



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Rosemount House Nursing Home
Name of provider:	Rosemount Nursing Home Limited
Address of centre:	Garrabeg Road, Church Street, Gort, Galway
Type of inspection:	Announced
Date of inspection:	25 April 2018
Centre ID:	OSV-0004583
Fieldwork ID:	MON-0020941

About the designated centre

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

Rosemount House provides 24 hour nursing home care for adults ranging in age from 18 to 65 and older, both male and female, in a comfortable, relaxed and homely environment. Residents who require convalescent, respite, short and long term care with low, medium, high and maximum dependencies can be accommodated. Care provided includes palliative and mental health care.

The facilities include the single storey purpose built nursing home and secure garden/courtyards.

The accommodation comprises of 15 twin bedrooms, one twin bedroom en-suite, five single bedrooms and two single bedrooms en-suite.

There is a structured activity plan for residents taking place in the nursing home on a daily basis. They include playing of cd's and dvd's, flower arranging, reading stories, cards, and games. Rosemount House also facilitates live music, pet therapy and special occasions by arrangement in the nursing home.

The following information outlines some additional data on this centre.

Current registration end date:	17/08/2018
Number of residents on the date of inspection:	35

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
25 April 2018	09:00hrs to 17:30hrs	Sarah Carter	Lead

Views of people who use the service

The inspector spoke with 25% of residents, including those who were both out and about and those who liked to stay in their rooms. Sixteen questionnaires that were received during the inspection were also reviewed in addition to observing some activities taking place.

Residents were very satisfied with their lives in the centre. They spoke warmly of the staff, saying they felt they were dedicated and hard working.

Residents expressed very positive comments and compliments about the food and explained that they liked the choices offered and thought the food was of a very high standard.

Many residents spoken to shared their rooms, and felt they had enough space and privacy to live comfortable and safely. In the case that residents did not have an en-suite, they said there were bathrooms nearby and they had no issues accessing them, or asking for assistance from the staff to access them.

Many expressed that while they would rather be at home, they knew that they needed to receive care and be in safer place, so they moved to Rosemount House. As many were from the locality they commented that they had visitors and remained connected with the town and area that they were familiar with. Some went out regularly to carry out errands, while others said they would like to go out more.

Many spoke of their engagement in the activity programme, and singled out the tai chi group that was running on inspection day as important to them, others commented that bingo and walking were their favourite leisure activities.

Residents who could not speak with the inspector were observed to be comfortable in their specialised seating and were dressed well and appropriately.

Some spoke about being involved in their care plans, and knew some detail about the treatments they were receiving, others did not know but were keen to report that they had confidence that the nurses were caring for their health and they rarely had to wait to see the doctor and have their needs attended to.

Capacity and capability

The centre had an established management team in place and the centre was well run for the benefits of the residents. There were sufficient staff on duty that were appropriately managed and supervised in their work and the service provided was found to be in line with the statement of purpose.

The governance system in place protected residents, and largely ensured a quality service was provided and monitored. One aspect of the governance systems required improvement that related to staff training which is described below.

The person in charge was a qualified and experienced nurse who worked full time in the centre. The provider representative was based in the centre and was available to both resident and their families if they wished to speak with him. An annual report, which had been titled as an assurance report was available in the centre and contained updates on quality improvement initiatives and evidence of resident consultation.

There was a range of policies and procedures available in the centre and all met the requirements of the regulations. The policies reviewed were in date, had been regularly reviewed and contained procedures based on best practice.

The staff group was consistent, and there were no vacancies. An assurance was given on the day that all staff had received Garda vetting. One area for improvement was the records of staff training, as it was not immediately clear when staff who had not received recent training had received their last training. This information was satisfactorily supplied following the inspection. Staff were adequately trained in manual handling, managing behaviours that challenge and safeguarding. There was a comprehensive staff induction programme in place for new staff members.

Audits had been completed on a variety of clinical areas, for example falls, communications, hand hygiene and bedding. A variety of actions were identified following these audits and subsequently completed, for example the purchase or replacement of furniture.

A directory of residents was maintained, and contained all required information. A sample of contracts of care was reviewed, and they were clear and included detailed descriptions of the room and fees residents would be liable for. The contracts were written in clear language and could be easily understood by the residents and relatives who signed them.

