

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Roseville House Nursing Home
Centre ID:	OSV-0000427
Centre address:	Killonan, Ballysimon, Limerick, Limerick.
Telephone number:	061 333 897
Email address:	adminroseville@ehg.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Elder Nursing Homes Ltd
Provider Nominee:	Pat Shanahan
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
30 May 2017 09:00	30 May 2017 17:00
31 May 2017 09:00	31 May 2017 14:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, complaint logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and

the National Quality Standards for Residential Care Settings for Older People in Ireland. Issues identified at the previous inspection had been addressed.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The provider had continued to invest in the upgrading and redecoration of the centre.

There was evidence of good practice in all areas. The staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Nursing documentation was completed to a high standard. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the recently updated statement of purpose dated May 2017. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider had established a clear management structure, there was evidence of consultation with residents and their representatives, reviews were carried out of the quality and safety of care.

The provider advised that a new person in charge had been recruited but had postponed the start date for commencement in her role. In the interim the provider had appointed an experienced nurse and former director of nursing as person in charge. A clinical nurse manager (CNM) had been appointed in December 2016. She supported the person in charge and deputised in her absence.

The provider had established a clear management structure, and the roles of managers and staff were set out and understood. Management supports included a home care manager who visited the centre on a weekly basis and director of care services who visited the centre on a quarterly basis. The management team were in regular contact. Formal home management meetings took place on a monthly basis and were attended by representatives from all grades of staff and the home care manager. Minutes of these meetings were recorded and made available to all staff. The inspector reviewed the minutes of the last meeting held in May 2017, issues discussed and reviewed at the meeting included resident profiles, clinical documentation, clinical risk, health and safety, human resources and staffing, facilities and premises, audits, resident and relative involvement, complaints, occupancy and notifications to HIQA.

Systems were in place to review aspects of the safety and quality of care, including monthly, quarterly and annual reviews. The inspector was shown the annual review for 2016 and noted that audits of areas including complaints, incidents, infection control, catering, health and safety, clinical documentation, medicine audits as well as feedback from residents and relatives were used to inform the review. The action plan for 2017 included refurbishment of the dining room, reduction in falls and the completion of twice weekly medicines audits. The inspector noted that the dining room had recently been refurbished, twice weekly medication audits were being completed and the person in charge undertook to further review falls to ensure improvements to practice.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

The centre had a resident's guide which was available to residents and visitors. It was displayed in prominent locations in the centre and was available to residents in their bedrooms. The guide contained all information as required by the regulations.

Contracts of care were in place for all residents. The inspector reviewed a sample of contracts of care. The recently updated contracts of care included details of the services to be provided, fees to be charged and details of additional charges were clearly set out.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was a nurse and had been recently appointed to the role during May 2017. She had the required qualifications and experience in the area of nursing the older adult. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities.

Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that records as required by the regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Staff spoken with were familiar with the policies which guided practice in the centre.

The inspector reviewed a sample of staff files which contained all of the information as required by the regulations

The directory of residents was available, contained all the information as required by the regulations and was up to date.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The provider had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive recently updated policies on safeguarding vulnerable adults at risk of abuse and management of whistle blowing. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse and more recently on safeguarding. Residents spoken with told the inspector that they felt safe in the centre.

There was a policy in place for the protection of residents accounts and personal property. The person in charge told the inspector that the finances of residents were not managed in the centre, however, small amounts of money were kept for safe keeping on behalf of a number of residents. The inspector saw that these accounts were managed in a clear and transparent manner. Individual balance sheets were maintained for each resident and all transactions were clearly recorded. Two signatures were recorded for each transaction and receipts were kept for any purchases made on behalf of residents. A sample balance check carried out by the inspector was found to be correct. The accounts were audited by the person in charge and annually by the financial officer of the company. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

The inspector reviewed the policies on meeting the needs of residents with challenging behaviour and use of restraint. The policy on managing responsive behaviours outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenge. The inspector reviewed a sample of files of residents who presented with responsive behaviour and noted detailed, person-centered care plans outlining clear guidance for staff.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there were two bed rails in use at the residents own request at the time of inspection. The inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents. Risk assessments, consent and two hourly checks were recorded. Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Residents spoken with stated that they were happy living in the centre.

There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services.

For some residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. The inspector saw that these medicines were administered occasionally. However, inconsistencies were noted in the nursing documentation and a clear rationale for the administration of the medicines was not always clear.

The person in charge confirmed that all staff and persons who provided services to residents had Garda vetting disclosures in place. The inspector reviewed a sample of staff files and noted Garda vetting in place.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents, staff and visitors.

There was a health and safety statement and policy available. The inspector reviewed the risk register and found it to be comprehensive, recently reviewed and updated. All risks specifically mentioned in the regulations were included. Systems were in place for regular and on going review of risks. All risks were discussed and reviewed at the monthly management meetings.

There was an emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received this training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in May 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in March 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken with told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Fire drills took place regularly.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to

be vigilant in their use of hand sanitizers. All staff had received training in relation to hand hygiene and infection control procedures. Regular infection control and hand hygiene audits were carried out.

The inspector spoke with housekeeping staff who were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. The building was found to be clean and odour free.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. Medicines were regularly reviewed by the general practitioners (GP). All medicines including medicines that were required to be crushed were individually prescribed.

Systems were in place to record medicines errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems. Nursing staff stated that there had been no recent medicines errors.

Systems were in place for checking medicines on receipt from the pharmacy and the return of unused and out-of-date medicines to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who was available for advice and also provided education to staff.

Regular medicines management audits were carried out by nursing management and the pharmacist. Audit findings and action plans were documented. The inspector noted high compliance with the most recent audit completed in April 2017. All nursing staff spoken with had recently completed medicines management training.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. All issues identified during the last inspection had been addressed. Many improvements were noted in relation to referral and review of residents by allied healthcare professionals and to the nursing documentation.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services, tissue viability and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with a dementia, at high risk of falls, with wounds, with specialised seating requirements, nutritionally at risk and presenting with behaviours that challenge and communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

The inspector found that nursing documentation was completed to a high standard. Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including in nutrition, falls, dependency, manual handling, restraint, continence, skin integrity, pain and meaningful activities. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. A comprehensive and informative daily life care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, breathing, social, mental and emotional well being, controlling body temperature and end of life care. Care plans had been reviewed and updated on a regular basis. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

The inspector was satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, liaise with the GP and referrals may be made to the dietician and or SALT. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The physiotherapist visited the centre twice weekly and carried out both individual and group exercise sessions with residents. The inspector noted that all falls were logged as incidents on the computerised documentation system. There was evidence that residents' families and GP were informed post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, chair and bed sensor alarms and hip protectors were in use for some residents. The annual review of the quality and safety of care for 2016 had identified the reduction of falls as an area for improvement. The inspector noted that while staff monitored residents in the communal areas throughout the day there were no formal arrangements in place to ensure that these areas were supervised at all times. The person in charge undertook to review this issue and put formal staffing arrangements in place.

The inspector reviewed the file of a resident with dementia and noted that risk assessments and care plans in place were up to date. The care plans including guidance on communication, maintaining a safe environment, nutrition, recreation and social interaction were informative and person centred.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. The inspector reviewed the file of a resident with wounds and noted adequate wound assessment, wound care charts and wound progress notes in place. There was evidence of recent review by the tissue viability nurse and recommendations were reflected in the wound care chart.

Nursing staff informed the inspector that the OT now visited and completed manual handling and seating assessments on a regular on going basis. The inspector noted manual handling assessments had been regularly updated by the OT. Some residents had seating assessments completed and had been provided with specialised chairs. The OT had provided informative, clear guidance for staff which was written up in resident's files.

The social care needs of each resident were assessed. 'A key to me' life histories had been documented for most residents and staff were observed to use this information when conversing with residents. Photographic albums and memory boxes had been created for residents with a dementia and staff used this information when conversing and reminiscing with residents.

There were two activities coordinators employed in the centre. There was a range of activities taking place including Sonas (therapeutic programme specifically for people with Alzheimer's disease), massage, relaxation therapy, dog therapy, reminiscence, arts and crafts, bingo, quizzes and word wheels. Musicians visited regularly, the local priest visited and celebrated mass weekly. The daily activities programme was displayed. Both activities coordinators had completed the Sonas training programme, dementia care training and creative and horticulture activity for older persons. One of the coordinators had completed massage therapy. The inspector observed residents enjoying a variety of activities including group and one to one activities during the days of inspection. One resident told the inspector how he enjoyed attending a local day care service once a week.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The provider had continued to invest in the building to ensure that the design and layout met with residents needs.

The dining room had recently been rearranged and refurbished. The communal seating area which was located in the area leading from the dining room had been relocated to another more suitable area of the dining room. A new fire place with electric fire effect flames had been provided to the seating area along with a large flat screen television. Residents and relatives spoken with stated that they liked the new seating arrangements.

CCTV cameras had recently been installed to the external areas of the centre to ensure additional security and safety.

