



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

Issued by the Chief Inspector

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|----------------------------|--------------------------------------|
| Name of designated centre: | Mystical Rose Private Nursing Home |
| Name of provider: | Mystical Rose Limited |
| Address of centre: | Knockdoemore, Claregalway, Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 03 March 2022 |
| Centre ID: | OSV-0000367 |
| Fieldwork ID: | MON-0036380 |

About the designated centre

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

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

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 44 |
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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 |
|-----------------------|----------------------|----------------|------|
| Thursday 3 March 2022 | 10:00hrs to 18:30hrs | Una Fitzgerald | Lead |

What residents told us and what inspectors observed

Residents and staff welcomed the inspector into the centre. Residents spoke openly about life in the centre and the feedback was very positive. The centre experienced a significant outbreak of COVID-19 and had been through a very difficult time. Residents told the inspector that staff had worked tirelessly over the past two years to keep residents safe and well minded. Numerous residents spoken with told the inspector that they were worn out from the restrictions and, without exception, residents were looking forward to returning to life and the daily routines of pre-pandemic times.

Staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, disclosure of medical wellness, hand hygiene, face covering and temperature checks. Residents and relatives who spoke with the inspector said that they found these measures to be reassuring and necessary to ensure the safety of all persons in the designated centre.

Despite the challenges faced by the centre through the outbreak, every person who communicated with the inspector had a positive outlook to the future and expressed confidence in the service and supports available to them. Staff morale was good which helped to create a positive and happy environment for the residents. Relatives who spoke with the inspector commended the staff on their commitment and dedication displayed to the residents in the centre.

On the morning of the inspection, residents were seen to be up and about, some having their breakfast in the dining room while others were relaxing in the main communal rooms on the ground and first floor. Residents reported that the food was very good and that they were happy with the choice and variety of food offered.

The inspector observed that, on the day of inspection, the two main communal sitting rooms were supervised by staff at all times. The healthcare staff had responsibility for the provision of activities. The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident. However, on the day of inspection the inspector did not observe any group activities. The inspector found that there was an over-reliance of the television as a source of entertainment. The management team committed to review the provision and choice of group activities that are available for residents. The inspector acknowledged that the management team gave examples of recent group activities that had occurred in the days prior to the inspection. For example, the inspector was told that Mass was celebrated in the centre two days beforehand to celebrate the beginning of Lent.

On entering the building, there was a large open seating area that was bright and spacious with a welcoming feel. There were multiple parts of the centre, including

resident bedrooms, that were carpeted and this had been identified in previous inspections as an infection prevention and control risk. The provider had a plan in place to replace all bedroom carpets with laminated flooring. Resident bedrooms were personalised with items of importance such as ornaments and family photographs. A review of the storage was required as the inspector observed that a resident's personal bedroom was used as storage for communal stock items.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. Overall, the inspector found a high level of compliance with the regulations reviewed.

Capacity and capability

Overall, the inspector found that residents received a good standard of care that met their assessed needs. The governance and management of the centre was well organised and resourced. Information requested was made available in a timely manner and presented in an easily understood format. The provider was committed to quality improvement that would enhance and improve the daily lives of the residents. The inspector found that Regulation 28: Fire precautions was not compliant. However, the inspector acknowledged that the provider was in process of taking the appropriate steps to bring the centre back into compliance. This is discussed below in the Quality and safety section of the report.

Mystical Rose Limited is the registered provider of Mystical Rose Private Nursing Home. The inspection was carried out to assess compliance with the Health Act 2007 following an outbreak of COVID-19 in the designated centre. During this outbreak 33 residents and 39 staff members tested positive for COVID-19. At the time of this inspection residents and staff had completed their required period of isolation and the outbreak was due to be declared over by public health on 14 March 2022. All residents had participated in the vaccination programme. Throughout the COVID-19 outbreak the Chief Inspector of Social Services had received regular updates of the situation in the centre and the contingency plans the provider had in place to manage the outbreak. Measures taken to manage the outbreak included:

- The management team had all completed additional specialist infection prevention and control training
- Managers and staff in the designated centre received support and guidance from the public health team. Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, including contact with the Outbreak Control Team, which met on a regular basis.
- Staffing numbers on duty were increased to ensure that the increased direct care needs of residents were met.
- There were sufficient supplies of personal protective equipment (PPE),

medicines and food.

- Residents had a COVID-19 care plan in place guiding person-centred care.
- Residents were regularly updated on the changes as they occurred at a national and local level.
- Laundry services were outsourced.
- Following the last inspection, the provider had implemented a new colour-coded cloth and flat mop cleaning system.

