



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:	08 March 2023
Centre ID:	OSV-0000088
Fieldwork ID:	MON-0039462

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:	47
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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 8 March 2023	08:30hrs to 16:30hrs	Geraldine Flannery	Lead
Wednesday 8 March 2023	08:30hrs to 16:30hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were happy living in Roselodge Nursing Home. Residents who spoke with inspectors told them that they were well cared for by staff and were satisfied with the service they received.

The centre was seen to be bright, clean and homely throughout. Residents' own art work was displayed throughout the centre. Picture collages were noted of various events in the centre including Roselodge Christmas Party and baking event.

Roselodge nursing home was a single storey building. The design and layout of the home promoted free movement and relaxation. There were a number of spaces for residents to relax in, such as pleasantly decorated and homely day rooms. These rooms were comfortably furnished with an adequate amount of seating, wall art and house plants. There were TVs, board games and books easily available for resident's use, as they wished.

An enclosed courtyard was available which was easily accessible by the residents. Daffodils in raised planters displayed glorious spring colour. An elegant water feature enhanced the aesthetic appeal of the garden. Two vintage high nelly bicycles were on view in the garden and inspectors were informed that they proved a great talking point for residents and visitors alike since their introduction. There were also hens in a chicken coup in the secure garden. A smoking room was situated within the designated centre. A fire blanket and fire extinguisher were located in close proximity. There was a call bell available for residents' safety.

The inspectors observed that staff knew the residents well and were aware of their individual needs. A resident informed inspectors that 'staff were very nice and could talk to them about anything'. Staff spoken with were knowledgeable of their role and reported that they were well supported.

Inspectors saw that residents were encouraged to personalise their bedrooms, with items such as photographs, ornaments and personal belongings to help them feel comfortable and at ease in the home. Papers are delivered daily to the centre for residents. One resident spoken with said that there was plenty of activities to choose from and that in particular they enjoyed the arts and crafts. An activity co-ordinator was on site to organise and encourage resident participation in events. An activities schedule was on display in the sitting room, and inspectors observed that residents could choose to partake in board games, bingo, quiz games and movie evenings. On the day of inspection, inspectors observed a visit from a singer entertainer. The volunteer appeared very enthusiastic and encouraged resident participation.

The inspectors spoke with visitors on the day of inspection. All expressed their satisfaction with the centre and commented on the excellent service including good

food, lovely warm living arrangements and lovely staff.

Inspectors observed that, following the last inspection, the registered provider had taken action to prevent and control the spread of infection in the centre and generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018). A programme of works was put in place to address issues including, contingency plan now has been updated to respond to an outbreak of infection, the laundry floor has been marked to clean/dirty area, hoist slings are individualised and stored in residents bedrooms, the medicine fridge was now included in the cleaning schedule, storage in the sluice room is wall mounted and additional shelving is fitted in clinical room and cleaners room.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-governed centre with effective management systems to monitor the quality care to residents. There was a clearly defined management structure in place with identified lines of authority and accountability.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements and review the application to renew the registration of the designated centre for a further three years.

The registered provider for Roseloge nursing home was Killucan Nursing Centre Limited. The registered provider representative worked full-time in the centre and together with the person in charge facilitated the inspection. They were supported by a team of nurses, health care assistants, catering, housekeeping, activity and maintenance staff.

The statement of purpose accurately reflected the facilities and services provided. It promoted transparency and responsiveness by accurately describing the designated centre's aims and objectives. It was publicly available and in an accessible format for people using the service.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable of the contents. They were easy to read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policies, procedures and

guidelines help them deliver suitable safe care, and this was reflected in practice.

There was good evidence on the day of inspection that residents were receiving good care and attention. Inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre.

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling procedures and fire safety had been completed. While it was evident that care was delivered to a high standard, gaps were identified in the documentation. Refresher training courses for safeguarding residents from abuse for some staff was out of date, however an ongoing training schedule was in place. The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

A continuous and complete monitoring system was in place to ensure the delivery of a high quality service. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation, infection prevention and control, and medication management. Audits were objective and identified improvements. Records of management and local staff meetings showed evidence of actions required from audits completed. Regular management and staff meeting agenda items included corrective measures from audits.

An annual review was available and reported the standard of services delivered throughout 2022 and included a quality improvement plan for 2023. It included feedback from residents and relatives.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time-frame. The inspectors followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. A review of training records indicated that a small number of staff have not completed refresher training in relation to detection and prevention of and responses to abuse, but there was evidence that this training had already been scheduled to occur in the days following the inspection.

Staff were appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

A Directory of Residents was established and maintained in the designated centre. A sample of residents' names were randomly chosen by inspectors and all included the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that the records set out in Schedules 2, 3 and 4 were kept in the designated centre in a safe and accessible format.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents' against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision. There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified all accidents and incidents within the required time-frame to the Chief Inspector of Social Services.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Inspectors found that the premises provided a safe and comfortable environment for

residents. It was kept in a good state of repair, clean, warm and suitably decorated. Feedback from residents was that the staff were very kind and attentive. Inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner. Residents said that staff were approachable and believed that they would resolve any issues or concerns brought to their attention.

It was observed by inspectors that through on-going comprehensive assessments, resident's health and well being were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, palliative care team, physiotherapy to name a few. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, by phone and visits in person as required. Out of hours medical cover was also provided. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

From observation and review of documentation, there were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Staff spoken with were all familiar with and knew where to locate the safeguarding policy. They were clear about their role in protecting residents from abuse. They all expressed that the safety of the resident was their priority, they would calm the situation and report all incidents to supervisors/managers.

At Roselodge nursing home, there were arrangements in place to ensure that residents had access to and retained control over their personal property, possessions and finances. Residents were seen to have adequate locked space to store and maintain clothes and personal possessions. Most residents had chosen to personalise their rooms with photographs and ornaments. Residents confirmed that their laundry was done regularly and returned promptly. Residents did not report any complaints about laundry service and confirmed that laundry did not go missing.

Residents could receive visitors at any time in the centre. Where possible, visitors were asked to ring ahead to give centre an expected estimate of footfall in any given day. Suitable communal areas were available for residents to receive visitors other than their own bedroom if preferred.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre.

Residents who spoke with inspectors expressed great satisfaction with the food, snacks and drinks. Pictorial food menus were on display and menus providing excellent detail regarding variety of food, snack and drink choices offered on a daily basis. Inspectors observed a meal-time service to be well managed and unhurried. Inspectors noted that there were sufficient numbers of staff available to assist residents during meal times.

Inspectors were assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. The

medication management policy was available, up-to-date and included comprehensive information in relation to safe prescribing, storing, dispensing and administration of medicines.

Regulation 11: Visits

The registered provider had arrangements in place for residents' to receive visitors. Visits were not restricted on the day of the inspection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes are laundered regularly and promptly returned.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the designated centre are appropriate to the number and needs of the residents of the centre and in accordance with the statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. They had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that in so far as is reasonably practicable, that a pharmacist of a residents choice or who is acceptable to the residents is available to the resident.

The person in charge ensured that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' had a comprehensive assessment completed on admission. There were resident specific care plans in place to guide practice.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs.

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to expertise in gerontology, psychiatry of later life and palliative care services as required.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including an up-to-date safeguarding policy. The centre was not a pension agent for residents.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant