



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

Issued by the Chief Inspector

Name of designated centre:	Rosedale Residential Home
Name of provider:	Rosedale (Kilmacow) Voluntary Housing Association Company Limited by Guarantee Trading as Rosedale Residential Home
Address of centre:	Rosedale, Upper Kilmacow, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	28 June 2023
Centre ID:	OSV-0000740
Fieldwork ID:	MON-0039818

About the designated centre

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

Rosedale Residential Home is located in the quaint upper village of Kilmacow, Co. Kilkenny. It is managed by a voluntary non-profit organisation and provides care for people who do not require full-time nursing care. Rosedale is set on three acres of well maintained gardens. It is a two-storey building with lift and stairs access between floors. Rosedale is registered to accommodate 15 residents, both male and female. Residents' accommodation comprises 13 single bedrooms with hand-wash basins and two bedrooms have en-suite shower and toilet facilities, a sun room, sitting rooms on both floors, dining room, chapel and comfortable seating throughout. Other facilities include a laundry, and day services which residents have access to if they wish to attend. Rosedale caters for people with low dependency assessed needs requiring long-term residential and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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 28 June 2023	10:25hrs to 17:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

There was a welcoming atmosphere in Rosedale Residential Home, which was apparent to the inspector on entry to the centre. During the day, the inspector greeted all residents and spoke with eight residents in detail. These conversations, and time spent observing residents' daily lives provided an insight into life in the centre. Residents reported that they felt very well cared for by staff who were committed to supporting residents to live as independently as possible. One resident described staff as "lovely and kind", another said "we are blessed with the staff here". Residents were observed by the inspector to be content and happy on the day of inspection. Family members also spoke positively of their experiences with staff and how their relatives were supported to have a good quality of life.

Residents had access to a number of communal areas including a sitting room, conservatory, oratory and an adjoining day centre. Residents were seen spending their day across all of these areas, and as the weather was warm, many residents chose to spend time outside. The inspector observed that the centre was decorated in a personalised manner, with residents' artwork, inspirational quotes, plants, suitable furniture and large, flat screen televisions. All areas of the centre were unrestricted and residents could access the seating areas at the front of the centre, or walk the paths around the centre to the orchard where there was a functional greenhouse. The person in charge was involved in supporting the planting of fruit and vegetables such as tomatoes and cabbage, and seasonal flowers and herbs. Some residents chose to get involved in this activity. Residents who smoked had an appropriate designated outdoor space assigned.

The inspector spent time in the different areas of the centre chatting with residents and observing the quality of staff interactions with residents, all of which were respectful, polite, and person-centred. Staff that spoke with the inspector demonstrated a good knowledge of residents, their individual needs and preferences. The centre accommodates 15 residents in single rooms. There was one vacant room on the day of inspection. There was adequate storage facilities for residents clothing and personal possessions. The provider had carried out some maintenance and redecoration of the premises. This included redecorating some bedrooms and the provision of three new ensembles. These were completed to a high standard. One resident spoke of how they were involved in the decoration of the ensuite, including the placement of the mirror at a suitable height and picking out the accessories.

Residents spoke very positively with regards to the quality and quantity of food in the centre. Food was observed to be carefully presented. On the day of inspection a chicken and rice dish was served as the main meal. Residents confirmed that they could have something else if they wanted, for example, sandwiches, fish or eggs. The residents dining experience was observed to be a pleasant, sociable and relaxed occasion for residents.

There was a long-standing schedule of activities in the centre including a twice-weekly exercise class facilitated by an external provider, and a weekly game of Pongo which was held in the day centre and led by an external volunteer. Residents who attended these activities said they enjoyed them and they were an important part of their weekly routine. Residents said they were never pressured to attend activities, and some chose not to partake in them. Residents said they could go out at any time, to town, home or for visits with family and friends. Residents said staff would assist in organising transport to appointments and outings when necessary. A small marquee was erected outside for the upcoming summer garden party which residents told the inspector they very much looking forward to. Overall, residents spoke of their contentment and happiness in the centre.

The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

Overall, this was a good, well-organised centre with effective governance and management arrangements which ensured that residents were supported to live in a comfortable and supportive environment that encouraged independence. Resources were made available to ensure the appropriate running of the centre.

This was an unannounced risk inspection, carried out over one day 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 also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in October 2022. The findings of the inspection were that the registered provider had made efforts to improve levels of compliance identified on the previous inspection. Aspects of the centres compliance plan had been fully achieved, and some further improvements were required in relation to infection control, fire safety and resident care planning, as discussed under the Quality and Safety section of the report.

The registered provider of Rosedale Residential Centre is Rosedale (Kilmacow) Voluntary Housing Association Limited. This limited company comprises five directors and a voluntary board of management which oversees the operations of the centre. The centre is resourced through a service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act (2007). The cost of running the centre and providing care and support is supplemented by resident's contributions and fundraising. The centre provides care for residents with low to medium dependency levels. A social model of care is promoted in the centre and there is an open-door policy. On a daily basis care is directed through a suitably qualified person in charge. They demonstrated a clear understanding of their role and responsibility, and was a visible presence in the centre. There was a clearly

defined management structure in the centre, which identified lines of responsibility and accountability. The management team was observed to have strong communication channels and a team-based approach. There were adequate staff supervision arrangements in place. Oversight of residents' medical and nursing needs is supported by a registered nurse who works 12 hours a week. The daily running of the centre was supported by a team of care staff, catering, domestic and maintenance workers. The board of management were actively involved in the running of the centre, and were in communication with the person in charge very regularly, and attended monthly board meetings to discuss all aspects of service provision.

On the day of the inspection the centre had adequate resources to ensure the effective delivery of care, in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care, from staff who knew them well. The centre's staffing complement was sufficient to meet the low to medium dependency levels of the residents. Since the previous inspection, improvements were made to ensure that there was appropriate deputising arrangements in place when the person in charge was absent. The training matrix indicated that staff received training appropriate to their various roles. External trainers were employed, to deliver manual handling training and fire training. Staff handover meetings and staff meetings ensured that information on residents' needs was communicated effectively. Information seen in the daily communication sheet and in residents' care plans, provided evidence that relevant information was exchanged between day and night staff. Copies of the appropriate standards and regulations were accessible to staff.

The information for the annual review of the quality and safety of care for 2022 had been collated. The audit schedule was set out at the beginning of the year and aspects of residents' care, including the use of antibiotics, were audited monthly. Clinical indicators were being monitored in areas such as wounds, infections, and dependency levels. The registered provider had a number of written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations.

Improvements were noted in with regard to the notification of incidents to the office of the chief inspector. A review of the records of incidents and accidents accruing in the centre identified that all required notifications were submitted. the centre of purpose was updated annually and was a true reflection of the centre and the services provided.

Regulation 15: Staffing

The number and skill mix of staff on duty was appropriate, for the number of residents living in the centre. Staff were knowledgeable and demonstrated competence in their work

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were noted in staff training since the previous inspection. Staff had good access to a wide range of training and all staff were up to date in their mandatory training requirements. Staff were supervised in their roles and received regular feedback from management, regarding their performance.

Judgment: Compliant

Regulation 23: Governance and management

There was an established management structure in place with clear lines of authority, and the management team were well-known to the residents.

The quality and safety of care were being monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. There was evidence that incidents occurring in the centre were analysed to determine any areas for improvement to minimise recurrence.

The person in charge had prepared a comprehensive annual review of the quality and safety of care delivered to residents in 2022 with a quality improvement plan. This review was available to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre. This was found to contain the required information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

The roles and responsibilities of volunteers were set out in writing and each

volunteer had a Garda (police) vetting disclosure in accordance with the National Vetting Bureau (Children's and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres' policies.

Judgment: Compliant

Quality and safety

The inspector found that the centre operated with a person-centred ethos of care. The individual human rights of the residents were supported and there was good access to health and social care services, ensuring the quality and safety of care delivered to residents was of a high level. The inspector found that residents were well-respected by management and staff and encouraged to give feedback on the services they receive.

The registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' quality of life. Areas of the centre were freshly painted and a programme of continuous maintenance and repair was in place. The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. The registered provider was making every effort to implement procedures in line with best practice for infection control. A small outbreak of COVID-19 had been effectively contained and managed in the centre with the guidance of the local public health team. The management team completed audits of infection control procedures. Housekeeping staff were competent with the correct cleaning procedures, and provided with appropriate equipment, to maintain a safe environment for residents and staff. Some minor improvements were required to ensure that best practice infection control guidance was implemented, as discussed under Regulation 27: Infection control.

This inspection evidenced that the registered provider continued to make progress in relation to fire safety in the building. Subsequent inspections in July 2021 and October 2022 had identified fire safety risks, and the inspector found that the majority of improvements set out in the compliance plan following the inspections had been progressed to completion. Fire safety procedures were well-organised and

there was good awareness amongst staff of the procedures in place for evacuation of residents and containment of fire. Notwithstanding these improvements, further action was required with Regulation 28: Fire precautions, to ensure the containment of smoke and fire in the event of a fire occurring in the centre.

