



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

Issued by the Chief Inspector

Name of designated centre:	Roseville House Nursing Home
Name of provider:	DSPD Limited
Address of centre:	Killonan, Ballysimon, Limerick
Type of inspection:	Unannounced
Date of inspection:	06 September 2022
Centre ID:	OSV-0000427
Fieldwork ID:	MON-0037744

About the designated centre

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

Roseville House Nursing Home is a designated centre located in a rural setting a short distance from Limerick city. It is registered to accommodate a maximum of 39 residents. It is a single-storey facility set on a large mature site. Residents' bedroom accommodation is set out in two wings, the old wing, and the new wing which has two corridors. There are single, twin and one three bedded rooms, some with en suite facilities. Communal areas comprise a dining room, two day rooms and a seating area along the bright wide corridor in the new wing. Residents have access to a secure paved courtyard with garden furniture and raised flowerbeds. There are well maintained unsecured gardens around the centre. Roseville House Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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
Tuesday 6 September 2022	10:30hrs to 18:30hrs	Oliver O'Halloran	Lead
Tuesday 6 September 2022	10:30hrs to 18:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Overall, feedback from residents living in Roseville House Nursing Home was that it was a safe and comfortable place to live, and that staff understood their needs. Residents spoke positively about the staff who cared for them. Residents who could not communicate directly with the inspectors were observed to be comfortable and relaxed in their environment. On arrival at the centre, inspectors met with one of the two staff nurses on duty. Inspectors walked through the centre with the staff nurse and observed the morning routine from residents and staff. Staff were observed to interact with residents in a kind and respectful manner. Staff demonstrated appropriate knowledge of residents preferences such as where they would like to spend their day, the clothes they wished to wear and when and where they wished to be served their meals. Inspectors had the opportunity to speak with residents throughout the day who described their experience of living in the centre. Feedback from residents was mostly positive. Residents spoke of the friends they had made in the centre and how they enjoyed spending their day with them. Residents told the inspectors that there was plenty to do and that they enjoyed the activities in the centre. Residents were complimentary of the staff who worked in the centre. One resident described that 'the staff are so good, I love it here', while another resident explained 'the staff know me, they understand me'.

The designated centre was a single-storey facility. Bedroom accommodation comprised of 26 single bedrooms, five twin rooms and one triple bedroom. All resident bedrooms and communal areas had call bell access for resident use. Inspectors observed that there were bedrooms which contained items of personal significance to residents, such as photographs and ornaments. The centre was adequately lit in all communal areas, however, there were some shared bedroom accommodation where there was a lack of natural light in some bed spaces. Residents had access to a communal day room, a quiet room and dining room that were observed to be in use throughout the day of the inspection. Residents who smoked had access to a smoking room.

Residents had access to an outdoor enclosed garden area, however, on the day of the inspection this area was used to store residents supportive equipment such as wheelchairs. Inspectors observed some areas of the centre were in a poor state of repair. Walls in resident's bedrooms and communal areas had holes where previous repair works had taken place, and the paint on the walls was chipped. Some residents bathrooms were also in a poor state of repair, with tiles coming away from the walls. There were areas where wall tiles were missing, resulting in these areas not being amenable to effective cleaning. Inspectors observed some items of fixed furniture, such as cupboards beneath hand wash basins in bedrooms, where the surface was observed to be not intact, resulting in these areas not being amenable to effective cleaning. Inspectors observed that in some shared rooms, the configuration of resident's privacy curtains did not ensure that residents privacy was maintained.

Staff were observed assisting residents with their personal care needs. The atmosphere was observed to be calm and unhurried. Residents were seen mobilising freely and independently throughout the centre.

Inspectors observed the meal time experience and found that it did not reflect the calm and relaxed approach to care observed in the earlier part of the day. All residents were brought to the dining area for their meal at the same time. Staff then supported residents who required assistance with their meals. The residents who did not require assistance had to wait until the staff were free to serve them their meals. Two residents spoken with stated that they had to, 'wait a long time for their meal'. Inspectors observed that residents were transferred out of the dining room while other residents were starting their meals. This movement of residents was disruptive and did not provide the environment for mealtimes to be enjoyable, social occasions.

Residents spoken with were complementary of the quality of the food received and told inspectors that the menu was varied and interesting. The meals observed by the inspectors appeared appetising and nutritious.

A religious service was taking place in the centres day room on the morning of inspection and was attended by a large group of residents. There was a wide range of activities on offer in the centre. An activities notice board was prominently displayed in the communal areas of the centre, to inform residents what activities were on offer. Residents were observed participating in scheduled activities, facilitated by the activities co-ordinator, throughout the day of the inspection.

The next two sections of this report present the inspection findings in relation to the governance and management of the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection, carried out over one day, by inspectors 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) and to follow up on unsolicited information received by the office of the Chief Inspector which included concerns in relation to the safety and welfare of residents, resident protection, staffing, premises and governance and management. On the day of inspection, this information was found to be partially substantiated in relation to premises and governance and management.

The findings of this inspection were that management systems required improved oversight to ensure that a safe, consistent and quality service was provided to residents living in the centre. Action was also required to ensure compliance with

the following regulations.

Regulation 16, Training and staff development

Regulation 21, Records

Regulation 34, Complaints

Regulation 17, Premises

Regulation 27, Infection control

Regulation 5, Individual assessment and care plan

The registered provider of the centre is DPSD Ltd. A director of the company represented the provider. The organisation structure of the centre, as described in the centre's statement of purpose, consisted of a person in charge who reported to the provider representative. Within the centre, the person in charge was supported by a clinical nurse manager and a team of nurses, carers and support staff. On the day of inspection, the person in charge was on scheduled leave. The deputising arrangements for the person in charge, as described in the centre's statement of purpose, were not in place. The position of the clinical nurse manager had recently become vacant. There was no clinical nurse manager available in the centre. The staff on duty on the morning of the inspection were uncertain as to who was in charge of the centre in the absence of the person in charge. A director of the company DPSD Ltd. attended the centre during the inspection and told the inspectors that they were providing oversight to the centre in the absence of the person in charge. A review of the centre's staffing rosters identified that the level of full-time staff nurses committed to in the centre's statement of purpose, was not in line with the staff nurse numbers available to work in the centre.

A review of the centre's staffing roster on the day of inspection found that the staffing levels and skill mix were adequate to meet the assessed needs of the residents, given the size and layout of the building. An extra staff nurse had been rostered for day duty from 8am to 4pm, while the person in charge was absent.

There was no member of staff allocated to the maintenance of the centre. Staff told inspectors that they had access to a maintenance person when issues arose. However, this person was not identified in the weekly roster for the centre.

The provider had management systems in place, such as auditing schedules, to monitor the service. A number of audits had been completed across clinical and environmental aspects of the service. However, where deficits were identified from audit findings, there was no evidence of how these deficits were addressed, therefore, inspectors were not assured that deficits identified on audit had led to quality improvements in the service residents received. Furthermore, a review of staff meeting minutes evidenced deficits found during the auditing process were not communicated to the appropriate staff.

An annual review, informed by residents and their families feedback had taken place for the year 2021.

Risk management systems in the centre were guided by the centre's risk management policy. A review of the risk register evidenced that clinical and environmental risks were assessed, however, the risk register was generic in nature,

and did not contain some of the known risks in the centre, such as risks identified in a recently completed fire risk assessment. The exclusion of known risks from the centre's active risk register impacted on the centre's ability to minimise and appropriately manage risk.

On the day of inspection, an overview of the training completed by staff was not available for review. A training record was submitted by the director of the company following the inspection and confirmed that all staff had received training appropriate to their role. There had also been provision of additional training in areas relevant to residents care needs, such as dementia care and managing behaviour that is challenging.

