



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

Issued by the Chief Inspector

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:	Unannounced
Date of inspection:	08 March 2023
Centre ID:	OSV-0004583
Fieldwork ID:	MON-0039178

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. 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.

Number of residents on the date of inspection:	39
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 March 2023	10:00hrs to 18:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were provided with a good standard of care. Feedback from residents was that staff were caring and attentive to their needs. Staff were observed to be familiar with the needs of residents, and to deliver care and support which was unhurried and respectful.

This unannounced inspection took place over one day. There were 39 residents in the centre and one vacancy on the day of the inspection.

On arrival to the centre, the inspector met with the person in charge and a newly appointed general manager. Following an introductory meeting, the inspector conducted a walk through the centre. The designated centre was a single-storey, purpose-built facility located in Gort, County Galway. The building provided accommodation for 40 residents which comprised of single and twin bedrooms, and a variety of communal spaces. The centre was observed to be clean, tidy and generally well maintained. All areas were found to be appropriately decorated, with communal rooms observed to be suitably styled and comfortable. Bedrooms provided sufficient space for residents to live comfortably, and a number of rooms were personalised with residents' own personal belongings, including ornaments and pictures. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was warm and well ventilated throughout. Corridors were equipped with appropriate handrails to assist residents to mobilise safely. Call-bells were available in all areas and answered in a timely manner. There was safe, unrestricted access to an outdoor area for residents to use. While there was adequate storage facilities available in the centre, the inspector observed that one storage area was very cluttered.

Residents were observed to be socially engaged with each other and staff. Friendly, respectful conversations between residents and staff could be overheard throughout the day. The majority of residents were up and about, and were observed in the various communal areas. A number of residents were observed moving freely around the centre. Residents who chose to remain in their rooms, or who were unable to join the communal areas, were monitored by staff throughout the day. Communal areas were supervised by staff at all times. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in an unhurried manner, and personal care was attended to a satisfactory standard.

Throughout the inspection, the inspector interacted with a large number of residents, and spoke in detail with a total of thirteen residents. Those residents who spoke with the inspector were very happy to chat about life in the centre. When asked what it was like to live in the centre, one resident stated that 'it was top marks'. Another resident said that they had been in many places previously, but that they had 'never come across anything like the staff in Rosemount', who they

described as 'fantastic'. Other residents stated that they were always provided with assistance when they needed it, and that the staff were always very kind to them. A number of residents said that they were aware that there was a new manager in the centre, and that they were satisfied that the centre would continue to run as normal. There were a number of residents who sat quietly observing their surroundings, and who were unable to speak with the inspector. These residents were observed to be comfortable and content.

The inspector also spoke with one visitor who was very happy with the care and support received by their relative.

Residents were provided with opportunities to participate in recreational activities of their choice and ability, and the inspector observed a variety of activities taking place in the centre at various times during the day. A full schedule of the activities available was on display in the communal areas.

Residents were very complimentary about the food in the centre. A range of food and refreshments was provided throughout the day. Food was freshly prepared in the centre's own kitchen, and meals were observed to be well presented. The dining experience at lunchtime was observed to be a social, relaxed occasion. The chef on duty on the day was very knowledgeable about the residents' individual food preferences, and was observed to be actively engaged with residents during the lunchtime period. Staff members were available to support and assist residents at mealtimes, and when refreshments were served.

Residents had unlimited access to telephones, television, radio, newspapers and books. Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in June 2022. The inspector also reviewed information that was submitted by the provider, since the last inspection, in relation to safeguarding

and falls management.

The inspector also reviewed information, received by the Chief Inspector of Social Services, in relation to changes to the organisational structure of the centre. This inspection confirmed that significant changes to the governance arrangements in the centre were in progress.

The registered provider of this designated centre is Rosemount Nursing home Limited Company. The inspector was informed of a number of recent changes to the company structure, including changes to the directorship of the company.