The centre had been through a very difficult time. The inspector was assured that the provider had maintained good levels of oversight to ensure that despite the challenges posed by the outbreak, a consistent high standard of quality care continued to be provided and that the safety of the residents was maintained.

The senior nursing management team in the centre had reviewed the staffing and allocation of staff in the centre. The staffing was divided into two teams to ensure that staff did not move between floors. The director of nursing (DON) and the assistant director of nursing (ADON) had worked opposite each other to ensure that the staff delivering the direct care had management support available at all times and that the care was monitored. The inspector found that there were clear lines of accountability and responsibility in the centre. Staff knew who to report to and many stated to the inspector that they felt supported by the management. Staff who engaged with the inspector had very good knowledge of the systems in place that monitor the service.

An effective auditing schedule was in place. Audits had been completed in a number of key areas including, care plan audits, hand hygiene audits and medication management audits. In the main, audits completed were analysed and were used to drive and sustain quality improvements. Following the first outbreak, a post COVID-19 outbreak review and lessons learnt report had been completed.

A review of the complaint management systems in the centre found that complaints were managed in line with the requirements under Regulation 34: Complaints procedure. The centre management welcomed feedback. As a result of the limitations in place due to COVID-19, the management team placed a suggestions and comments box in the visiting pod that enabled visitors and relatives bring their concerns anonymously to the attention of management during the times when visits into the centre were restricted.

Regulation 15: Staffing

There was two registered nurses on duty 24 hours a day. The inspector reviewed the rotas, spoke with the residents and with the staff delivering the care.

The clinical team keep the staffing numbers on duty under constant review and make changes as required. The management team had divided the rotas into two teams and ensured that there was limited movement of staff between the two floor throughout the pandemic. In addition, the numbers of healthcare staff on duty had

been temporarily increased.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed the mandatory training courses, including on safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE.

The inspector reviewed staff files and found that there was a robust system in place that captured how staff are appropriately supervised. This included a series of probationary meetings during the initial months of employment followed by annual appraisals for all staff.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found the centre was delivering a high standard of care to the residents. There was a clearly-defined management structure that identified the lines of authority and responsibility. The management team that interacted with the inspector throughout the day were organised and familiar with the systems in place that monitor the care. Care audits had been completed. The centre was found to be sufficiently resourced.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The procedure for making a complaint was prominently displayed in the main entrance and again on the first floor notice board in the corridor and in the main communal room. The complaints process on the first floor was outdated and guided the residents to a member of staff who no longer worked in the centre. This was addressed on the day of inspection.

The person in charge maintained a complaints log which detailed the subject of the complaint, investigation and all communication made with the complainant. An appeal process was available. There were no open complaints at the time of inspection.

Judgment: Compliant

Quality and safety

Residents' lives had been significantly impacted by the COVID-19 restrictions. Despite the challenges, the inspector found that the direct care and support residents received was of a high quality and ensured that they were safe and well supported. Residents' medical and healthcare needs were met. Overall, the inspector found a high level of regulatory compliance. The detail of non-compliance found under Regulation 28: Fire precautions and Regulation 9: Residents' rights are outlined below.

As previously stated, the provider had taken a proactive approach to fire precautions and fire safety in the centre. The provider had sought expertise from an external fire consultant and the findings highlighted that not all fire compartments had a solid structure from floor to roof which meant that compartment sizes were bigger than taught. On the day of inspection, the management team were not able to clarify what the largest compartment was and so a fire drill to reflect this scenario had not been completed. The inspector acknowledged that the provider was in communication with engineers and construction personnel to commence works to bridge the gaps found and ensure that the fire regulation requirements are fully met. Following the inspection, the provider communicated with the Chief Inspector and had taken additional measures to minimise the risk. An external fire consultant was due on site to complete a night-time simulated drill to reflect night-time staffing numbers factoring in the dependencies of the residents.

Residents had care plans which were based on an ongoing comprehensive assessment of their needs. Residents' care plans were implemented, evaluated and reviewed. The inspector found that residents received a high standard of nursing care and health services to meet their needs. This was confirmed by residents when talking about their experience of care and services. The records showed consultations with a variety of community professional services. For example, a resident who had experienced weight loss had a clear care plan in place for their nutritional needs and were making a recovery. Examination of a treatment plan in

relation to a resident with a wound was comprehensive and detailed. As a result of the interventions and actions taken by the staff the wound had fully healed. Access to general practitioners (GP) and the completion of on-site medical reviews had been maintained throughout the pandemic.

