Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rosenalee Care Centre
Name of provider:	Rosenalee Care Centre Limited
Address of centre:	Poulavone, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0000277
Fieldwork ID:	MON-0035842

About the designated centre

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

Rosenalee Nursing Home is a family run designated centre and is located within the urban setting of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 66 residents. It is a two-storey facility with two lifts, chair stairs lift and separate stairs to enable access to the upstairs accommodation. 23 residents are accommodated upstairs and 43 residents reside downstairs. Bedroom accommodation comprises single and twin rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas included dining rooms both upstairs and downstairs, day rooms, library quiet room, oratory, conservatory sitting room. There are additional seating areas at both entrances to the centre, by the corridor near the main entrance and at the nurses' station upstairs. Residents have access to an expansive paved enclosed courtyard with seating, parasols, garden furniture, raised flowerbeds and large bandstand. Rosenalee 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:	49

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
Thursday 7 April 2022	09:00hrs to 17:45hrs	Siobhan Bourke	Lead
Thursday 7 April 2022	09:00hrs to 17:45hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that residents were supported to have a good quality of life in this centre. The inspectors met with the majority of the 49 residents living in the centre and spoke with ten residents in more detail to gain an insight into their lived experience. Inspectors also met a number of visitors who were in visiting their relatives during the inspection. Residents and relatives were very complimentary about the service and the care provided. Residents told the inspectors that staff were kind, caring and respected their choices.

This was an unannounced inspection to monitor compliance with the regulations and inform decision making for renewal of registration. On arrival, the inspectors were guided through the centre's infection control procedures by the person in charge who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. Both the operations manager and the person in charge were present in the centre on the day of inspection. An opening meeting was held with the person in charge and the operations manager accompanied the inspectors on a walk around of the centre.

Rosenalee care centre is a family run centre set in a large two storey building located in the suburban town of Ballincollig and registered to accommodate 66 residents. Residents' private accommodation includes 23 single bedrooms upstairs and 43 residents reside downstairs in mainly single and a small number of twin bedrooms. The majority of bedrooms on both floors were spacious with plenty of space for clothing, belongings and were seen to be decorated with residents personal possessions photographs, and in some rooms, their own furniture. Bedrooms in the new part of the building were finished to a very high standard with beautiful en-suite bathrooms. However, some bedrooms in the older part of the building were smaller in size and in need of upgrade as floor covering was worn and woodwork required repair. One twin bedroom that was unoccupied at the time of the inspection was an inner room and did not have a window which residents could see out of and the room's light was provided by a sky light. The skylight in this room was directly over only one of the beds in the room. The inspectors saw that orientation signage was missing in some areas so when looking down long corridors there was no signage to direct you to areas such as dining and day rooms or nurses' station for example.

The inspectors observed that on entering the building the entrance hall was clean, brightly painted and decorated with floral arrangements, plants and homely furnishings such as comfortable seating. There were several communal rooms or spaces for residents to enjoy on the ground floor, with two of these rooms assigned as dining rooms. The ground floor had a recently renovated café-style seating area with book shelves and paintings for residents to enjoy. The person in charge told inspectors that this room could facilitate family parties and as private space for residents to be with visitors and relatives. Inspectors saw residents entertaining

their relatives here during the inspection. The day rooms throughout the centre had lots of comfortable seating for residents and large TVs. Residents were observed in day rooms upstairs and downstairs watching mass during the morning. One day room referred to as the 'old fashioned' sitting room was a favourite with a number of residents. It had a fireplace, a dresser full of books and comfortable couches and chairs; the sun room was accessible via a patio door from the sitting room and this room was a lovely suntrap with comfortable armchairs for residents to relax and enjoy. The inspectors met a resident sitting outside this sunroom enjoying the courtyard after his lunch time meal.

