



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

## Issued by the Chief Inspector

Name of designated centre:	Rosemount House Nursing Home
Name of provider:	Rosemount Nursing Home Limited
Address of centre:	Garrabeg Road, Church Street, Gort, Galway
Type of inspection:	Unannounced
Date of inspection:	29 June 2022
Centre ID:	OSV-0004583
Fieldwork ID:	MON-0037210

## About the designated centre

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

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

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

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

There is a structured activity plan for residents taking place in the nursing home on a daily basis. Rosemount House also facilitates live music, pet therapy and special occasions by arrangement in the nursing home.

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

Number of residents on the date of inspection:	37
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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 29 June 2022	09:30hrs to 17:55hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The overall feedback from residents in this centre was that it was a good place to live, and that staff provided them with the help and support they needed. There was evidence that residents were provided with good standards of care and support by staff who were kind, caring and familiar with their needs.

This unannounced inspection took place over one day. There were 37 residents in the centre and two vacancies on the day of the inspection.

Following an introductory meeting, the inspector completed a walk around of the centre with the person in charge. A number of residents were having breakfast in the dining room while some residents were relaxing in the communal areas. Other residents were assisted with their care needs by staff in their bedrooms. While staff were busy attending to residents, care delivery was observed to be unhurried and there was a relaxed, calm atmosphere throughout the centre. The inspector observed staff chatting with residents as they went about their work.

The centre was a single-storey purpose-built facility. The premises was designed and laid out to meet the assessed needs of the residents who lived there. There were a variety of communal spaces for residents to use including day rooms, dining rooms and two conservatories. These rooms were spacious, suitably decorated and comfortably furnished. The corridors had grab rails available to assist residents to mobilise safely. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture. All bedrooms were observed to have sufficient space for residents to live comfortably. This included adequate space for residents to store personal belongings. The building was well lit, warm and adequately ventilated throughout. Call-bells were available in all areas and answered in a timely manner. Residents also had unrestricted access to enclosed outdoor garden areas.

There was a designated smoking area which was adequate in size and well ventilated. The inspector observed that measures were put in place to ensure the residents' safety when using this facility, including access to suitable fire fighting equipment.

The inspector interacted with a large number of residents and spoke with a total of eleven residents. The general feedback from residents was one of satisfaction with the care and the service provided to them. One resident told the inspector that everything was good in the centre. They said that they felt safe, that staff always responded to the call bell when they rang for assistance, and that staff were good to them. Another resident told the inspector that they got everything that they wanted. A number of residents told the inspector that there were different things to do every day. Residents described how they preferred to spend their day and it was evident that residents' choices and preferences were supported and respected. There were a number of residents who were unable to speak with the inspector and were

therefore not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings. The inspector observed that personal care and grooming was attended to a high standard.

The inspector also spoke with one visitor who spoke very positively about the care and support received by their loved one.

Throughout the inspection, residents were observed in the various areas of the centre and appeared to be very content. The inspector observed staff engaging in kind and patient interactions with residents. There was a comfortable atmosphere and polite conversations were overheard between residents and staff. Staff who spoke with the inspector were knowledgeable about the residents and familiar with their needs. At various points during the day, residents were observed sitting together in the day rooms, chatting to one another and staff, watching TV or reading. Other residents were observed sitting quietly and contentedly watching the comings and goings in the day rooms. A number of residents were in their own rooms, preferring to spend time on their own, reading, watching TV or enjoying quiet time. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. Communal areas were supervised by staff at all times.

Residents were provided with opportunities to participate in recreational activities of their choice and ability, either in the communal sitting rooms or their own bedrooms seven days a week. There was a member of staff allocated to facilitate activities every day. The inspector observed residents taking part and enjoying a variety of activities throughout the day, including group and one-to-one activities.

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

Residents had a choice of where to have their meals throughout the day. The inspector observed that meals served were well presented and there was a good choice of nutritious food available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout mealtimes and all interactions were respectful. A choice of refreshments was available to residents throughout the day.

Overall, most areas of the centre were clean and tidy on the day of the inspection. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. General improvement was noted in the care environment for residents. However, while the inspector noted that the centre was generally well maintained and provided a homely environment for residents, some actions were required in respect of infection prevention and control and the premises. These are discussed further under Regulation 17: Premises and Regulation 27: Infection control.

In summary, the inspector found a good level of compliance, with 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 governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in September 2021.

The inspector found that overall, this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. A number of the actions required following the previous inspection had been completed by the provider. However, the inspector noted that further actions were required, as there were a small number of areas of repeated non-compliance identified during the inspection in relation to premises, fire precautions and infection control.

The provider of this centre was Rosemount Nursing Home Limited. There were two company directors, one of whom was the person representing the registered provider and who worked as the manager of the centre. This inspection found that the provider had made improvements in relation to the governance and oversight of the service. There was a clearly defined management structure in place with identified lines of authority and accountability. There was a new person in charge in place since the last inspection who demonstrated a clear understanding of their role and responsibility and were a visible presence in the centre. They were supported in this role by a full complement of staff including nursing and care staff, housekeeping staff, catering staff, administrative staff and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The manager also provided a high level of managerial support to the person in charge.

The designated centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the days of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. The team providing direct care to residents consisted of one registered nurse on

duty at all times and a team of healthcare assistants. The person in charge provided clinical supervision and support to all staff. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

Policies and procedures were available, providing staff with guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling and COVID-19 infection prevention and control training.