The inspector tracked the files of residents who had been admitted to an acute setting from the centre. The electronic system in place generated a comprehensive transfer letter that contained all relevant information about the resident to the acute hospital. Additional information relevant to the rationale for transfer was also communicated; for example, the list of current medications.

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate and there was good evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy. Records showed that, where restraints were used, these were implemented following robust risk assessments.

The inspector noted that in the main the privacy and dignity of residents was well respected by staff. Notwithstanding the positive findings, some observations made by the inspector on the day of inspection as detailed under Regulation 9: Residents' rights did negatively impact on individual residents and therefore required action.

Regulation 11: Visits

There were arrangements in place for residents to receive their visitors in the designated centre. Visiting for residents was encouraged with appropriate practical precautions to manage the risk of introduction of COVID-19 with protective measures. Visitors were asked to complete a COVID-19 declaration stating that they have no symptoms and underwent a temperature check before entering the centre. On the day of inspection, the inspector spoke with multiple residents' relatives who reported that they were kept up to date throughout the pandemic on the visiting restrictions in place.

Judgment: Compliant

Regulation 27: Infection control

Improvement was required to ensure compliance with Regulation 27:

- commode chairs and items of equipment were heavily rusted and not amenable to cleaning
- As highlighted on the previous inspection, there was an infection prevention

and control risk in carpeted resident bedrooms. The provider had a plan in place to replace the carpets in resident bedrooms with linoleum flooring.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The systems in place to contain the spread of fire were not robust. The inspector was informed that an external assessment of fire precautions had been completed in the centre. As a result, building works were required in relation to the compartmentalisation of the building. The time frame for completion of this work will be identified in the compliance plan response.

In addition, the inspector found that, on the day of inspection, the management team could not identify the largest compartment in the centre and therefore could not provide assurance that this compartment could be safely evacuated, in a timely manner, in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on the resident.

Judgment: Compliant

Regulation 9: Residents' rights

The following observations were made on the day of inspection that negatively impacted on the rights of residents:

- the upstairs communal bathroom door lock was not working and therefore the privacy of residents that used the facility could not be guaranteed. The inspector acknowledges this was rectified on the day of inspection.
- there was inadequate privacy screening curtains in one double bedroom. When the curtains were pulled, one of the residents could not access the door without entering the bedspace of the second resident.
- there was inappropriate use of storage in resident bedrooms. For example, one resident's bedroom was used for the storage of a large stock of incontinence wear.
- the provision of activities observed, on the day of inspection, did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Mystical Rose Private Nursing Home OSV-0000367

Inspection ID: MON-0036380

Date of inspection: 03/03/2022

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 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Carpets – There is a rolling program to replace all carpets in resident's bedrooms in consultation with the resident.</p> <p>Rusty equipment – All equipment has been reviewed and all rusty equipment has been replaced. An audit of equipment has been developed. There is a contract in place with an external Medical Equipment Supplier to include the maintenance and service of all equipment.</p> | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Nursing Home has engaged a professional team comprising of a Fire Consultant, Civil Engineer, Mechanical and Electrical Engineer, Building Surveyor and Project Manager and a comprehensive and effective plan for works to bridge any gaps has been developed. Works are expected to commence, on a phased basis with minimal disruption to residents, from the 19 April 2022 and it is expected that works be completed by October 2022.</p> <p>Management has since confirmed the largest compartment and have carried out a fire drill with the maximum residents and the minimum staff on duty to reflect minimum staff on duty.</p> | |

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| | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The communal bathroom door lock was not working at the time of inspection, it had been reported in the maintenance log book, maintenance staff member rectified on the same day as the inspection.</p> <p>Curtains – inadequate screening curtains in double rooms, all double rooms have been reviewed and new tracking system has been sourced with same ordered.</p> <p>Storage – all inappropriate storage has been reviewed in all bedrooms and has been re designated.</p> <p>Activities – A full review of Activities has been carried out in consultation with residents and this has been rolled out. An Activity Coordinator is being actively sought to liaise with external and internal professionals to develop and implement the program further.</p> | |

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 31/07/2022 |
| Regulation 28(1)(e) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the | Not Compliant | Orange | 08/03/2022 |

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|---------------------|---|-------------------------|--------|------------|
| | case of fire. | | | |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 31/10/2022 |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Substantially Compliant | Yellow | 01/05/2022 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private. | Substantially Compliant | Yellow | 09/05/2022 |