This secure courtyard garden was in the middle of the centre and was easily accessible for residents through the communal rooms. The courtyard garden was well maintained with raised flower beds and mature plants. There were numerous sets of garden tables, chairs and umbrellas in the courtyard to facilitate residents to enjoy the outdoor space. During the inspection, a number of residents were seen walking in the courtyard but weather on the day of the inspection did not permit them to spend extended time there.

The inspectors met the activities co-ordinator and an activities schedule was displayed on the notice boards through out the centre with activities scheduled over seven days. Photographs of residents enjoying social activities were displayed and the residents told the inspectors there was plenty for them to do in the centre and had little time to be bored. In the afternoon mass was celebrated in the new day room upstairs which the majority of residents attended. The priest was observed to stay back after the mass and chat for a while with the residents. The inspectors also met the physiotherapist doing a one to one session with a resident on the stairs. The physiotherapist confirmed that they were on site two days per week and provided post operative physiotherapy for residents in for convalescence and balance and strengthening exercises for long stay residents. Residents told inspectors they were very appreciative of this excellent service which helped them to keep mobile.

The inspectors observed the dining experience at lunch and tea time. Dining rooms' tables were decorated with table cloths, flower posies and condiments. The lunch time menu choice was displayed in the dining room. The meals were nicely presented, looked appetising with adequate portion sizes. Residents were complimentary about the food and told inspectors that they had access to snacks throughout the day. Inspectors observed that mealtimes were a social experience with residents chatting together or with staff during the meal. Both dining rooms downstairs had easy access to the courtyard garden. One of these dining rooms was located in the newer part of the building alongside one of the day rooms and was a bright spacious room, with plenty comfortable seating and space for residents. The first floor had a large communal room that adjoined a large dining room which had beautiful views of the courtyard garden. Residents could choose where and how to spend their day, with a number of residents choosing to eat either in the dining rooms or their bedrooms. Both new dining rooms had a fully equipped kitchenette and servery with tea and coffee making facilities.

The inspectors observed during the walk around the centre that two hand-wash

hubs were installed at different locations in line with infection control best practice guidelines. The new laundry was designed and laid out to a very high specification in line with infection prevention and control best practice guidelines, whereby the room was divided into dirty and clean rooms and the laundry was delivered via a laundry shoot to the dirty laundry room. Clothing was put into the washing machine in the dirty laundry room and was taken out in the clean laundry room. Residents' clothing was labelled for ease of identification. The inspectors observed that some improvements were required in mask wearing and that some furniture and equipment was seen to be worn so effective cleaning was not assured. While the centre was visibly clean throughout, inspectors observed storage of cleaning trollies were not in line with best practice. Inspectors also observed that storage at the centre generally required review as equipment and furniture, such as a chair and and desk were stored under the stairs beside an emergency exit. All of these areas will be outlined further in the report.

Overall the inspectors observed that the residents were well cared for by a committed and dedicated team who worked hard to ensure the residents were supported with all their needs. The inspectors observed that staff provided care and support in a respectful and unhurried manner throughout the day of this inspection. Staff were observed to be kind, compassionate and were familiar with residents' preferences and choices. Residents called the staff by name and were seen to be relaxed and comfortable in their company. Residents described person-centred and compassionate care and told the inspectors they were listened to and respected by the staff. The inspectors observed some lively conversations and banter between residents and staff. Inspectors also observed a number of visitors coming and going to the centre on the day of inspection in line with national guidance. Visitors and residents confirmed with inspectors that they were happy with the arrangements in place.

Although group residents meetings had not been held in the centre since November 2021, due to concerns regarding the COVID-19 pandemic, the provider ensured that regular communications by email and in person were provided to residents and their relatives. Inspectors saw records of these communications regarding keeping relatives and residents updated regarding visiting, any cases of COVID-19 in the centre and planned activities for residents. While residents who attended for convalescent care were frequently surveyed and the findings from these surveys were very positive, the provider provided assurances to the inspectors that the views of the residents living in the centre long term would also be ascertained.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was a clearly defined management structure in place that identified the lines of authority and accountability. In general, while the management systems in place in the centre enabled quality care to be provided for residents, some systems required strengthening to ensure that risks were promptly identified and actioned. This was relevant to systems in place for infection control, premises and fire safety which are outlined further under the quality and safety section of this report. This unannounced inspection was carried out over one day to monitor compliance with the regulations and to inform decision making in relation to the registration renewal of the centre.

