



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

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:	15 and 16 October 2018
Centre ID:	OSV-0000277
Fieldwork ID:	MON-0022230

## 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 42 residents. It is a two-storey facility with a lift, chair stairs lift and separate stairs to enable access to the upstairs accommodation. It is set out in two wings: the smaller, convalescent wing with 17 beds, and the nursing home wing which accommodates mostly long-stay residents with 25 beds. 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. In the nursing home wing communal areas comprise a day room which may be partitioned to facilitate family gatherings and personal occasions in private; a large conservatory where residents dine. Communal areas in the convalescent wing comprise a dining room, conservatory, day room and a seating area by the nurses' station. There is additional seating area at the entrance to the centre. 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:	34
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## How we inspect

To prepare for this inspection the inspector or 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
15 October 2018	10:00hrs to 18:00hrs	Breeda Desmond	Lead
16 October 2018	08:30hrs to 15:00hrs	Breeda Desmond	Lead
15 October 2018	10:00hrs to 18:00hrs	Michelle O'Connor	Support

## Views of people who use the service

The inspector spoke with six residents and one relative throughout the inspection. Feedback was positive and people were happy with the care and attention they received. They said there was a lovely relaxed atmosphere and staff were helpful and kind. Residents and family members stated that there was good medical attention and good follow-up regarding care and medication management. Several residents identified that the new courtyard, which was viewed from both conservatories and many bedrooms, was a fabulous addition and it was lovely to look out at it, both during the day and in the darkness as the bandstand and flowerbeds were lit up. The weather was gorgeous on both days of the inspection and several residents were observed sitting out in the sunshine and others walked around the courtyard to get their daily exercise.

## Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the statement of purpose. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. There was a commitment to provide quality care that was person centred.

At the time of inspection the 22-bedded extension was partially completed. The general manager discussed the new and existing build and highlighted issues with the existing building which will be remedied when the new extension is operational. For example, the sluice room was inadequate for the size and layout of the existing centre, nonetheless, the new build will have sluice rooms on either side of the building as well as upstairs and downstairs. In conjunction with the extension, the general manager advised that several of the existing bedrooms and communal areas will be upgraded and refurbished; flooring will be upgraded; call bell access will be available in communal areas. The entire centre had been rewired whereby new lighting on corridors, new fire safety equipment, a new call-bell system and new external lighting were installed.

Staffing levels were discussed with the person in charge and deputy person in charge who gave assurances that there was ongoing monitoring of staff levels in conjunction with the changing needs of residents. A programme of recruitment had commenced cognisant of the forthcoming extension opening and they were aware of their legal requirements as set out in the regulations regarding recruitment and

documentation to be in place, prior to commencement of employment. While most documents specified in Schedule 2 of the regulations were in place for staff to ensure the protection of residents, all staff files were not comprehensive. Staff training required further consideration to enhance the positive findings relating to the variety of training facilitated.

The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life.

The atmosphere was friendly and relaxed and staff engaged with residents and visitors. The inspector observed that the care and support given to residents was relaxed and unhurried. Assistance was given discreetly when needed; staff demonstrated good communication strategies and actively engaged with residents. The inspector observed that staff were familiar with residents preferences and choices and facilitated these in a friendly and respectful manner.

#### Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated adequate knowledge regarding her role and responsibility and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences.

Judgment: Compliant

#### Regulation 15: Staffing

The staff roster was reviewed and discussed and the person in charge outlined that the roster was constantly under review in line with the changing needs of residents. Following a recent review of dependency care needs, the staff roster was increased in the morning times to ensure appropriate and timely care. Cognisant of the new extension, recruitment had commenced to ensure adequate numbers and skill mix of staff to the size and layout of the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

The training report demonstrated mandatory training as well as other relevant training staff had completed. The system in place enabled oversight of training needs with alerts when training was due. Some staff had training overdue and the deputy person in charge highlighted that this was due to various staff leave and training would be scheduled when staff returned from leave.

Judgment: Compliant

## Regulation 19: Directory of residents

A directory of residents was maintained that reflected the requirements of Regulation 19.

Judgment: Compliant

## Regulation 21: Records

The statement of purpose and resident's guide were available as part of the admission pack to residents; these booklets included a web address for residents to access inspection reports if they so wished; nonetheless, inspection reports were not available in an accessible format in line with the requirements set out in Schedule 4 of the regulations. This was remedied on inspection whereby inspection reports were printed and included in the information booklets available throughout the centre, in compliance with the regulations.