The centre was well maintained and nicely decorated. The communal areas such as the dining room and the day rooms had a variety of comfortable furnishings and were domestic in nature. The dining room was bright, the main day room and alcove seating area were appropriately furnished. Additional seating was provided in the wide hallway area leading to newer bedroom wing. There was separate comfortably furnished visitors room which was also used by residents for a variety of activities including Sonas. A small separate smoking room naturally and mechanically ventilated to the outside air was also provided.

Residents had access to an enclosed courtyard garden and to the landscaped gardens surrounding the centre. The enclosed garden was accessible from the main corridor. The garden had raised flower beds, paths for walking and seating areas. The doors leading to the garden area were easily opened and residents were observed accessing the garden area as they wished.

The inspector noted that many of the bedrooms were personalised with photographs, ornaments and other personal belongings. A large wall clock had been provided to all bedrooms to ensure that residents could clearly check the time. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage facilities. The doors to many bedrooms had been repainted since the previous inspection.

New signage had been provided throughout the centre. The signs were in word and picture format with a primary colour background. The signs reminded and assisted residents to find their way more easily around the centre.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found evidence of good complaints management. Issues identified at the last inspection had been attended to.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed in large print in a prominent position.

The inspector reviewed the complaints log which was recorded on the computerised documentation system. There were no open complaints at the time of inspection. The details of complaints were recorded along with actions taken. All complaints to date had been investigated and responded to. The complainant's satisfaction with the outcome was recorded.

Residents spoken with told the inspector that they could speak with and raise any issue with members of the management team and felt they would be listened to. Throughout the inspection, inspectors observed good communication between residents and staff.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met. The inspector spoke with the chef who was knowledgeable regarding residents special diets, likes and dislikes.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks and snacks were available throughout the day. Staff were observed offering and encouraging drinks throughout the days of inspection. The inspector saw a variety of home-cooked food being served including scones, buns, tarts

and soups.

The menus were displayed and offered a choice at every meal. Mealtimes were unhurried social occasions in a domestic style setting. Meals were served in a large bright dining room. The table settings were attractive with table cloths, condiments, flower centre piece and serviettes provided. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

Nutrition is further discussed under Outcome 11: Health and social care needs.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, and reassured and reoriented when they were confused. The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Care in progress signs were placed on bedroom doors when personal care was taking place. Residents spoken to confirmed that their privacy was respected.

Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents' independence.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the centre. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room, day room or in their bedroom.

There was an open visiting policy in place. Relatives indicated in completed questionnaires that they were always made to feel welcome by staff. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio and television. Daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers.

A monthly residents' newsletter was published and included news items such as upcoming events, recent bingo winners, upcoming birthdays, prayers for the sick and recent deaths.

Staff outlined to the inspector how links were maintained with the local community. Some residents went home for visits while others went out on day trips with family members. One resident attended a local day care service. Local musicians and dog therapist visited regularly. Another resident told the inspector about their recent trip to the cinema.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

The inspector found there was an appropriate number and skill mix of staff on duty to meet the assessed needs of the residents. Issues identified at the last inspection had been addressed. There were now two nurses on duty during the day, afternoon and evening time. A clinical nurse manager (CNM) had been recruited and was in post since December 2016.

On the days of inspection there were two nurses and six care assistants on duty during the morning and afternoon, there were two nurses and five care assistants on duty in the evening time, one nurse and three care assistants on duty until 23.00 hours and one nurse and two care assistants on duty at night time. The person in charge and CNM were also on duty. The person in charge normally worked Monday to Friday.

The inspector reviewed staff rosters which showed that this staffing pattern was the norm. The staffing complement also included the activity coordinator, catering, housekeeping, administration and maintenance staff.

There were robust recruitment procedures in place. A sample of staff files reviewed were found to contain all the required documentation as required by the Regulations including evidence of Garda Síochána vetting. Nursing registration numbers were available for all staff nurses. Details of induction and orientation received, training certificates and appraisals were noted on staff files. There were no volunteers attending the centre. The person in charge confirmed that Garda Síochána vetting was in place for all staff and persons who provided services to residents in the centre.

The management team were committed to providing on-going training to staff. All staff had completed up to date mandatory training. Staff had also recently completed training in wound care, dementia care, medicines management, food safety, vena puncture and cannulation.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Roseville House Nursing Home
Centre ID:	OSV-0000427
Date of inspection:	30 and 31 May 2017
Date of response:	20 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Inconsistencies were noted in the nursing documentation, a clear rationale for the administration of PRN psychotropic medicines was not always clear.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

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

The Person in Charge will ensure that full details of the rationale for the administration of PRN psychotropic medications will be recorded in the care plan for any resident who requires them, so that it is clearly understood by all staff in order to enable them to adopt a consistent approach to the administration of such medications. This has already commenced.

Proposed Timescale: 30/06/2017