Rosenalee Care Centre is family run, operated by Rosenalee Care Centre Limited who is the registered provider. There are four company directors, one of whom is the person in charge and another company director works as the operations manager in the centre. There is a clearly defined overarching management structure in place. The person in charge is supported in their role by a full time assistant director of nursing, a clinical nurse manager and a team of nurses and health care assistants and activity staff. The centre also has an office manager, administrative staff, maintenance staff, catering and housekeeping staff. A housekeeping supervisor had been appointed since the last inspection to oversee cleaning in the centre. Staff had a good awareness of their defined roles and responsibilities. While it was evident to the inspectors that the management team communicated on a daily basis with each other, recording of management meetings required review. Inspectors were informed that communication forums between the registered provider, the person in charge and the operations manager were informal and therefore minutes of management meetings were not available to inspectors. Nonetheless, there were good records kept of meetings between nursing staff and the person in charge, which clearly communicated issues relevant to the quality and care of residents.

The person in charge demonstrated good knowledge of their role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life. Audits were carried out regularly in the centre in relation to key quality of care issues for example, end of life care, care planning, medication management and infection prevention and control. The person in charge collected and monitored key metrics such as pressure ulcers, falls, infections, transfer to hospital and use of bedrails each month and used this information to monitor the quality of care provided to residents. While the number of falls were monitored at the centre, analysis and trending of falls did not occur which would help identify areas for improvement. An annual review of the quality and safety of care delivered to the residents in 2021 had been prepared and was available for inspectors on the day of inspection.

The inspectors found that the current staffing levels were sufficient to meet the assessed needs of the 49 residents living in the centre at the time of the inspection. From a review of rosters, it was evident that gaps were filled by staff working extra shifts and agency staff where required. There were two registered nurses on duty over 24 hours. The person in charge informed the inspectors that recruitment of nursing and care staff was ongoing in the centre to managing staffing deficits and that any new admissions and the changing needs of residents were monitored

closely in line with current staffing levels. For example, the person in charge had stopped taking admissions for a period of time to ensure safe care for the residents. Three activity coordinators were rostered over a seven day period to implement the activities programme, ensuring residents had sufficient opportunities for engagement and socialisation. There were sufficient cleaning staff rostered to perform daily and deep cleaning of rooms given the size and layout of the centre.

Staff spoken with had good knowledge of each resident's individual needs. Handover occurred every morning and every evening to ensure all staff were up to date with the care needs of each resident. There was a programme of training available to staff at the centre and uptake of training was monitored by the management team through a comprehensive training matrix.There was a structured programme of induction available for all newly recruited staff. Staff who spoke with inspectors were clear on how to identify, report and respond to abuse.

Inspectors acknowledged that residents and staff living and working in centre had been through a challenging time with COVID-19 as the centre had experienced its second outbreak in the centre during January and February 2022 that impacted a number of residents and staff. During the outbreak, the centre had engaged with the local public health team for support and advice. The HSE had organised for a nurse with expertise in infection prevention and control to do an on site visit to provide support and training for staff on donning and doffing PPE and setting up PPE stations. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives. Following the outbreak, the person in charge completed an outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance to ensure that areas of improvement were documented and to inform future outbreak management. However some actions required in relation to infection control are discussed under regulation 27.

The centre's complaints procedure was prominently displayed and accessible to residents and their relatives. There was good oversight of complaints management in the centre. The arrangements for the review of accidents and incidents within the centre were robust. Required notifications were submitted in line with statutory requirements.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications for the role. The person in charge was knowledgeable of residents' individual needs and residents were aware of who was in charge of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff roster was reviewed and discussed with the management team. Assurances were provided that the roster was constantly reviewed to meet the needs of residents. There was ongoing recruitment of staff in the centre to ensure that there were adequate numbers and skill mix of staff to meet residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

There was a schedule of both face to face and online training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. An inspector reviewed training records and the training matrix and saw that staff working in the centre were up to date with their training in fire safety, safeguarding of vulnerable adults and responsive behaviour in line with the centre's own policy. Staff were appropriately supervised and supported to perform their respective roles by the person in charge, assistant director of nursing and clinical nurse manager.

Judgment: Compliant

Regulation 21: Records

The inspectors found that records were stored securely. Records as set out in Schedules 2, 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection. A sample of four staff files reviewed showed that they met the requirements of Schedule 2 of the regulations. Garda vetting was in place for all staff prior to commencement of employment in the centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance that met the requirement of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

While overall there were a number of effective management systems in place, further systems were required to ensure oversight by the management team;

- improved oversight of compliance with infection prevention and control practices such as wearing of FFP2 facemasks as recommended in national guidance when delivering care to residents.
- trending and analysis of residents' falls were required to identify any trends and where possible to reduce the risk of recurrence
- the system for recording management meetings, discussions, decisions and actions to be taken required improvement to ensure effective delivery of care.
- oversight of issues pertinent to the premises as outlined under Regulation: 17

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

An inspector viewed a number of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and floor plans were amended on inspection to reflect the correct room numbers in the centre and to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with inspectors were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the centre and included a nominated complaints officer. An inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy and included the outcome and any areas for improvement identified.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations and these were kept under regular review by the person in charge in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Rosenalee Care Centre, where management and staff promoted residents' rights. There was evidence of residents needs were being met through good access to healthcare services and opportunities for social engagement. However, the inspectors found that significant improvements were required in the management of infection control, premises and fire safety to promote residents' safety at all times.

The inspectors were assured that residents' health care needs were met to a good

standard. There was good access to general practitioner services, including out-of-hours services. There were appropriate referral arrangements in place to services such as dietetics, speech and language therapy, occupational therapy, dental and opticians. Residents' records evidenced that a comprehensive assessment was carried out for each resident. Validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition. These assessments informed care plans, which guided staff to deliver individualised care. However, inspectors found that behaviour support plans were not in place for residents with responsive behaviours, this is addressed under regulation 5.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Inspectors observed that residents were provided with a choice of nutritious meals at mealtimes. Meal appeared varied and wholesome. Food was seen to be served in an appetising and personal way. Residents had high praise for the meals and the chefs and kitchen staff.

In general, residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Visiting was facilitated in the centre in line with national guidance.

While inspectors saw that the newer part of the centre was well maintained, a number of rooms in the older part of the centre on the ground floor required attention to paintwork and flooring and inspectors saw that some furniture such as lockers and beds seen to be worn and requiring attention. One of the twin rooms, room 17 was unoccupied on the day of inspection, inspectors saw that this room had one sky light and did not have a window that residents could see out of or that facilitated ventilation of the room. This is addressed under regulation 17.

Overall the inspectors saw that the centre was clean. The person in charge had implemented cleaning schedules for environment and equipment and frequently touched surfaces. While some of the findings from the previous inspection in regard to infection control had been addressed such as improvement in cleaning practices, others were not. These and other findings in relation to infection control are addressed in Regulation 27.

The risk management policy included the regulatory, specified risks and a risk register was in place which included assessment of risks, such as risks related to residents' care and the controls in place to minimise risks of falls or absconsion. Fire fighting equipment was located throughout the building. Emergency exits were displayed and free of obstruction. Fire safety systems were supported by a fire safety policy. The fire safety alarm and extinguishers were serviced when required and records were available for inspection. Daily, weekly and three monthly fire

safety checks were recorded. Fire evacuation drills were carried out, however, the time taken to evacuate the residents was not recorded to identify learning and further full compartment drills were required. The provider had arranged for new, corrected floor plans to be drawn up to easily identify the fire safe compartments for horizontal evacuation, these were not on display at the time of the inspection. Findings in relation to fire safety are outlined under Regulation 28.

