



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

Issued by the Chief Inspector

Name of designated centre:	Roselodge Nursing Home
Name of provider:	Killucan Nursing Centre Limited
Address of centre:	Killucan, Westmeath
Type of inspection:	Unannounced
Date of inspection:	21 July 2021
Centre ID:	OSV-0000088
Fieldwork ID:	MON-0033322

About the designated centre

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

Killucan Nursing Centre Limited is the registered provider of Roselodge nursing home. Accommodation and full-time nursing care is provided for 50 residents, both male and female over the age of 18 years. General nursing care for people who require long-term care and short-term respite care including residents with dementia.

The centre was purpose-built close to the centre of the rural village of Killucan, Co Westmeath. There is close access to local shops, pubs and churches. All facilities including bedroom accommodation is located on the ground floor. Residents have access to a central landscaped courtyard. The modern building has a number of communal spaces used as sitting rooms and a separate dining area. A bright reception space is well furnished and facilities include a hairdressing room and spacious visitor's room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

49

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 21 July 2021	09:20hrs to 19:00hrs	Nuala Rafferty	Lead
Wednesday 21 July 2021	11:15hrs to 19:00hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

The inspectors observed that residents were well looked after and were contented with their lives in the designated centre.

This inspection took place over the course of one day. Inspectors spent time in the communal areas in the centre to see what life was like for residents here and spoke with approximately 11 residents and two visitors during the day. Many of the residents spoken with told the inspectors they were from the local village or the surrounding townland and how they were happy to remain living in the locality.

The provider had made some changes in response to the previous inspection to improve the delivery and management of care and services. Where improvements were identified on this inspection, these are discussed under the relevant regulations further in this report.

Both inspectors spent periods of time chatting with residents and observing the interactions between the residents and the staff. Residents and their families were very positive about the way they were looked after and the efforts that staff made, to ensure that they had everything they needed. Residents and visitors were seen chatting comfortably and with familiarity to the general manager, person in charge and with members of staff. Those residents who were more dependent and who could not talk with the inspectors, appeared comfortable and did not show any signs of anxiety or distress.

Residents shared their experience of living in the centre when restrictions were in place during the COVID-19 pandemic. The centre had not experienced any outbreak of infection during the pandemic and residents felt very grateful to staff for the great care they had received. Residents confirmed that they were having visitors again and they were happy with this.

Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities that they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs. The inspection took place during a hot and sunny summer day and residents were dressed appropriately for the weather. Staff were seen to offer fluids regularly and inspectors also observed that for those residents who remained in their bedrooms through choice or due to their needs, curtains were drawn to maintain a cool environment and fans were provided to regulate the temperature if required. Inspectors observed some interactions between staff and residents in the sitting room. Staff were observed to respond to residents' needs and call bells promptly, while maintaining their privacy and dignity.

Residents were very complimentary of staff in the centre. Comments included; 'I am happy here, I like the staff' and 'if I have any (concerns) I go to the manager

and she helps me. Isn't it lovely to have someone to talk too'. Visitors also had praise for the staff saying, 'they keep me informed about everything' and 'they are exceptional'.

Inspectors were told that a range of individual and group activities were held each day by allocated staff members. An activity programme detailing the planned activities was viewed on the doors leading into, and on one wall of, the main sitting room. However, inspectors found that all the activities included in the programmes displayed, were not being delivered such as assisted reading, outdoor activities or reminiscing therapy (remembering and speaking about past experiences and events). Inspectors also found that residents were not fully involved in the development of the activity programmes.

Although residents and their visitors were positive about the care they received, there were mixed responses to the quality of life experienced by residents. Inspectors heard that; 'there's nothing to do in the mornings or evenings, it's boring'. One resident said they had not been out in the garden since last year. One resident said they used to love gardening at home and would love to be able to do a little still, 'even just planting a few pots or growing some seeds would be nice'. Another said, 'the activities person does some exercises when they are here and they may play bingo for everyone and then they go'. Inspectors spoke with several of the male residents. Most were observed to sit on chairs in sunny spots along the corridors. One gent always sat near the doorway into the courtyard, this he said was the smoking area. The inspector heard how he had been a farmer all his life in the local community. The resident didn't join in any of the activities, saying he had never played bingo and wasn't interested now. Other male residents agreed with this view and some said they missed the entertainment of local musicians who used to play live music for them. All were content living in the centre and had no complaints.

An inspector spoke to some residents who preferred to spend their time mostly in their bedroom. One lady said she was quite happy living in the centre although she did miss reading her books. Overall, the design and layout of the premises supported a good quality of life for residents.

The centre was decorated and furnished, to provide a comfortable and relaxed living environment and there was an inviting, welcoming atmosphere. It was visually clean, warm and tidy. Whilst walking around, household staff were observed cleaning rooms and equipment and using wet floor safety signs to alert residents and others to ensure their safety. A number of improvements identified on the last inspection were in the process of, or, had been addressed.

Residents bedrooms were mainly bright, comfortable spaces, with many filled with residents' photographs, pictures and personal possessions. Single rooms were of an adequate size to allow ease of movement and were suitably furnished for storage, with wardrobes or chest of drawers, shelving and lockers.

Residents were complimentary of the choice, quantity and quality of meals available in the centre. All meals were freshly prepared and cooked in the centre's own

kitchen. The inspectors observed a lunch time meal served in the dining room. There were enough staff available to ensure that residents were supported to eat and enjoy their meals. Staff were observed to assist residents discreetly and respectfully and the staff assisting in the dining room were knowledgeable about the resident's dietary needs..

Capacity and capability

Killucan Nursing Centre Limited is the registered provider of Roselodge Nursing Home. The management structure consists of; registered provider representative (who was also the general manager and worked full-time in the centre), the person in charge and a clinical nurse manager (CNM). Although the person in charge was on annual leave at the time of the inspection, on hearing that the inspection was taking place, they arrived in the afternoon to help facilitate the inspection. The inspection was also facilitated by the general manager and the CNM on duty. Inspectors were assured that the management team were fully involved in the governance of the centre and were accessible and familiar to residents relatives and staff.

The centre has a good history of compliance with the regulations and was found to be compliant on the last inspection in 2020 which was a specific inspection to assess the centre's preparedness and arrangements for management of the Covid 19 virus. This inspection took account of information, both solicited and unsolicited, received by the Chief Inspector and found that some improvements were required in a number of areas.

Through conversation with the management and staff, inspectors noted a commitment to provide quality care and a good quality of life to residents in the centre. Audit systems were in place to monitor and review the standard of care delivered. Risk analysis of key clinical performance indicators such as the trending of falls, pressure ulcer development and weight monitoring were discussed at clinical governance meetings and there was evidence of strategies implemented to drive improvements in these areas. However, the assessment and analysis of other quality aspects of service provision was less effective, such as privacy and dignity, activities programme and dementia care.

On review of some of the information required to be forwarded to the Chief Inspector on a quarterly basis, inspectors found anomalies in the information provided and this is further discussed under Regulation 31.

From a review of staff rosters and observation on the day of inspection, inspectors were assured that there were sufficient nursing and care staff on duty to meet the health needs of residents. Evidence of a good level of supervision and monitoring of practice was found although it was noted that improvements would be of benefit to ensure consistency of good moving and handling and the delivery of a meaningful

activities programme suitable for all residents.

Staff had access to a range of on-going training opportunities. However, inspectors observed that some staff did not have sufficient skills appropriate to their role and training opportunities were not provided to them to acquire the necessary skills. Inspectors found that this impacted on some residents quality of life where individualised meaningful activities that reflected different levels of function and ability were not available. This is discussed further under Regulation 9.

A review of a sample staff records showed that in general, recruitment procedures in line with employment and equality legislation were followed, including appropriate An Garda Síochána (police) vetting disclosures prior to commencing employment. However, all of the documents required in Schedule 2 of Regulation 21 were not available in respect of some staff. The management team in consultation with staff had suspended the appraisals process due to the pressures of work associated with the COVID-19 pandemic. However, although it had been the intention to resume appraisals they had not yet recommenced. Further details are included under the relevant regulation in this report.

While all the required policies and procedures were available to guide staff in the provision of care, the inspectors found that not all of them had been updated in line with best practice guidelines and some were not implemented in practice, in order to ensure residents received a safe and high quality of care. This is further described under Regulation 4.

Inspectors found that complaints were managed in line with the centre complaints policy, and that this met regulatory requirements.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge the centre on a full-time basis. The person in charge, who facilitated the inspection, had a good understanding of their statutory role and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Sufficient numbers of staff with the required skills and knowledge to meet the needs of the current resident profile were available on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training in safeguarding, moving and handling, infection prevention and control and fire safety. Training records showed good levels of staff compliance with their mandatory training requirements. Although some gaps were noted where one or two recently recruited staff had not yet completed all of their mandatory training in safeguarding and moving and handling.

However the current training programme did not include additional refresher training in clinical areas of care and updated training was identified as required in areas such as infection prevention and control, care planning and risk assessment and moving and handling. Training opportunities appropriate to their role were not provided to some staff including training needs in the provision and delivery of activities and in particular, dementia specific activities in line with the centre's resident profile.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was provided to the Chief Inspector as required by the regulations. This document required changes to ensure it gave a clear reflection of the premises and organisation structure in the centre in relation to the re-purposing of rooms and changes in personnel in the management team.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The information contained on the statutory notifications provided to the Chief Inspector for the second quarter in 2021 did not accurately reflect every occasion on which a restraint was used.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure in place and a number of

complaints were recorded. Complaints had been promptly investigated and closed off to the satisfaction of the complainant.

Inspectors noted the policy was not displayed prominently within the centre on the day of inspection and were told by the general manager that the procedure had been removed earlier in the morning for minor amendment and would be replaced on completion.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required under Schedule 5 of the regulations were available and reviewed regularly. However, relevant policies had not been updated to include COVID-19 guidance in 2021 and they needed further revision to reflect the most recent guidance. There was limited evidence that updated policies were regularly made available to all staff to ensure familiarity and knowledge.

Additionally, inspectors were not assured that the following policies were being fully implemented in practice:

- Admissions policy
- Recruitment selection and garda vetting of staff
- Staff training and development
- Use of restraint.

Judgment: Not compliant

Regulation 21: Records

Inspectors found that all of the documents to be held in respect of each member of staff were not available for a small number on the day of inspection.

Documents not held included:

- Details and documentary evidence of qualifications or accredited training
- A full employment history with a satisfactory history of any gaps in employment.
- Two written references including a reference from the person's most recent employer (if any).

Judgment: Not compliant

Regulation 23: Governance and management

Governance and management systems were not sufficiently robust to ensure that a high standard of person centred care was consistently provided to residents. Evidence where sustainable improvements were found to be required include;

- An annual review was completed in respect of the manner and standard of services delivered to residents throughout 2020. The report referred to a residents and relatives satisfaction survey dated December 2020, it also included the template questionnaire used to collect the feedback of relatives. However, the report did not contain the results of the survey or any additional comments or suggestions received as part of the feedback. An action plan to prioritise and implement an ongoing programme of continuous improvement, further to the survey was not detailed in the report.
- Other findings such as: recruitment procedures and personnel records did not fully meet the requirements of Regulation 21; anomalies in the information provided in some quarterly notifications; relevant policies and procedures were not updated to include the national guidance for COVID-19 in 2021 and evidence that staff had read and understood the current guidance was not available: residents rights, fire safety management processes and infection prevention and control procedures require to be reviewed.

Judgment: Substantially compliant

Quality and safety

Residents were provided with a good standard of care and support that met their basic needs, but improvements were needed to ensure they were supported and encouraged to live a meaningful life that respects their wishes and choices. In particular, improvements were needed to uphold residents' rights to autonomy and independence, and consideration of their preferences, diversity and choice on a daily basis. In addition, some improvements were also required in the areas of fire safety, premises, care planning arrangements, and infection prevention and control as detailed under their respective regulations.

The centre contained a good variety of communal and quiet sitting rooms and spaces where residents, alone or with family and friends could spend time. Inspectors saw that regular maintenance was in place and the premises were in good repair with many aspects having recently been refurbished. Aspects of the premises were discussed with the general manager, specifically a number of areas where some improvements were seen to be required such as, the laundry, staff and hairdressing facilities.

Inspectors found that separate cleaning room and changing facilities were not available for catering and non-catering staff. Additionally, it was observed that a room identified as a visiting room was used by the hairdresser when on-site. It was observed that the wash hand basin in this room was also used to wash some residents hair. However, the wash hand basin was not suited to this purpose.

The general manager showed the inspectors plans to upgrade the centre which proposed to address all of these areas. These plans were intended to be implemented previously but had been put on hold due to the COVID19 pandemic.

A central enclosed garden space was available to residents and this had also recently been upgraded with safe pathways, container plants and shrubberies with a chicken coop in one corner.