While training had been completed by all staff in fire safety, staff spoken with did not demonstrate appropriate knowledge in relation to the procedure to follow when the fire alarm sounded. Staff responses were inconsistent and poorly detailed. Inspectors concluded that the effectiveness of the training provided to staff was not evaluated and therefore, assurance could not be provided that staff would respond effectively in the event of a fire. In addition, the cleaning staff in the centre did not receive training in relation to cleaning procedures or infection control.

The centre had a complaints policy. The complaints procedure was prominently displayed in the centre. However, a review of the complaints log found that the centre was not always managing resident complaints, in line with the centre's complaints policy.

Regulation 15: Staffing

Staffing levels and skill mix on the day of the inspection were adequate to meet the assessed needs of the residents and for the size and layout of the centre.

The shortage of staffing resources, required to ensure that the staffing of the centre can be maintained on an ongoing basis, is addressed under Regulation 23(a) of this report.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre were not appropriately trained. This was evidenced by:

- Inconsistent staff responses in the actions to take in the event of fire
- the cleaner, rostered on the day of inspection, had received no training,

specific to the role.

Staff in the centre were not appropriately supervised. For example;

- staff could not identify who was in charge of the centre
- the roster did not identify who was in charge of the centre
- poor systems in place to ensure residents meal-times were managed appropriately.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that the designated centre has sufficient resources to ensure the effectiveness of delivery of care in accordance with the centre's statement of purpose. For example, the number of full time nurses committed to by the provider in the centres statement of purpose, did not reflect the number of full time nurses available to deliver care. In addition, the statement described that one part- time maintenance person would be available to support the centre. This was not identified on the staff roster at the time of the inspection.

The management systems in place to monitor the quality of the service was not effective. For example;

- audits undertaken across the service, did not inform the development of action plans or quality improvement initiatives.
- the systems of risk management were not effective. The centre's risk register did not contain known risks in the centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector, within the required time-frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints communicated to the provider through residents surveys were not

managed in line with the centre's own complaints management policy.

Judgment: Substantially compliant

Quality and safety

Residents told the inspectors that they enjoyed a good quality of life in the centre. Overall, inspectors found that while the daily health and social care needs of residents was delivered to a satisfactory standard, action was required to ensure the safety of residents in the centre. The non-compliance identified in the capacity and capability section of this report, with particular regard to governance and management and the supervision of staff was found to impact the quality of the service delivered. Overall, the maintenance of the premises and the arrangements in place to ensure fire safety required action to ensure compliance with the regulations.

A review of the resident's care documentation found that while all residents had a comprehensive assessment of their care needs, the assessments did not always accurately reflect the care needs of the residents, as assessments were inaccurate. Furthermore, a review of care plans evidenced that not all care plans were reviewed as the residents' condition changed. These findings will be detailed further under Regulation 5, Individual assessment and care plan.

Residents in the centre were supported to access their General Practitioner (GP). Access to a wide range of health and social care professionals was facilitated by referral.

The premises was not found to be in maintained in a good state of repair. There were inadequate systems in place for staff to report issues relating to the premises. Inspectors reviewed a maintenance log where the staff log maintenance issues such as expired light bulbs and broken equipment, however, holes in walls, damaged tiles and peeling wallpaper were not identified and addressed.

Since the last inspection the provider had completed a fire safety risk assessment of the centre. Inspectors found that significant action had been taken by the provider to come into compliance with Regulation 28. However, a number of further actions in relation to staff fire safety knowledge, and signage in relation to compartment designation were required to ensure full compliance with the regulations.

There were no centre-specific cleaning procedures outlined in the centre's infection prevention and control policy. While there was a cleaning schedule in place, inspectors observed that some areas of the centre were not clean. Inspectors observed personal care equipment which was visibly unclean, which posed a risk of cross contamination and therefore risk of infection to residents.

Residents were provided with opportunities to participate in and be consulted about

the organisation of the designated centre by participating in resident forum meetings. Residents also has the opportunity to provide feedback on the service by completing resident feedback surveys.