On the day of the inspection, there was a new general manager in post who was also the proposed new person participating in management. The general manager informed the inspector that they had commenced their role a week prior to the inspection. Notwithstanding the recent changes, the inspector found that the organisational structure was clearly defined, and that there were identified lines of authority and accountability in place.

Overall, this was a well-managed centre, where the quality and safety of services provided to residents were of a good standard. The findings of this inspection were that the provider had taken a number of actions to address the issues found on the last inspection. However, the inspector noted that further action was required in relation to the premises, as there were a small number of areas of repeated non-compliance found on the day.

There was a person in charge of the centre who demonstrated a clear understanding of their role and responsibility. They were supported in this role by a full complement of staff, including nursing and care staff, housekeeping, activity, catering and maintenance staff. The person in charge was well known to residents and was observed to have a strong presence in the centre.

On the day of the inspection, staffing levels and skill-mix were appropriate to meet the assessed needs of residents. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The person in charge provided clinical supervision and support to all staff. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. Teamwork was evident throughout the day.

There were policies and procedures available to guide and support staff in the safe delivery of care.

Staff had access to education and training appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training.

The provider had management systems in place to ensure the quality of the service was effectively monitored. A range of audits had been completed by the person in charge which reviewed practices such as falls management, care planning, and

infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed. Information in relation to key aspects of resident care was collected and reviewed on a monthly basis and included data in relation to medication management, use of restraints, pressure ulcers, weight loss, and other significant events.

There was evidence that there was effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as health and safety, training, suggestions for improvements and other relevant management issues.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill-mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to training appropriate to their roles. The person in charge ensured that staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre was adequately resourced to ensure that residents were supported to have a good quality of life.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service.

There was an annual review of the quality of the service provided for 2022 which included input from residents. There was a quality improvement plan in place for 2023.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents told the inspector that they were satisfied with the quality of the service they received. Notwithstanding this positive feedback, findings from the inspection found that action was required to ensure full compliance with the regulations in relation to premises.

The inspector observed that the centre was clean and tidy on the day of the inspection. However, while the centre was generally well maintained and provided a homely environment for residents, some actions were required in respect of the premises. This will be discussed further under Regulation 17: Premises.

Each resident had a comprehensive assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of eleven residents' files and found that care plans were sufficiently detailed to guide care, and that the information was holistic and person-centred. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred in line with regulatory requirements. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care, with residents'

general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed need.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There was a number of residents who required the use of bedrails. Records available showed that appropriate risk assessments had been carried out.

Residents' rights were observed to be upheld. The inspector found that residents were free to exercise choice about how they spent their day. Residents were provided with opportunities to consult with management and staff on how the centre was run. Residents' meetings were held and minutes of recent meetings showed that relevant topics were discussed including staffing, management changes, nutrition and technologies available to residents in the centre. Residents' satisfaction surveys were carried out and feedback was acted upon. Residents had access to an independent advocacy service.

Risk was found to be effectively managed in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. The provider had developed an emergency plan which included a comprehensive COVID-19 contingency plan with controls identified, in line with current public health guidance.

The fire procedures and evacuation plans were prominently displayed throughout the centre. Staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Personal evacuation plans were in place for each resident. There were adequate means of escape, all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that, on the day of the inspection, the premises was found not to conform to the matters set out Schedule 6. For example, there were a number of maintenance issues including visibly damaged walls, doors and items of furniture.

This is a repeated non-compliance from the previous two inspections.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss, and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place, which included all of the required elements, as set out in Regulation 26 .

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their general practitioners (GP). The person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rosemount House Nursing Home OSV-0004583

Inspection ID: MON-0039178

Date of inspection: 08/03/2023

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We are in the process of painting a number of rooms with in the centre e.g. utility room, food storage room, some bedrooms that requires attention. We are also planning to sand and paint a number of doors within the centre. We have recently refurbished a number of damaged armchairs and we are in the process of purchasing any bedframes that require replacement.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2023