



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

## Issued by the Chief Inspector

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:	02 December 2020
Centre ID:	OSV-0000367
Fieldwork ID:	MON-0031211

## 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/convalescence and palliative care. The centre is a two story building with lift access. Resident accommodation is provided in single and double ensuite 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.**

Number of residents on the date of inspection:	48
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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 2 December 2020	09:30hrs to 17:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

On the day of inspection the inspector spoke with a small number of residents and spent time observing staff and residents engagement in the communal sitting rooms where residents spent the majority of their day. The feedback from residents was positive. Residents felt that there was sufficient staff in the centre and that staff were familiar with their care needs. Residents told the inspector that call bells were always answered and that they were satisfied with the response time. Overall, residents had high praise for the staff in the centre.

As a consequence of the COVID-19 pandemic, the normal routine and schedules of the centre had been disrupted by restrictions. For example, musicians were not permitted to visit the centre and provide entertainment. The inspector was told of outdoor music sessions that had occurred in the summer months but due to the weather this was no longer feasible. Residents were knowledgeable on COVID-19 and felt that the management team had taken all reasonable measures to keep them safe. At the time of inspection there was no suspicious or confirmed cases of COVID-19 in the centre and residents were thankful for this.

The centre staff had placed importance on ensuring that the centre was decorated for the festive season. The entrance of the centre is decorated to a high standard and the space is inviting and homely. Christmas trees had been put up and decorated with lights and trinkets. On the day of inspection residents had made their own decorations which were seen hanging on picture frames. In one bedroom a resident had their own Christmas crib and personal decorations brought in from home. The resident told the inspector that the room was their space and that staff were happy to move items around at their request.

The inspector observed that communal sitting rooms were supervised by a member of staff at all times. On the first floor, one to one hand massage activities was given in the morning and a group exercise activity was held in the afternoon.

Residents were familiar with the management team and were aware that of recent times there had been a number of changes. Resident meetings were held and discussions had taken place in relation to COVID-19. For example, visiting arrangements.

## Capacity and capability

Mystical Rose Limited is the registered provider of the nursing home. This was an unannounced inspection to inform the registration renewal and to review contingency arrangements including infection prevention and control measures in

light of the COVID-19 pandemic. The management team operating the day to day running of the centre consists of a Director of Nursing (DON) who is supported by an assistant director of nursing (ADON), registered nurses, activities staff, care staff, kitchen, household, cleaning, laundry, administration staff and maintenance.

The centre governance and management structure has had a number of changes. The person in charge had changed and there was a newly appointed assistant director of nursing. The roles and responsibilities and lines of authority were clear. Management meetings were held to discuss operational matters and clinical issues. The Registered Provider Representative (RPR) had increased their presence in the centre as a support to the clinical nursing management team. The inspector found that the management team on duty on the day of inspection had good knowledge of the systems in place that monitor the service. Records requested were made available in a timely manner.

The management team monitored the direct provision of care. There was an audit schedule in place. Audits had been completed in a number of key areas including, care plan audits, falls audit, weight management, hand hygiene audits, Audits completed were analysed and were utilise to drive and sustain quality improvements. Records evidenced that gaps were identified and that areas for improvement were also identified. For example; gaps in the care plan documentation identified through the audits were communicated to the named nurse who then updated the resident assessment and care plans accordingly.

Residents were satisfied with the level of communication from the management team. Residents told inspectors that they would not hesitate to make a complaint and were happy that they would be listened too.

#### Registration Regulation 4: Application for registration or renewal of registration

The application form was submitted and the required registration fee had been paid.

Judgment: Compliant

#### Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced nurse who has been working in the centre as an assistant director of nursing (ADON) prior to taking up the role of person in charge. The person in charge had a strong presence within the centre and was known to the residents. She held authority, accountability and responsibility for the provision of the service. During the inspection she clearly demonstrated that she had good knowledge of the regulations and standards of the care and welfare of residents in the centre.

Judgment: Compliant

### Regulation 15: Staffing

On the day of inspection, staffing in the centre was adequate for the needs of the residents and the size and layout of the centre. The centre had a COVID-19 outbreak staffing contingency plan in place to increase the staff on duty providing direct care if required. The centre has two registered nurses on duty 24 hours. The management team reviewed the staffing compliment in all grades and made changes when required. For example; an analyses of the staffing allocation to the cleaning of the building was reviewed when the COVID-19 pandemic first occurred. As a result, the cleaning hours were significantly increased. A head of cleaning was appointed and the daily allocation of hours had increased. This allowed for the implementation of a new cleaning schedule.