Staff communicated with on the day of inspection were knowledgeable of residents' care needs and preferences. Each resident was observed to have a comprehensive assessment of their health, personal and social care needs prior to their admission, which helped to ensure that the nursing home could meet the resident's needs. Care plans were seen to be developed within 48 hours of the residents admission, and these were updated every four months. However, inspectors found that both assessment and care planning documentation required review to ensure it gave an accurate and updated reflection of residents' current needs. This is discussed further under Regulation 5: Individual Assessment and Care Plan.

Residents were provided with medical care and health and social care professional interventions as they required, with some further improvements identified as described in Regulation 6. Residents had access to medical care services including general practitioner (GP), psychiatry of old age and health and social care professionals.

Appropriate processes were in place to protect residents from abuse and these were being implemented. The inspectors spoke with several residents and those residents who could voice their opinion told inspectors that they felt safe. Inspectors also saw that some residents, who could not give a verbal opinion, displayed body language associated with feeling safe.

A risk management policy and risk register were in place which included control measures for identified risks.

There was evidence that all staff were provided with training in fire safety and evacuation procedures, and an external provider was made available to staff for this training. Evacuation procedures to guide staff, residents and visitors in the event of a fire evacuation scenario were posted on the corridors of the centre and residents were observed to have personal evacuation plans (PEEPs) in their bedrooms. However, inspectors found that the fire evacuation procedures as listed above required review to ensure that all residents could be safely evacuated from the centre in a timely manner in the event of a fire.

Residents received visitors by appointment and the visiting arrangements in place were safe. Residents were very happy to have their families and friends visiting

them once again. However, actions were required to ensure there were sufficient opportunities for all residents to engage in meaningful activities, as described under Regulation 9.

Inspectors observed many instances of good practice in respect of infection prevention and control, but some improvement was required in this area, the specifics of which are described under Regulation 27. Records showed that staff had received up to date training in COVID-19 precautions, prevention of the transmission of the COVID-19 virus and use of personal protective equipment (PPE) and demonstrated knowledge of the principles of training.

Overall, medication administration and management was in line with professional guidance but some improvements were found to be required. These are discussed under Regulation 29 of this report. An action required further to the last inspection, in respect of medicine that was to be administered in crushed format was addressed and was individually identified. Medications were securely stored and there was a medicines fridge for the safe storage of relevant medicines.

Regulation 11: Visits

Visiting had recommenced and the provider had put arrangements in place in line with national health surveillance and protection guidance on visits to Long Term Residential Care Facilities (LTRCs). A procedure had been developed and implemented, which maximised the residents and their relatives safety and minimised the risk of bringing COVID-19 into the centre.

Judgment: Compliant

Regulation 17: Premises

The premises were not laid out in full accordance with the designated centre's Statement of Purpose and did not fully conform to all of the matters laid out in Schedule 5 of the Regulations, in that;

- The following were not identified on the statement of purpose; a cleaning room facility that was located beside the nurses station on the left hand corridor and an existing toilet facility beside bedrooms 48 and 50 that was re-furbished to include a shower area.
- The laundry facilities did not include a worktop for the safe and effective handling and segregation of laundry. Staff were observed sorting clean laundry whilst bending over a clothes basket. Items of laundry were trailing on the floor.
- Signage to identify the use of each room in the centre was not in place and orientation signage, for example on communal bathrooms, was inconsistent

throughout the premises.

- separate cleaning room and changing facilities were not available for catering and non-catering staff.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy and risk register available for review. The risk register included clinical and environmental risks identified in the centre together with mitigating strategies. The risk register was reviewed and updated regularly.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that some procedures were not consistent with the standards for the prevention and control of health care associated infections and the current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance) including:

- Effective systems were not in place to ensure regular effective cleaning of re-usable equipment such as hoists and hoist slings. Inspectors were told that all hoists were cleaned with bacterial wipes after each use however, inspectors observed the use of the same hoists and slings for several residents without the hoist or sling having been cleaned in between each use.
- A tracking system to support staff identify whether communal equipment such as slings, or hoists had been decontaminated was not in place.
- Inspectors were told that slings were washed on a weekly basis, but documented evidence to support that this was implemented was not available. This arrangement does not provide sufficient assurance to prevent spread of infection.
- Hoist slings were not appropriately stored and some were observed lying on equipment with belts trailing on the floor.
- Wash hand basins, designated as clinical wash hand basins, throughout the centre, required review to ensure they were of correct specifications, readily available in areas where they might be required and in line with best guidance in infection prevention and control.
- Wall and floor surfaces in the laundry were not to a standard that could ensure effective cleaning, with exposed brick work and cracks in wall surfaces. Inspectors also observed accumulations of cobwebs, dust and

leaves in several areas of the laundry.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was one large fire compartment in the centre with 10 bedrooms. The inspectors were not assured that the provider had reviewed the evacuation procedure for this area as there had not been a full compartment fire drill carried out to ensure that the compartment could be evacuated safely and in a timely manner with night time staffing levels. All bedrooms in the compartment were occupied at the time of the inspection. Subsequent to the inspection, the registered provider conducted a fire drill and reported that staff demonstrated good knowledge of the evacuation process. However, the evacuation time frame required improvement.

The centre's evacuation procedure and the fire safety management policy were not consistent. An evacuation procedure directing staff on managing a fire situation were posted at the nurses station in the centre. This procedure outlined the prioritising of evacuation referencing two phases; progressive and total evacuation phases and clearly stated 'if in doubt evacuate'. However, the policy referenced three phases of evacuation being; progressive, total and delayed. The delayed evacuation phase was not included on the procedure.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some aspects of medicine management and practice required review including;

- the disposal of unused medicinal products
- checking procedures for controlled medicines

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors saw that a number of assessments and care plans were not linked and as a result the care plan did not have enough detail to direct staff to manage care in

line with the resident's needs and preferences for care and support.

Examples included;

- Care plans did not consistently reflect resident's abilities or preferences for preferred activities.
- Some care records did not include an assessment of the resident's needs which correlated with the care plans that were in place for that resident.

Judgment: Substantially compliant

Regulation 6: Health care

Some improvements were needed to ensure that where additional clinical expertise was required to manage residents with complex needs, that this was accessed in a timely manner.

For example, in one or two records reviewed, where residents, following falls or fractures, required review in primary health care services, it was not always evident that referrals were made by staff in a timely manner to physiotherapy or occupational services, despite a deterioration in the residents' mobility or functional status.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a low use of restraint in the centre and there was evidence that alternative less restrictive interventions were offered and trialled and residents were involved in the decision making process.

Staff were knowledgeable of person-centred interventions to trial if residents presented with responsive behaviour (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), including, distraction methods, using simple language and continuously showing the resident respect and dignity.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place and staff had participated in training.

Staff spoken with had a good knowledge of what constituted abuse and what they would do if they witnessed any form of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that improvements were required as follows;

- On review of documentation provided and in conversation with residents, staff and visitors, inspectors found that residents' meetings to enable residents participation in daily life in the centre, were not currently facilitated. The meetings had ceased with the onset of the pandemic and had not recommenced.
- There were minimal meaningful, person-centred activities appropriate to the resident profile, their interests and capacities.
- The activity board remained blank throughout the day and staff told the inspectors that there was no structured activity program in place in the morning. Inspectors observed many residents, with eyes closed and heads dropping onto their chests or on the chairs, appearing to sleep for most of the morning. Staff were seen alerting residents in readiness for lunch.
- Inspectors were told by staff and residents that a programme of activities was not followed, but decided daily, based on who was in attendance and their choice on the day. Group activities took place in the main communal sitting room. This meant there was little or no involvement of residents with cognitive impairment, those who choose to spend more time in their bedrooms or those who choose to sit elsewhere other than the main communal sitting room.
- Television programs played in the main communal room were not available for all the residents. The television was only accessible to residents in one section of the room and the residents in the other section of the room could not see it.

Actions were required to ensure that those residents who had cognitive impairments or who may display responsive behaviours were able to take part in activities in line with their assessed needs and preferences.