Regulation 17: Premises

Inspectors found that the maintenance of the premises was not adequate to ensure the centre was in a good state of repair.

- Tiles missing from sluice room and bathroom walls meant that the area could not be effectively cleaned.
- Walls in some bedrooms and in the dining room were damaged and unsightly. Wall paint and wallpaper was peeling from walls
- some floor surfaces were damaged and not amenable to cleaning.

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors found that the provider did not ensure that the procedures in place were consistent with the standards, as set out in standards for the prevention and control of health care associated infections. This was evidenced by;

- Where the cleaning schedule had been signed to confirm that an area had been cleaned, inspectors observed that in some instances the area remained visibly unclean.
- There was resident care equipment that was visibly unclean, which posed a risk of transmission of infection to residents.
- The procedures and products used by the cleaning staff were not informed by best practice guidelines, and did not ensure that the centre could be cleaned effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Staff spoke with demonstrated poor knowledge of fire safety procedures. This would pose a risk to residents in the event of a fire.

Signage located beside the fire panel was not accurate and did not reflect the actual fire compartment sizes and occupancy within the centre. The signage had not been reviewed and updated following fire upgrade work to reduce the size of the compartments.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning did not meet regulatory requirements. For example:

The assessment used to measure the residents risk of malnutrition included the assessment of the residents body mass index (BMI), the percentage of weight loss and the residents health status. A review of these assessments found that the weight for two residents reviewed was incorrectly assessed resulting in an inaccurate assessment of the residents risk.

As the assessments were used to guide the care plans, the care plans did not accurately describe the plan of care required for the resident. One resident had been assessed as having a risk score of 0 (Low risk) although the resident had lost over 10% of their body weight over the past six months. Another resident had a risk score of 2 (High risk). The assessment did not factor the residents significant weight loss and the resident was not referred to a dietitian.

Some of the care plans reviewed were not updated as the residents condition changed.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice, there was evidence that residents had access to appropriate allied health and social care professionals, through a system of referral. A review of resident's care records evidenced that the treatment plans and recommendations of the medical and allied health and social care professionals was incorporated into resident's care plans.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Residents has the opportunity to to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys. Residents told inspectors they had a choice about how they spend their day.

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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Roseville House Nursing Home OSV-0000427

Inspection ID: MON-0037744

Date of inspection: 06/09/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC has given Refresher Fire Training to all Staff All Cleaning staff have received Relevant training Nurse / CNM is supervising the Meal Times, 2 areas are identified for serving meals. The Roster Will now reflect who the Person In Charge is at all times	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The SOP and Roster are now matching. The audit process will now include action plans and Quality Improvement Plans. Risk register reviewed and updated with all risks identified in the center.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

<p>We have reviewed the Residents meetings and have actioned any issues raised. Going forward this will be monitored by the PIC.</p>	
<p>Regulation 17: Premises</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance Issues raised in the Report are currently been rectified. A maintenance plan will be in place going forward.</p>	
<p>Regulation 27: Infection control</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: PIC will ensure that the center is cleaned in an effective manner to ensure IP & C measures. Housekeeping staff received training on the methodology of cleaning of products already in place</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All staff received refresher training on the fire procedure, PIC will monitor staff knowledge on an ongoing basis on the same. Reviewed and updated compartment signage and displayed same beside the fire panel.</p>	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Not Compliant</p>

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

All nurses completed care plan training, also received in house training on person centered care plan and MUST assessment. PIC & CNM will ensure that resident care plans are reflecting resident's needs on an ongoing basis.

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	03/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	03/11/2022
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	31/12/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Not Compliant	Orange	03/11/2022

	the statement of purpose.			
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.	Not Compliant	Orange	03/11/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	03/11/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting	Substantially Compliant	Yellow	03/11/2022

	equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	03/11/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	03/11/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a	Not Compliant	Orange	03/11/2022

	resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	03/11/2022