

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

## Issued by the Chief Inspector

Name of designated centre:	Mystical Rose Private Nursing Home
Name of provider:	Mystical Rose Limited
Address of centre:	Knockdoemore, Claregalway, Galway
Type of inspection:	Unannounced
Date of inspection:	13 February 2025
Centre ID:	OSV-0000367
Fieldwork ID:	MON-0043484

## About the designated centre

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

Mystical Rose Private Nursing Home can accommodate up to 54 residents. The centre accommodates both female and male residents over 18 years of age. The centre provides nursing care for persons with dementia, intellectual disability, respite and or convalescence and palliative care. The centre is a two-storey building with lift access. Resident accommodation is provided in single and double en-suite bedrooms. The objective of the centre is to ensure that all residents are treated with privacy, dignity, autonomy and respect at all times.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	48
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 13 February 2025	10:00hrs to 17:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Feedback from residents and their relatives used words such as "phenomenal" when describing the service. Residents were satisfied with the direct care received and stated the staff were kind and attentive to their needs. Staff were observed to deliver care and support to residents which was person-centered and respectful, and in line with their assessed needs.

On entering the centre there was a reception area that was decorated to a high standard. There was a welcoming feel to this area with comfortable seating available to sit and relax. This area was used by individual residents and families throughout the day. There was a large information board displaying leaflets and pamphlets for resident information including the detail of how to make a complaint.

The centre was a two-storey building and provided accommodation for 54 residents. Bedroom accommodation comprised of single and double bedrooms. Many bedrooms were personalised and decorated according to each resident's individual preference. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. Each floor had separate communal sitting and dining rooms. The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was visibly clean, tidy and well-maintained. Call bells were available in all areas, and answered in a timely manner. All communal areas were found to be appropriately decorated, with communal areas observed to be suitably styled and furnished to create a homely environment for residents. There was safe, unrestricted access to outdoor areas for residents to use. These areas included internal gardens. In addition there was a smoking hut available for resident use. This hut had call bell access so that residents could call for assistance at all times.

The inspector spent time observing residents in the communal day rooms on both floors. Residents appeared relaxed and comfortable in their environment. Staff were present to provide assistance and support to residents. The inspector observed multiple group activities occur in the main communal day room on the ground floor. Many residents were supported to come down from the first floor to attend. However, in contrast, the inspector observed that residents on the first floor spent long periods of time with no facility for activity or social engagement. A small number of residents spoken with told the inspector that the days were long. In addition, residents told the inspector that the current activities that were held were not of interest to them. Residents were quick to state that the option to attend activities on the ground floor was available to them. At the time of the inspection, no resident spoken with had voiced this complaint to the management team.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect.

Residents said that staff were very kind and always provided them with everything they needed to live comfortably. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

The dining experience was observed to be a social, relaxed occasion, and the inspector saw that the food was appetising and well-presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food.

Residents expressed their satisfaction with the laundry service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

In summary, residents were receiving 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 of the provider, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that this was a well-managed centre, and that the quality and safety of the service provided to residents was of a high standard. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents.

This was a one day unannounced inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The provider was in the process of completing the work outlined in a compliance plan response from the previous inspection in May 2024.

The registered provider of this designated centre was Mystical Rose Limited. A director of the company represented the provider entity. There was a clearly defined management structure which was comprised of the person in charge and two clinical nurse managers (CNMs), all of whom worked in supervisory roles supporting the staff delivering the direct care. There was a team of nurses, health care assistants, catering, housekeeping, activity, administrative and maintenance staff. All staff were aware of the lines of authority and accountability within the organisational structure. Residents and staff spoken with reported that the management team had a strong presence in the centre and were approachable and responsive to requests.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff. There were systems in place to monitor the quality and safety of the service. A programme of clinical and operational audits was completed by the management team. Audit findings were analysed and informed the development of quality improvement plans, which were monitored to ensure all actions were completed in a timely manner. The provider also monitored quality of care indicators such as pressure ulcers, complaints and falls to identify any trends or areas of improvement. These were discussed at management meetings, which took place on a regular basis.

There was evidence of effective communication systems in the centre. Minutes of meetings reviewed showed that a wide range of relevant issues were discussed. The inspector found there was a strong focus on ensuring that residents were satisfied with the service received. This information was gathered through resident feedback surveys and regular resident meetings.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. The inspector reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI). Newly recruited staff completed an induction programme, which included training and competency assessments.

A sample of residents contracts were reviewed and the inspector found that there was sufficient detail within each contract to comply with the requirements of the regulations.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required.

### Regulation 15: Staffing

There was sufficient staff on duty 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

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: Compliant
Regulation 21: Records
Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.
Judgment: Compliant
Regulation 23: Governance and management
<p>There were management systems in place to ensure that the service was safe, consistent and appropriately monitored.</p> <p>The provider had established a clearly defined management structure that identified the lines of authority and accountability. They had ensured that sufficient resources were available to ensure the delivery of care, in accordance with the centre's statement of purpose.</p>
Judgment: Compliant
Regulation 24: Contract for the provision of services
The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.
Judgment: Compliant



## Regulation 4: Written policies and procedures

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

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. In the main, the inspector found that residents' rights and choices were upheld. While the inspector found that activities were held in the centre, the programme and schedule did not address the needs of all of the current residents. The inspector found that fire precautions was not fully in line with the requirements of the regulations.