There was one volunteer attending the centre at the time of inspection. Appropriate documentation was available in accordance with the regulations.

Staff files showed that while most of the requirements listed in the regulations were in place for staff, some staff files were not comprehensive. For example, some references were not in accordance with regulatory requirements.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

All residents had contracts of care which identified fees including possible additional fees to be charged. They were signed and dated appropriately. They required further amendment to identify the type of room being occupied, that is, whether it was a single or twin room occupancy.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Notifications were timely submitted. Notifications were discussed with the deputy person in charge regarding information included in the notifications to ensure their comprehensiveness and allay the need for additional correspondence with the office of the chief inspector.

Judgment: Compliant

## Regulation 32: Notification of absence

The governance of the centre was aware of their regulatory responsibility regarding notifying the office of the chief inspection regarding absence of the person in charge. Deputising arrangements were in place whereby the deputy person in charge assumes responsibility when necessary.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents and relatives spoken with relayed that they could raise issues with staff without reservation. The complaints log was reviewed and showed that while complaints were recorded, in recent times, the outcome and whether the complainant was satisfied, was not always detailed.



Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

While all the policies as listed in Schedule 5 of the regulations were available, they were not comprehensive. Many of policies did not detail the purpose, scope and responsibility; while some had the procedure outlined, they were not centre-specific. For example, the admissions policy did not include the role and responsibility of the administrator in collecting information prior to admission or the process following acquisition of this information; the policy did not differentiate the process regarding pre-admission between convalescent and long-stay admissions. Some were not appropriately referenced in accordance with current relevant legislation and national policy. These were identified in the previous inspection completed in May 2017.

Judgment: Not compliant

#### Quality and safety

The inspector observed that the person in charge and deputy person in charge were known to residents and relatives and the atmosphere in the centre was friendly and relaxed. Care and support given to residents was calm and unhurried. In general, appropriate assistance was given when needed and staff demonstrated good communication strategies for people with complex communication needs. There were a new full-time activities staff to facilitate group stimulation as well as one-to-one therapy and residents reported that the new exercise programme kept them flexible and agile.

There were assessments and care plans for individual residents. Assessments were timely and reviews of care and the resident's response to treatments and interventions demonstrated reflective practice that promoted independence and autonomy. Discussions with staff reflected a holistic picture of the person to enable better outcomes for them. Residents notes showed that people had timely access to medical care as well as access to allied health professionals. Residents records demonstrated appropriate observation and interventions that facilitated best outcomes for residents including behavioural support, and family members concurred with this. Sometimes residents admitted for convalescence care from the acute care setting had a physiotherapy regime, for breathing for example, however it was unclear whether this formed part of care supervision to ensure residents completed their daily exercise routine to maximise their rehabilitation.

The premises was homely and comfortable. Nevertheless, issues highlighted on

inspection had been identified by the governance team, and these formed part of the programme of works detailed by the general manager to be completed in conjunction with the new 22-bedded extension. For example, refurbishment of bedroom accommodation in the existing building, wardrobes, and flooring; additional communal space to enhance the facilities, additional sluice rooms, secure clinical room to accommodate all clinical paraphernalia; additional storage, thermostatic controls at each point of use.

Closed circuit television (CCTV) with advisory signage was evident throughout the building. During the inspection, CCTV located in the conservatory was re-directed to view the external entrance door to the room and away from the conservatory and dining area to protect the privacy and respect dignity of residents.

### Regulation 11: Visits

Visitors were observed calling to the centre throughout the day. While there was signage requesting protected mealtimes, the inspector observed visitors were well received and residents and family members stated that they were made feel welcome, offered refreshments and had access to tea and coffee making facilities. The general manager outlined that a coffee hub was part of the new extension to further enhance quality of life.

Judgment: Compliant

### Regulation 12: Personal possessions

Records of their personal property were maintained. Residents' bedrooms had adequate space to maintain their clothes and personal possessions. Personal storage space comprised double wardrobes and bedside locker with lockable storage; some bedrooms had additional storage of chest of drawers. The option to store valuables in the centre's safe was also available to residents. Appropriate records were kept and two signatures were required in order to access these valuables.