The complaints procedure was well advertised throughout the centre. The person in charge maintained a written log of all concerns. The centre had not dealt with any recent formal complaints, however the complaints record for the previous year was reviewed and included a look back exercise where gaps were identified in the process and improvements that could be made in the complaints handling process.

Regulation 14: Persons in charge

The person in charge was full time and was a qualified nurse with relevant experience and knowledge to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and skill mix of staff on duty on inspection day to meet the needs of the residents and their was qualified nurse available in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were appropriately supervised in their work.

Judgment: Compliant

Regulation 19: Directory of residents

A register was maintained and contained all details about residents as required by the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The provider had resources in place to meet the requirements of the residents and the service as described in the statement of purpose. The management structure and responsibilities were clear, and there was system in place to ensure the care provided was safe, in line with best practice and reviewed. An annual review had

<p>been conducted, and resident's views had been included.</p>
<p>Judgment: Compliant</p>
<p>Regulation 24: Contract for the provision of services</p>
<p>Contracts of care clearly described the terms and fees incurred for residents who live in the centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 3: Statement of purpose</p>
<p>The document had been submitted prior to the inspection, and required a minor amendment which was completed on inspection.</p>
<p>Judgment: Compliant</p>
<p>Regulation 34: Complaints procedure</p>
<p>No recent formal complaints had been received; however documents relating to the reviews and learning from historic complaints were reviewed. A concerns log was maintained to capture informal complaints and feedback, This included the details required in the regulation, and there was evidence that learning and information generated from each complaint was distributed amongst staff. The complaints process was advertised throughout the building.</p>
<p>Judgment: Compliant</p>
<p>Regulation 4: Written policies and procedures</p>
<p>The provider had all policies required, and they were available to staff in a centralised location. The policies had been updated within the required time frames and referenced best practice in the relevant area</p>
<p>Judgment: Compliant</p>

Quality and safety

Residents told the inspector they were well cared for and happy in the centre. The centre is a single story building with communal areas spread throughout and access to two secure courtyard gardens by ramps. There were grab rails fitted along corridors and in bathrooms to facilitate resident's mobility and independence.

The communal areas were homely and contained a variety of furniture to suit different residents, there were books and table top activities available in both rooms. The resident's bedrooms were adequately spacious, and there were privacy curtains available in shared rooms. Residents had access to lockable storage and wardrobes. The internal paintwork showed signs of wear and tear and the provider representative assured the inspector that a painting contractor had been secured for the coming weeks to redecorate the centre.

Residents' needs were met through a variety of interventions by skilled nursing staff and specialists if require. Residents had a choice of doctors and pharmacists. There was evidence that when a specialist had reviewed a resident, their recommendations were included in the care plan. In the sample of care plans reviewed each was found to be comprehensive and under regular review. A residents falls risks was identified and denoted by the use of colourful stickers to alert staff. The centre had an indoor smoking facility, and the residents who smoked had individual risk assessments in place, but were noted to be independent in their smoking habit. A number of residents used bed rails as a restraint measure and this decision was made in line with national guidelines; there were assessments to indicate use, alternatives had been trialled, and the restraint was also monitored though two hourly checks.

A comprehensive record of as-required medication (PRN medication) was maintained, and behaviour logs and records to accompany the use of the medication were seen. The use of sedative medication was often prescribed and subsequently monitored by a specialist mental health team, who were available to visit the residents as required.

Residents were well protected from abuse. Staff were knowledgeable about the safeguarding policy, and staff had been trained recently in the detection of and response to, allegations of abuse. The centre did not act as a pension agent, and residents could access their finances when they required. A sample of this process was reviewed and the records were accurate.

Visitors were welcome throughout the day in the centre, and a number of visitors were seen coming and going throughout the day. The visitors log was maintained, and there was sufficient room within the centre for visitors to have a quiet conversation with their friend or relative if required. The official visitors room was available by arrangement, as it was also used as an office for the person in charge.

Information was available for residents in a clear and accessible information guide. There was also displays on notice boards and whiteboard throughout the centre of relevant information. Daily activities and upcoming events were also advertised on these boards.