Residents' records evidenced that a comprehensive assessment was carried out for each resident prior to admission which underpinned the development of a relevant plan of care. Improvement was noted with respect to the care planning for new residents, and assessments and most care plans were seen to be developed within 48 hours of admission. Nonetheless, some aspects of social care planning required action, as described under Regulation 5: Individual assessment and care plan.

A safeguarding policy provided guidance to staff, with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities. Garda (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment.

The inspector found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre. This was usually done informally through the daily interactions with the staff and management team. A number of individual conversations were seen to be facilitated, between staff and residents, during the inspection. Residents were happy in the centre and felt their rights were respected and promoted. Residents reported that they felt safe and at home in the centre and they attributed this to the staff. Staff had a clear understanding of residents' preferences and interests. Visitors and residents confirmed that they were treated with dignity and respect, by the entire staff team

Residents had access to social outings, activity, gardening, religious services, musicians and celebrations with family. Residents felt that they could raise concerns about the centre, and they told the inspector that they felt that their opinion would be listened to.

Regulation 12: Personal possessions

Residents had access to and retained control over their personal property, possessions and finances. Each resident had access to a lockable space.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records showed that when residents were temporarily discharged to another facility, all pertinent information about the resident was provided to that facility. A detailed transfer letter was used to capture relevant details. On return to the centre following the temporary absence, medical and nursing transfer letters were reviewed for any changes to the resident's care.

Judgment: Compliant

Regulation 26: Risk management

The registered provider had a risk management policy in place as set out in Schedule 5. This included the hazard identification and assessment of risks throughout the designated centre.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre;

- none of the hand hygiene sinks throughout the centre were compliant with current recommended specifications. The registered provider had identified an area where the first clinically-compliant hand washing sink would be located, and a plan was in place for future installation.
- clean items were stored in areas which were not designated storage areas. For example, duvets and pillows were found on the ground in a boiler store, and on exposed shelving. Clean items should be stored off the ground and in designated areas to ensure they remain clean

Judgment: Substantially compliant

Regulation 28: Fire precautions

The arrangements for maintaining fire equipment were not adequate:

- two fire doors was being propped open by furniture and other means. Fire doors should only be held open by appropriate devices connected to the fire detection and alarm system

- there was an excessive gap at the bottom of one fire door, which would not contain smoke in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care documentation reviewed, there were some residents who had no assessment of their social needs. The document which was to be used to complete this assessment was blank, and as a result, no details regarding a residents past life, hobbies and personal preferences were gathered. Therefore, there was insufficient information to develop person-centred care plans to meet the residents' needs.

In one record examined, assessments and care plans had not been updated for seven months, which is not in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 8: Protection

Residents reported feeling safe in the centre. They were complimentary about the care staff provided to them. Staff training in relation to the prevention, detection and response to abuse was in date for all staff. Pension agent arrangements were in place for two residents, and the inspector verified that the arrangements were in line with the guidance from the Department of Social Welfare.

Judgment: Compliant

Regulation 9: Residents' rights

Residents has the opportunity to to be consulted about and participate in the organisation of the designated centre. Residents told the inspector they choose the paint colours for their bedrooms, and were involved in organising the upcoming garden party. The provider had facilities for residents occupation and recreation and opportunities to participate in activities, in accordance with their interests and capacities. Residents expressed that they were consistently encouraged to make their own choices. Newspapers, televisions and Internet facilities were available.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rosedale Residential Home OSV-0000740

Inspection ID: MON-0039818

Date of inspection: 28/06/2023

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have increased hand sanitising stations in the overall building, and a new clinically compliant sink will be in place in the next number of weeks. All items stored incorrectly have been removed to designated storage areas.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Appropriate devices connected to the fire detection system which allow doors to be kept open have been ordered and will be fully completed before August 20th.</p> <p>The excessive gap is no longer there and was fixed immediately following the inspection.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Following a documentation review all residents assessments and life stories are now up to date with personal preference gathered to ensure person centred care at all times.</p> <p>A new monitoring system for care plans is currently active to ensure that all care plans</p>	

are updated in line with regulatory requirements.

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 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.	Substantially Compliant	Yellow	03/09/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	03/09/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Substantially Compliant	Yellow	08/08/2023

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	08/08/2023