All residents had an updated assessment of their needs completed to ensure the service could meet their health and social care needs. Each resident file reviewed had a range of clinical assessments completed using validated assessment tools. The outcomes were then used to develop an individualised care plan for each resident, which addressed their individual health and social care needs. Care plans were sufficiently detailed to guide care, and contained information that was holistic and person-centred. Daily progress notes were recorded, and detailed the current health care status of all resident whose files were reviewed. Residents were familiar with their care plans, and there was clear evidence of consultation between the nursing team and individual residents.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their healthcare needs. Arrangements were in place for residents to access the expertise of health and social care professionals. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by healthcare professionals was implemented.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents assessed as being at risk of malnutrition were referred for further assessment to an appropriate health professional.

Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and seek assurances on the on-going changes that had occurred in the centre. Residents

attended resident meetings. The inspector reviewed the meeting records and dissatisfaction with the current activities had not been voiced by the residents in attendance. This was discussed with the provider on the day of inspection who committed to engage further with the current residents about the activities schedule and the ability of all residents to attend.

Visitors were openly welcomed in the centre and residents were happy with the arrangements in place.

The premises was designed and laid out to meet the needs of residents. The centre was visibly clean on inspection. The centre premises were maintained to a high standard. Following the last inspection, the provider had repurposed an area in the centre to allow for a dedicated storeroom for housekeeping equipment and supplies. On going maintenance was in place. There was inadequate facility in the centre to facilitate appropriate handwashing, however, the provider was awaiting the delivery of additional hand hygiene sinks for installment in the the clinical rooms on both floors.

There was a risk register which identified risks in the centre and the controls required to mitigate those risks. The provider had completed a full review of all resources prior to a recent red storm alert that effected the country. This assessment was detailed and comprehensive. Despite the destruction and impact of the storm in the local area, there was no disruption to the service. Staff that were rostered to work the day after the storm had stayed in the centre overnight to ensure the continuity of the service.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A summary of residents' Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. Fire drills were completed to ensure staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency, however, the inspector found that staff responses in what action to take on the sounding of the alarm were inconsistent. The inspector found that multiple fire doors when closed had significant gaps at the bottom which meant that there was a risk that in the event of a fire, smoke would not be contained and this was a risk to resident safety.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

There were no visiting restrictions in place and there were suitable rooms for residents to have visitors in private.

## 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. Visitors expressed a high level of satisfaction with the care provided to their loved ones.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there. On-going maintenance was in place. The provider was awaiting the delivery of additional hand hygiene sinks for installment to ensure staff had access to appropriate hand-hygiene sinks throughout the centre.

Judgment: 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 referred to specialist services, when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

## Regulation 26: Risk management

A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety management systems were not fully effective to comply with the requirements of the regulations. A number of fire door when closed had significant gaps. This had the potential to impact on the containment of smoke and fire in the event of a fire emergency. In addition, staff responses on the actions to be taken during an evacuation were inconsistent. This posed a risk to the timely evacuation of residents, to a place of safety, in the event of an emergency.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and health and social care professional services, in line with their assessed needs.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. A safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector was informed that group activities were held. On the day of inspection, the inspector did not observe any activity on the first floor of the centre.

The inspector observed that residents on the first floor spent long periods of time with no activity or social engagement. This meant that these residents did not have adequate opportunity to participate in activities in accordance with their interests and capacities.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Mystical Rose Private Nursing Home OSV-0000367

Inspection ID: MON-0043484

Date of inspection: 13/02/2025

## 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>Fire Doors: a full review of all fire doors has been completed liaising with the architect and the fire officer. Drop down seals have been sourced as advised and are now in the process of being fitted to all the identified doors. These automatic mechanical seals protect against fire and smoke.</p> <p>Staff responses: As per our training schedule – Fire training was due in March and following this inspection the findings were highlighted to all staff. During mandatory onsite fire training there was a renewed emphasis on the actions that are required to be taken during an evacuation. In addition to highlighting this during our onsite training we have added this to our spot check form where staff have to repeat back the evacuation procedure to confirm their understanding and knowledge of same.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Activities: Following feedback from this inspection – The resident's who decline to engage with the various activities chosen by residents on the day are proactively offered an alternative by all other care staff. All care staff have been advised that when the main activities are occurring onsite with Activity staff that they should also then provide an opportunity to the other residents providing one to one engagement or small group activities of their choice. Also acknowledging that some residents do decline all the options offered.</p>	



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## 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	Yellow	31/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Substantially Compliant	Yellow	24/02/2025

	accordance with their interests and capacities.			
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