The risk management policy in the centre was up to date and outlined the types of risk and controls available in the centre. A risk register was available, and there was a policy and procedure in place to manage serious events.

Some improvement was required in fire safety in the centre. Two thirds of staff (28 of a total of 38) had recently received fire safety training; with the remaining staff due for training in the fortnight after the inspection, however drills were not being practiced routinely in the centre with less than one third of staff having attended a fire drill in the centre over the last 12 months. Staff were knowledgeable about fire procedures when questioned by the inspectors, and fire exits were numerous and easy to access throughout the centre. Fire safety equipment had been serviced regularly.

Regulation 11: Visits

Visitors accessed the centre throughout the day, and a log was maintained at the front entrance door. There was adequate space for residents to received visitors throughout the day.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access and control over their own property and finances. There was adequate storage and space for clothing and an access to an on site laundry.

Judgment: Compliant

Regulation 17: Premises

The centre was appropriate for the needs of the residents and in line with the statement of purpose. While the building displayed some signs and wear and tear an assurance that a programme of painting had being planned for the coming months was given on the day of inspection. There were adequate bedrooms and bathroom

<p>areas, and access to communal indoor and outdoor space.</p>
<p>Judgment: Compliant</p>
<p>Regulation 20: Information for residents</p>
<p>The residents guide was clear and comprehensive, and detailed the terms of living in the centre as well as the procedures for making a complaint and receiving visitors.</p>
<p>Judgment: Compliant</p>
<p>Regulation 26: Risk management</p>
<p>There was a risk management policy in place which details the specific risks that were monitored and the controls in place to control them. There was a plan in place to manage serious incidents and events.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>Fire safety equipment was available and had been serviced. There was a fire response plan that was displayed throughout the building. Staff were knowledgeable about how to respond to a fire, and two thirds of staff had recently attended a refresher training, with the remainder due to attend training in fortnight after the inspection. However just 12 staff (of a compliment of 38) had taken part in a drill in the last 12 months. A fire drill was planned in conjunction with the next date of fire training.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 5: Individual assessment and care plan</p>
<p>In the sample of care plans reviewed residents had been comprehensively assessed and there was evidence that recommendations made from specialists were being implemented in the residents care plans. Care plans had been reviewed within the</p>

required timeframes.
Judgment: Compliant
Regulation 6: Health care
Residents had a choice of doctors, and there was access to specialists if required.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
Staff were knowledgeable about how to manage behaviour that challenges, and there was a policy in place to guide practice. Restraints, mainly bed rails were in use, however the assessment and monitoring of bedrails were in line with best practice. All staff were appropriately trained.
Judgment: Compliant
Regulation 8: Protection
There was an up to date policy in place, staff had received training and were knowledgeable about abuse and how to report it. No recent allegation had been received or investigated by the person in charge who is in position since August 2017.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	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	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rosemount House Nursing Home OSV-0004583

Inspection ID: MON-0020941

Date of inspection: 25/04/2018

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All staff who are currently employed at Rosemount House Nursing have received Fire and evacuation training, the final group of staff received this training 8/5/2018, as per <i>Fire Precautions in Designated Centers for Older People 2016</i>. This Training will be renewed annually and is due again in March 2019. Staff also received training in Mattress evacuation with SKI sheets.</p> <p>Status: Complete; renew annually. Compliant</p> <p>A comprehensive planned fire drill took place 8/5/2018 involving 27 staff and 12 Residents. The drill involved horizontal phased evacuation from the effected zone to safe zones within the building. A fire in the laundry was simulated and the Nurse in Charge raised the alarm and gave the order to evacuate. She also simulated the phone call to the Fire Brigade. Two visitors present at the time of the drill participated. The evacuation took place under the supervision of Fire Safety trainer TB. There was a feedback session after the exercise was completed.</p> <p>All our residents have a personal emergency evacuation plan (PEEP) and their mobility capabilities are documented in their care plans.</p> <p>Planned and unplanned Fire Drills will take place throughout the year.</p> <p>Status: on going. Compliant</p> <p>The risk rating in for Regulation 28 is now reduced and the status is compliant .</p>	

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 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	Orange	08/05/2018 Completed