They had access to on-site laundry facilities. Clothing was labelled for ease of identification. Residents spoken with did not identify any issues with laundry services provided in the centre.

Judgment: Compliant

## Regulation 20: Information for residents

A resident's guide was available to residents as part of their admission welcome pack and reflected the requirement set out in regulation 20.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

Residents' records demonstrated that all relevant information about the resident was provided to the receiving designated centre, hospital or place. Upon return to the designated centre, the person in charge ensured that all relevant information was obtained and this was followed up with phone calls to the relevant service, discharge co-ordinator and allied health professionals.

Judgment: Compliant

## Regulation 27: Infection control

Staff spoken with demonstrated good knowledge of infection prevention and control procedures. Staff training was up-to-date regarding hand hygiene and infection prevention and control.

Waste management was not in keeping with infection prevention and control procedures as several waste bins throughout the centre were either clinical waste bins (and should have been domestic waste bins) or had a clinical waste bag in a domestic bin holder. As these were unsecured, this could potentially facilitate inappropriate usage and unrestricted access to hazardous waste.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

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. Relevant medication management records were securely maintained in the centre. Medication was securely maintained and dispensed and administered in line with professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents had evidence-based risk assessments to guide care and documentation showed that residents were consulted regarding their care. The sample of care plans and assessments reviewed demonstrated that they were timely updated and person centred.

Judgment: Compliant

### Regulation 6: Health care

Records demonstrated that residents had timely access to medical care, specialist care and allied health care professionals. For example, inspectors noted that exercise classes, physiotherapy, general practitioners (GPs), the dietician, dentist, chiropody, optical and speech and language services (SALT) had been accessed. Residents and family members concurred with this.

While residents were assessed as part of their pre-admission and admission protocol and plans to direct care were developed, adequate oversight of rehabilitation of residents availing of convalescent care, was not assured.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents' advocacy meetings were held on a two-monthly basis and minutes from these meetings were displayed on notice boards. The inspector observed that residents' independence was promoted and encouraged. Arranged were in place to facilitate the upcoming election and some people will go to their local polling station, while others will avail of the polling booth in the centre. Leaflets regarding the upcoming election were available in the centre. There was a variety of activities available to residents to part-take and their choice to decline participation was respected.

Internet access and broadband were available in the centre. A large screen TV and projector screen was used for matches and special events such as the recent royal

wedding. Daily newspapers as well as local magazines and news letters were available to residents.

Judgment: Compliant

### Regulation 17: Premises

The premises was homely and comfortable. The new enclosed courtyard provided a special outdoor area for residents to enjoy. Several issues were identified during the inspection and while the governance team gave assurances that all these issues would be remedied either as part of the new extension or as part of the extensive programme of refurbishment, these issues remained outstanding at the time of inspection. For example, upgrading of bedroom accommodation in the existing building, upgrading wardrobes, and flooring; additional communal space to enhance existing facilities, additional sluice rooms, upgrading the laundry, secure clinical room to accommodate all clinical paraphernalia; additional storage, linen storage, and thermostatic controls at each point of use.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Not compliant

# Compliance Plan for Rosenalee Care Centre OSV-0000277

Inspection ID: MON-0022230

Date of inspection: 15/01/2018 and 16/10/2018

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A review of and audit was done immediately and now all requirements as listed are compliant.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: We will amend our contract of care to identify the type of room being occupied, whether it was a single or twin room occupancy.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: We have addressed the complaints procedure and all are referred to the PIC to close when outcome has come to a conclusion.	



Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All policies and procedures will be updated and to be more center specific and implanted in practice.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Domestic bins for incontinence wear has been replaced. Clinical waste bin now in appropriate location.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Rehabilitation care plan for different surgical procedures have been developed and to be assigned and implemented form admission day.</p> <p>After consulting with resident, HCA to record all rehabilitation exercise (type and frequency) into patient management system. Nurse will monitor same.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>First phase of completion of new 22 bed unit will address the additional storage, sluice rooms, laundry, clinical room and linen storage.</p>	

Second phase of completion will be upgrading the existing premises where required to ensure compliance with regulation 17.

## 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.	Not Compliant	Orange	02/04/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	16/01/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	31/01/2019

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Yellow	27/11/2018
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	16/10/2018

Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	31/05/2019
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/12/2018