Regulation 11: Visits

New protocols were set up for visiting in line with the current national guidelines. As restrictions were now more relaxed visitors had access to residents' bedrooms for individual visits and residents were enabled to go out with their relatives. The nominated visitor had access codes to visit their relative freely during agreed visiting times. Visitors were seen to wear appropriate PPE. Relatives signed in and out to the visitors' log available in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate space for personal storage that included secure storage for safe-keeping of valuables and money for residents. The inspectors saw that residents' rooms were personalised with photographs and their personal possessions and in some residents rooms, their own furniture from home. The person in charge ensured that residents retained control over their own clothes and that clothes were laundered and returned to residents in a timely manner.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that the while the newer part of the centre was fully compliant with the regulations, the older part of the premises did not conform to the matters outlined in Schedule 6 of the regulation in relation to the following which impacted on the dignity and safety of residents:

- a number of chairs and lockers in residents rooms were worn
- a bed frame in a resident's room was worn and chipped
- walls and doors in some of the bedrooms and corridors were marked and required repainting

- flooring and carpets in a number of bedrooms were worn and torn and required replacement: the inspectors saw that there was an ongoing programme of replacement of flooring in a number of residents' rooms
- one of the twin bedrooms had a skylight and did not have a window where residents could look out when seated or that facilitated ventilation of the room
- there was no directional signage to direct you to areas such as dining and day rooms or nurses' station for example.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors saw that residents had a choice of meals at lunch time and residents told the inspectors that they were happy with the standard of food provided. The inspectors saw that meals served looked wholesome and nutritious and there were drinks and snacks provided to residents throughout the day. Residents had nutritional plans in place that were regularly reviewed. The inspectors saw there were adequate staff on duty to provide assistance to residents who required it.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide included all the required information and was available in residents' bedrooms.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy that met the requirements of the regulation. The provider had a plan in place to respond to major incidents in the centre likely to cause disruption to essential services at the centre.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that the registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented by staff. This increased the risk of cross infection in the centre. This was evidenced by;

- Some surfaces and furniture was worn and poorly maintained and as such did not facilitate effective cleaning.
- A commode was observed to be rusted and therefore could not be effectively cleaned, the provider assured inspectors that this would be removed immediately.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of a cleaning trolley and cleaning mop heads in one of the dirty utility rooms.
- While all staff were wearing medical grade masks, inspectors saw that many staff were wearing surgical masks instead of FFP2 masks as recommended in national guidance for care of residents living in residential care facilities.
- Dispensers containing alcohol gel were topped up and refilled. Disposable single use cartridges or containers should be used to reduce the risk of contamination.

As found on the last inspection, hand hygiene signage required improvement to remind staff to practice hand hygiene effectively and
alcohol gel was located at hand wash sinks, which had the potential risk that this may be inappropriately used instead of liquid soap for hand washing.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Findings in relation to fire safety management included:

There were insufficient maps on display in the centre to enable staff or others to identify the fire exits and the general layout for fire evacuation purposes.

Although some fire drills had taken place since the previous inspection, a drill had not taken place simulating the evacuating of residents from the largest fire compartment, in a timely manner with the staff resources available at night time.

An oxygen cylinder was stored on one corridor and there was no signage to alert staff, residents and relatives in relation to the combustible nature particularly if there were naked flames in the vicinity. This was addressed and actioned during the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The centre used an electronic resident care record system. Based on a sample of five care plans viewed there were mixed findings in relation to care planning. Residents were assessed using validated assessment tools, and care plans were generally developed to meet residents identified needs but further personalisation of some care plans was required.

Although staff were aware of the needs of residents who could display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of a number of these care plans indicated that residents did not have behavioural support care plans in place. These are required to identify potential triggers for behaviour escalation and any actions and therapies that best supported the resident.