A small number of audits had been completed by the person in charge which reviewed practices such as care plans and hand hygiene. An environmental audit was underway on the day of the inspection. There was evidence of frequent communication between the person in charge and the manager about a range of issues including staffing, resources and the care environment. The person in charge also met with staff frequently and discussed resident care, infection control and other relevant issues. While the inspector found that, overall, there was improvement in the monitoring and oversight systems in the centre, further action was required to ensure these systems were used effectively and identified appropriate risks and developed quality improvement action plans.

There was an annual review of the quality and safety of care carried out for 2021 and included an improvement plan for 2022.

There was a risk register in the centre which identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. There was an emergency plan available which included a comprehensive COVID-19 contingency plan with controls identified in line with public health guidance.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

## Regulation 14: Persons in charge

The person in charge was a registered nurse with a qualification in management who was actively engaged in the day to day management of the service.

Judgment: Compliant



## 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.

There was at least one registered nurse on duty at all times

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector found that staff had access to mandatory training and staff had completed all necessary training.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that further action was required to ensure the quality systems in place monitored key areas of the service and facilitated quality improvements for the residents. For example,

- an audit schedule had not been developed for 2022 and consequently there was no formal assessment of areas such as fire safety, infection control and residents' rights.
- the system in place to manage risks in the centre was not robust. The inspector observed that the risk register was not up to date and did not include the risks such as poor oversight of infection prevention and control and fire safety management. For example;
  - the inspector observed that the management and oversight of environmental cleaning was not effective. A small number of areas were visibly unclean including the smoking room, the bedroom of a resident who was temporarily discharged, the conservatory and the laundry room. In addition, there was visible build up of dust and grime behind a number of doors.

In addition, there were a number of repeated non-compliances from the previous inspection.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

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

Judgment: Compliant

## Quality and safety

The inspector found that residents in this centre received a good standard of safe care. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents were complimentary about the service and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents.

The inspector reviewed a sample of five resident files. Following admission, a range of validated assessment tools were used to reflect the needs of the residents including falls risk, skin integrity, manual handling needs and level of dependency. Care plans were developed to reflect the assessed needs of the residents and contained up-to-date information to guide staff in their care needs. Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided.

Residents had access to a general practitioner and were provided with appropriate

medical reviews in the centre. Residents were also provided with access to a range of other healthcare professionals, in line with their identified healthcare needs. This included access to physiotherapy, occupational therapy and dietitian.

The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident and updated on a regular basis. Evacuation sheets were available on every bed. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire evacuation drills were undertaken regularly which included identifying areas for improvement and learning opportunities for staff. However, further action was required to ensure full compliance with Regulation 28: Fire precautions.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. There was a schedule of activities in place which was facilitated by care staff. It was evident that residents were supported by staff to spend the day as they wished. Residents had access to an independent advocacy service. However, further action was required to ensure residents were provided with regular opportunities to consult with management and staff on how the centre was organised. This is discussed further under Regulation 9: Residents' rights.

The centre had a COVID-19 contingency plan in place which included the current COVID-19 guidelines.

### Regulation 11: Visits

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

Judgment: Compliant

### Regulation 17: Premises

Action was required to ensure compliance with regulation 17. This was evidenced by;

- a number of items of furniture were found to be in a state of disrepair
- paintwork and door frames was visibly scuffed in a number of areas

- although there was storage facilities available in the centre, on the day of the inspection better organisation of equipment was required to ensure the residents could move freely around the building. For example; a number of bathroom facilities were used to store inappropriate items such as resident equipment and housekeeping equipment which restricted residents' abilities to access the facilities independently.

This is a repeated non-compliance from the previous inspection.

Judgment: Substantially compliant

### Regulation 26: Risk management

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

Judgment: Compliant

### Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector observed the following areas that did not meet regulatory requirements on the day of the inspection;

- the system in place to contain the spread of smoke and fire in the event of an emergency was not effective. For example, two fire compartment doors did not seal as there was a visible gap evident between the doors and therefore did not provide the necessary seal to prevent the spread of smoke in the event of a fire

- a small number of fire doors were observed to be wedged open, reducing their effectiveness in the containment of smoke and fire in the event of an emergency .

This is a repeated non-compliance from the previous inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

### Regulation 6: Health care

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

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

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A register of all restrictive practice was maintained and reviewed on a regular basis to ensure best practice was maintained.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that there was limited opportunity for residents to be consulted about the organisation of the centre. For example, there was no system in place to assess residents' and their representatives' opinion or feedback of the service provided. This meant that areas of improvement were not identified in line with residents preferences or concerns. In addition, residents' feedback meetings were held infrequently, with only one meeting being held in the past 12 months.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Rosemount House Nursing Home OSV-0004583

Inspection ID: MON-0037210

Date of inspection: 29/06/2022

## 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 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 develop an audit schedule for 2022 to cover all regulations around quality and safety i.e. infection prevention and control, fire safety and premises.</p> <p>We will update the risk register to include the oversight of infection prevention and control together with fire safety management.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We will replace any item of furniture that is in disrepair.</p> <p>We will continue to monitor the paintwork of the centre and paint any area that requires attention on an ongoing basis.</p> <p>We will better organize the storage of equipment in the centre.</p>	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
We have engaged a suitably qualified person to check all fire compartment doors.  
He has ensured no gap is visible between the doors and frames. The required seal is now evident in the two doors concerned.

Wedges have been removed from the doors.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
We will provide more opportunities for the residents to be consulted about the organization of the centre. We encourage and welcome feedback from the residents and their families by using feedback or comment forms which are reviewed by management each month.

Resident feedback meetings will be held every 4 months.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/08/2022
Regulation 9(3)(d)	A registered provider shall, in	Substantially Compliant	Yellow	15/07/2022

	so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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