The management team confirmed that the overall staffing of the centre is stable and that staff who phone is as unavailable at short notice are replaced. Staff spoken with reported that there was sufficient staffing on duty to meet the care needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. The training matrix reviewed by the inspector evidenced full compliance with mandatory training required by the regulations. The training records reviewed identified that staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control and hand hygiene. In addition, the inspector was informed that a senior nurse was currently completing an infection prevention and control specialist course.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management of the centre was going through a transition of change at the time of inspection. The structure in place was defined. The RPR visits the centre weekly as a support to the nursing management and to discuss any operational concerns that require input. The management demonstrated a

clear commitment to the delivery of person-centered safe and effective care with a focus on improved outcomes for residents.

The COVID-19 outbreak preparedness plan was a working document and was kept under review. The contingency plan in place factored in required actions for a suspected case and a confirmed case. Records of management meetings were recorded and evidenced that open discussion on all COVID-19 related strategies had been discussed.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose (SOP) was submitted with the registration renewal application into the Office of the Chief Inspector on the 23/10/2020. The SOP had last been reviewed on the 13/02/2020. The detail was not current. Further detail is required to ensure that the Statement of purpose is accurate and contains all of the information set out in Schedule 1. For example,

- a more detailed description of the purpose and function of every room in the centre that is used by residents.
- The changes to the governance and management structure.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaints log. Records evidenced the detail of the complaint, any investigation and follow up actions taken as a result. Issues raised and lessons learnt were communicated to staff. The satisfaction level of the complainant was also recorded.

Feedback from residents and relatives was welcomed by the management team. For example, there was a suggestion/comment box at the main entrance. The complaints process was on display. The procedure included the name of the person nominated to deal with complaints and appeals procedure. A review of the detail was required to reflect changes to the governance and management of the centre. In addition, the complaints procedure was displayed at a high level. This meant that the procedure was not easily accessible to all residents. For example, residents who are in a wheelchair would not be able to read the document from a sitting position.



Judgment: Substantially compliant

## Quality and safety

Residents' told the inspector that their lives had been impacted by the COVID-19 restrictions. Residents reported that they felt the care and support they had received was of good quality. Residents' medical and health care needs were met. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. All staff had received training in standard infection control precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). Staff practice was monitored. Following hand hygiene training the management team had followed up with observation audits on practice. On the day of inspection the inspector observed good hand hygiene practice by staff. The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines.

The inspector reviewed eight resident's . Care plans were found to be individualised and person-centered. The electronic documentation system in place was clearly laid out and the information was easily retrieved. All files reviewed had a COVID-19 care plan in place . Records evidenced daily COVID-19 well-being symptom checks. For example, temperature checks were completed twice a day. This allows for early identification of the virus. The care plans of current residents were up-to-date and contained all of the information required to guide care. Residents had access to medical and allied health care supports.

Resident accommodation is over two floors with a lift facility. Corridors are wide and have a spacious feel. There are multiple large and small sitting rooms for resident use and a dining room on each floor. In addition, there is a separate oratory and smoking room available for resident use. The centre was well maintained and was noted to be in a good state of repair. The centre is registered to accommodate a total of 54 residents in single and double ensuite bedrooms of various designs and layout. The smallest of the double bedroom is 14.324 metres squared. All bedrooms have showering facilities. Following the last registration renewal the provider had committed to installing a bath to ensure residents had the choice of having a bath or shower. A bath had been installed in the ensuite of bedroom 5 on the ground floor. The bathroom is also accessible from the main corridor to facilitate other residents who may choose to have a bath. The inspector found that this potentially impacted negatively on the occupants of this room as the arrangement compromised their access to a full ensuite facility. This was discussed with the RPR who committed to review the use of the bathroom. The inspector acknowledges that the bedroom is currently empty and that of the current residents showering is the preferred option.

The COVID-19 outbreak isolation zone was clearly identified. The zone has capacity for four residents. The purpose of a zone is to minimise the risk of the spread of an

outbreak. The zone had a separate entrance and the preparedness plan identifies how the zone will be staffed.

### Regulation 11: Visits

Visiting to residents had been strictly controlled since March 2020. Staff had supported residents to maintain telephone and visual contact with their families via electronic devices. Window visits were also facilitated.

The recent COVID-19 Guidance on visitations to residential care facilities had been communicated to all residents. The management team had redesigned one of the communal rooms for the purpose of accommodating visits in a safe manner. The visitors room had a separate entrance. This meant the visitors would not be moving through the centre or coming in contact with staff and other residents. The set up ensured that social distancing guidance was adhered to. For residents/relatives that had difficulty with hearing there was a microphone available. A member of staff was appointed to remain with the resident if required. Cleaning occurred between visits. Residents spoken with were happy with the current visiting arrangements.

