some improvements in the information recorded in the directory of residents was required to ensure it met the regulatory requirements.

Regulation 15: Staffing

The number and skill-mix of staff on duty was adequate to meet the needs of residents living in the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management.

There was good supervision of staff. The inspectors saw from the sample of staff files reviewed that the staff had annual staff appraisals completed with the management team.

Judgment: Compliant

Regulation 19: Directory of residents

The hard copy of the residents directory was reviewed and it was found to contain most of the required information outlined in part 3 of Schedule 3. The addresses of a number of residents next-of-kin and general practitioners were not included.

Judgment: Substantially compliant

Regulation 22: Insurance

The nursing home had insurance in place which met the regulatory requirements

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had on the whole had been addressed by the provider.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident, their next-of-kin or power of attorney. The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in 2021. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Regulation 30: Volunteers

There was a volunteers policy in place. There were currently no volunteers working in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in the centre and the complaint procedure was on display beside the residents' notice board. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process, it also included an appeals process should the complainant be dissatisfied with the outcome of the complaints process.

Contact details for advocacy services were also on display in the centre and there was a secure comments box for staff, residents and relatives to leave comments in private. The residents spoken with had no complaints and inspectors saw there were no open complaints on file.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in schedule five were all available for review and all those reviewed had been updated within the past three years.

Judgment: Compliant

Quality and safety

Overall inspectors were assured that residents received a good standard of service. Resident told inspectors that they felt safe living in the home. Some improvements were required in relation to the premises, infection control practices and medication management.

Inspectors reviewed a sample of resident's records and saw that residents were appropriately assessed using a variety of validated tools. This was completed within 48 hours of admission. Care plans were in place addressing the individual needs of the residents, and were updated within four months or more often where required. Where bed-rails were in use the residents care plans reflected that often they were in place at the request of the individual resident.

Inspectors saw evidence of end of life assessments for a sample of residents. These had been completed on admission and included details of their wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

Staff in the centre had completed safeguarding training and the centre's policy was up-to-date. Contact details including a phone number and email address for an independent advocacy group was displayed in the nursing home. There was an up-to-date policy covering pension agency arrangements and the handling of petty cash. However, at the time of inspection the provider was not a pension agent for any of the residents. The inspectors saw evidence of a log for the handling of petty cash for inspection and this was in line with their policy'.

There was a good process in place for communication with a nominated family member for the sharing of information especially in the event of a COVID-19 outbreak in the nursing home. This allowed the centre to inform families of any changes to visiting arrangements in line with the Health Protection Surveillance Centres guidance.

The laundry services were good and the residents confirmed this by telling inspectors that their clothes were regularly laundered and returned to their rooms. Items of clothing were labelled with the resident's names to prevent loss. A list of resident's possessions was available to help keep track of personal items.

Inspectors were assured that residents received wholesome nutritious food. Food was prepared and served in line with specific dietary requirements which were listed in the kitchen. The chef prepared meals according to this list and was also knowledgeable of the resident's individual preferences.

Where a resident had been transferred to hospital a copy of the General Practitioner (GP) referral and nursing transfer summary were available. The hospital discharge letter and prescription was in the residents' file and the change in medications had been communicated to the GP and pharmacist. It was also seen that the residents' nominated representatives had been informed of the transfer.

Medications were administered to residents in line with the centre's policy. The majority of regularly prescribed medications come individually packed from the pharmacy. Some medication prescriptions required review to ensure the frequency of administration was included for each medication prescribed. Medications were stored in a locked clinical room.

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate storage in the resident's rooms for their clothing and personal belongings including lockable unit for safekeeping.

Judgment: Compliant

Regulation 13: End of life

End of life care plans were completed and updated as and when necessary. There was evidence of resident and family involvement. Compassionate visits were facilitated during any COVID-19 outbreaks.

Judgment: Compliant

Regulation 17: Premises

The following issues were identified:

- The bedpan washer in the upstairs sluice room was broken and a replacement had been delivered but could not be fitted due to the recent COVID-19 outbreak. Confirmation was received after the inspection that this issue had been addressed.
- The ventilation in one of the communal bathrooms was not working.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Water and a glass was available in each room visited by the inspectors. There was a choice of food in the dining room and residents informed inspectors that they could get food or a drink whenever they wanted.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records of resident's temporary transfers to hospital were in compliance with the regulatory requirements.

Judgment: Compliant

Regulation 27: Infection control

The following issues were identified:

- A full review of the clinical wash hand basins was required to ensure they met the required standards.

- The house keeping deep cleaning checklists were incomplete and required review.
- The medication room work surfaces were cluttered and a full review of the storage in this room was required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the centre. The external fire exit doors were clearly sign posted and were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly and annual basis by an external company. Inspectors observed that two fire doors that led from the stairwell were difficult to open from the inside. Written confirmation was received on the 01 February that both these doors had been fitted with magnetic opening devices.

Clear and detailed records of each fire drill practiced with staff were available for review. The records showed that staff had a clear knowledge of how to evacuate residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The following issues were identified:

- Prescribed medications had the allocated times documented but the frequency of administration was not identified on the administration chart.
- The medications fridge temperature check was checked daily however on a number of occasions was outside the normal range. There was no evidence of escalation of this irregularity.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care plans reviewed were person centered and reflected the residents

whom the inspectors had met on the day. There was evidence of resident and family involvement where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The designated center's policy was updated recently. There were appropriate and detailed care plans in place and supervision provided as per the residents' individual needs. The use of any restraints was minimal and appropriate.

Judgment: Compliant

Regulation 8: Protection

Staff had completed Safeguarding training and were aware of what to do if they suspected any form of abuse. They felt assured in reporting any concerns that they may have. Any allegations of abuse were notified to the office of the chief inspector.

Judgment: 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rush Nursing Home OSV-0000155

Inspection ID: MON-0035599

Date of inspection: 19/01/2022

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> • The gaps in the directory of residents have been addressed and is up to date in accordance with regulation 19. The Nursing admission process for new residents has been reviewed to include this information. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • A review of all ventilation units has been conducted; servicing has been completed and the ventilation units are now functioning well. 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • Deep cleaning records have been enhanced and there is now a record of the deep cleaning and the management supervision of the same, in accordance with regulations. • A retrofit of the treatment room has been planned to ensure free and decluttered surface areas are available, and to ensure compliance with the infection prevention and control regulations. 	

- The PIC will consult with the company's Facilities team to conduct a review of the clinical sinks and implement a plan to ensure compliance with current infection and prevention regulatory requirements.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The electronic medication administration records will be reconfigured to include a 'frequency of administration' column, to comply with regulations.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	02/03/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	02/03/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2022

Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	30/03/2022
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