Actions were also required to ensure those residents with higher levels of cognitive impairment were supported to make choices in their day to day lives.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Roselodge Nursing Home OSV-0000088

Inspection ID: MON-0033322

Date of inspection: 21/07/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We will ensure all mandatory training is up to date and a plan is in place for future training.</p> <p>Training has been arranged for two recently recruited staff in safeguarding and moving and handling.</p> <p>Our training programme will now include additional refresher training in clinical areas of care such as infection prevention and control, care planning and risk assessment and moving and handling. We will ensure Training opportunities are appropriate to all staff roles.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>We will ensure our Statement of Purpose meets the requirements set out in schedule 1 of the regulations.</p> <p>It has now been changed to ensure it gives a clear reflection of the premises and organisation structure in our Home.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We will ensure the information contained on the statutory notifications provided to the Chief Inspector accurately reflects every occasion on which a restraint was used.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>We will ensure written policies and procedures are reviewed and update them in accordance with best practice.</p> <p>All policies are now under review and will be made available to all staff .</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All staff files will be checked to ensure they contain all documentation required in schedule 2</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will ensure the quality and safety of care delivered to residents is monitored on an ongoing basis.</p> <p>We operate a Quality Management System to facilitate improvement to the quality of service and the quality of care at our home. All staff will be made aware of this policy and will be encouraged to contribute to the data used for learning purposes.</p>	

There are clear systems in place to monitor the quality and safety of the care and Services provided for residents. These include weekly reports of key performance indicators such as pressure sores, infections, nutrition, falls and the use of psychotropic medicines, bedrails and catheter use.

We carry out monthly audits in a variety of areas. The results of these audits and the key performance indicators are discussed at the monthly quality meetings.

An action plan to prioritise and implement an ongoing programme of continuous improvement, further to the survey will be added to our Annual Report.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Statement of purpose will meet all the requirements set out in schedule 1 of the regulations.

The laundry facilities will have a worktop for the safe and effective handling and segregation of laundry.

Signage will be used to identify the use of each room in the Home .

We have planning permission which includes a separate cleaning room and changing facilities for catering and non-catering staff. In the interim catering staff / cleaning staff will change in existing area at staggered times and separate times to other staff and area will be sanitised after each use. All uniforms are changed before and after each shift.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

We will ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority are implemented by all staff.

Regular effective cleaning of re-usable equipment such as hoists and hoist slings will take place.

A tracking system will be put in place to help staff identify whether communal equipment such as slings and hoists have been decontaminated.

We will ensure Hoist slings are appropriately stored.

We will review all wash hand basins, designated as clinical wash hand basins, throughout

the Home, to ensure that they are of the correct specifications, and readily available in areas where they might be required and in line with best guidance in infection prevention and control.

We will ensure the wall and floor surfaces in the laundry are to a standard that can ensure effective cleaning. Laundry area has been deep cleaned.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We have reviewed the evacuation procedure for this area and can assure that the compartment can be evacuated safely and in a timely manner with night time staffing levels.

We continue to conduct fire drills to improve our evacuation time . We will review and get feedback on what worked well and what needs to be improved.

Fire drills will be carried out during different shifts to check that the fire procedures will still work with the minimum number of staff that may be on duty, usually at night-time.

We have reviewed our Fire policy and evacuation procedure to ensure they are consistent.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Each resident is protected through our Homes policies and procedures for medicines management.

We have reviewed the the disposal of unused medicinal products and checking procedures for controlled medicines.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan:

We will ensure each resident has a care plan, based on an on-going comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the support required to maximise their quality of life in accordance with their wishes.

We will ensure the health and wellbeing of each resident is promoted and they are given appropriate support to meet any identified healthcare needs.

We have updated our assessments care plans to ensure they have enough detail to direct staff to manage care in line with the resident's needs and preferences for care and support.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

We will ensure residents with complex needs are referred for additional clinical expertise in a timely manner .

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- We will ensure person-centred activities appropriate to the resident profile, their interests and capacities are in place .
- A structured activity program is now in place .
- We will ensure that Television programs played in the main communal room are available for the residents who want to watch them, all residents have televisions in their bedrooms.
- We will ensure that those residents who have cognitive impairments or who may display responsive behaviours are able to take part in activities in line with their assessed needs and preferences.
- We will ensure residents with higher levels of cognitive impairment are supported to make choices in their day to day lives.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	29/10/2021
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	31/03/2022
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre concerned.	Not Compliant	Orange	31/08/2021
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	30/09/2021

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/09/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2021
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	Substantially Compliant	Yellow	31/08/2021

	designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	23/08/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	07/09/2021
Regulation 31(3)	The person in	Substantially	Yellow	23/07/2021

	charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Compliant		
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Yellow	31/10/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/09/2021
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	Substantially Compliant	Yellow	30/09/2021

	consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/09/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/09/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	30/09/2021