Judgment: Substantially compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical review. Residents were reported to have good access to general practitioners (GPs). This was confirmed by residents who said that the medical care was good. Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. A medical consultant specialising in psychiatry of old age also attended the centre to review residents if required.

Residents had access to speech and language therapy, occupational therapy and dietetic services. Residents were reviewed by tissue viability specialist where required. Physiotherapist services were provided in house and the inspectors met the physiotherapist doing a one to one session with a resident on the stairs. The physiotherapist confirmed that they were on site two days per week and provided post operative physiotherapy for residents in for convalescence and balance and strengthening exercises for long stay residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. As identified under Regulation 5 care plans for residents with responsive behaviours required review.

There was low use of bedrails and other restraints in the centre and there was evidence of alternatives to restraint in use in accordance with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. All allegations of abuse were reported to the chief inspector and actioned and investigated as required.

There were robust systems in place for the management and protection of residents finances and in the invoicing for care and extras such as chiropody and hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights and wishes were found to be generally promoted in the centre. Residents told inspectors that their rights were respected and they were aware that an advocacy service was accessible to them. Staff and residents assured inspectors that choices were respected in relation to visits, meals, bedtimes, access to external gardens and smoking choices. For example, inspectors saw that residents moved freely around the centre, some got up for breakfast and others dined in their bedroom. Residents had easy and unrestricted access to the outdoor courtyard which had plenty of seating for their use. Activity provision was provided seven days per week to ensure residents' social and communication needs were met and supported. The hairdresser and the chiropodist visited on a regular basis and these visits were documented and residents confirmed their enjoyment of same.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	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 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rosenalee Care Centre OSV-0000277

Inspection ID: MON-0035842

Date of inspection: 07/04/2022

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All staff have been advised to continue to wear FFP2 masks while HPSC continue to update their guidelines. Falls audits have been updated since the inspection Meetings are occurring more frequently now and documented. As discussed at inspection, management are a family and continue to discuss matters arising from Rosenalee in their own home. The PIC continues to discuss all decisions made at nurse led meetings which you have seen on inspection, to be very active. There is a constant flow of repair and upgrade systems in place in Rosenalee. We have spent the last few years creating a total change and layout of our home. Some parts of the original building require a job we are reviewing with a structural company. This is taking more time than we anticipated however, the home is safe to live in and can be maintained.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We continue to upgrade, reupholster, and renew all of our furnishings. The bed rail identified has been replaced	

A painter is due to touch up the marks on the walls and doors. Residents require assistance with hoists and wheelchairs and their constant use causes these marks.

The bedroom with a large skylight window can open for maximum day light and adequate ventilation. This bedroom has been is use since Rosenalee first opened in 1988 in line with facility regulation set at this time. The residents who reside in this room, their care needs are assessed on admission and are suited for this room.

Additional signs to locate specific rooms are now in place.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Furnishings found on day of inspection has been sent for repair.

Commode has been removed and replaced with a new one.

Trolley was in the dirty sluice by accident, it is not kept there. Areas have been created to facilitate extra storage for equipment required.

As per IPC guidelines, staff in health care should wear FFP2 masks. All staff are aware of this. Rosenalee has adequate PPE stock for all staff and visitors.

Policy in place for alcohol gel dispensers to be cleaned and gel replaced, not refilled.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire evacuation maps and fire exit routes are now on display at the fire panel.

Fire drills continue to be on an ongoing basis and also timed appropriately.

Regulation 5: Individual assessment	Substantially Compliant

and care plan	
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Residents who require more attention than others as identified at inspection, this is handed over to staff on duty every morning at 9am. Staff hand over is daily and face to face which ensures all are updated with what the clinical and care needs of each resident are. Since the inspection, the computerized care plan that had not been updated has now been amended.	

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	20/05/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/05/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	20/05/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	20/05/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	20/05/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	20/05/2022
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	20/05/2022

	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.			