Visits on compassionate grounds were also facilitated. Any persons entering the premises applied full PPE and had their temperatures checked.

Judgment: Compliant

### Regulation 17: Premises

Resident accommodation is over two floors with a lift facility. Corridors are wide and have a spacious feel. There are multiple large and small sitting rooms for resident use and a dining room on each floor. In addition, there is a separate oratory and smoking room available for resident use. The centre was well maintained and was noted to be in a good state of repair.

Judgment: Compliant

### Regulation 27: Infection control

The inspector spent time observing staff practices regarding the use of PPE and found good practice. Training records reviewed indicated that all staff had completed infection prevention and control training.

Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' temperatures were monitored and recorded twice a day and staff temperatures were monitored to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. In addition, the management team had put in place the following measures to protect residents:

- Staff uniforms were not worn off-site.
- appropriate signage was in place to remind staff of the need to complete hand hygiene and observe social distancing when appropriate
- Staff were familiar with the five moments of hand hygiene
- Appropriate use of face masks was observed by staff
- On the day of inspection there were ample supplies of PPE in stock
- There was hand hygiene gel dispensers strategically placed along corridors.
- equipment used by resident was visibly clean.

When the lock down occurred at a national level in March 2020 the management team completed a full review of the cleaning schedule, products used and the allocation of the staffing. An external stakeholder provided support and as a result changes were made in practices. The inspector was informed that the centre is planning on introducing a flat mop system for the cleaning of bathroom floors. This system utilises one cloth per room to ensure that each bathroom is cleaned with a new cloth on every occasion. The inspector found that the staff practices on the day of inspection is to use the same mop for up to 3 bathrooms. This practice is a risk for infection prevention and control. A review of practices specific to the cleaning of the bedroom floors was required.

The inspector reviewed the risk register specific to COVID-19 and infection prevention and control. Once a risk was identified it was risk assessed and additional control measures to manage the risk were outlined. For example; management had identified that carpets in resident bedrooms were an infection prevention and control risk. A plan was in place to change to a laminated floor covering. On the day of inspection the following risks were identified and required a risk assessment

- The risk of one sluice room that is in close proximity to the centre but not in the centre
- the cleaning supplies and mops with buckets are stored in the sluice room.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed within 48 hours of their admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete a comprehensive assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage

and mobility assessments. These assessments informed care plans to meet each resident's needs. The interventions needed to meet each resident's needs were clearly described in person-centred terms to reflect their individual care preferences. In addition, the inspector found that there was a systems in place to ensure residents' care plans were reviewed and updated as necessary.

Judgment: Compliant

### Regulation 6: Health care

During the lock down period, resident 's general practitioners (GP) continued to visit the residents in the centre when medical assessment was required. Allied Healthcare Professionals were providing a remote service and advise was available over the phone. There was evidence within the files that advice received was followed up which had a positive outcome for residents. For example: a resident that had a risk of aspiration was reviewed by a speech and language therapist. Changes to food consistency had been made as a result.

The inspector found that the system in place that records the medical resuscitation status of residents was accurate. This information was retrievable in a timely manner to ensure the best outcome for residents as per their medical status.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector spent time observing resident and staff engagement. The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents confirmed that they were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place.

Residents' religious rights continued to be facilitated during the pandemic. A priest continued to visit the centre throughout the pandemic. In addition, residents were

facilitated to view religious ceremonies on the televisions and some listened to mass on the radio. Residents were supported to recite the rosary on a daily basis in the downstairs communal sitting room at 6pm.

The inspector noted that the privacy and dignity of residents was well respected by staff. Bedroom and bathroom doors were closed when personal care was being delivered. There were adequate privacy screening curtains in double bedrooms. All bedrooms had showering facilities. The provider had installed an assisted bath into bedroom 5 to ensure residents had the choice of having a bath or shower. The bathroom is accessible from within the bedroom and from the main corridor. The inspector found that this potentially impacted negatively on the occupants of this room as the arrangement compromised their access to a full ensuite facility. This was discussed with the RPR who committed to review the use of the bathroom and will address any actions in the compliance plan response.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially 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-0031211

Date of inspection: 02/12/2020

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose has been amended to reflect a more detailed description of the purpose and function of every room in the centre that is used by residents and the changes to the governance and management structure. The updated Statement of Purpose has been forwarded to HIQA.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints procedure was reviewed and updated to reflect changes to the governance and management of the centre. The complaints procedure is now displayed at a lower level easily accessible to all residents on a daily basis. All residents are given a copy of the statement of purpose on admission, which contains the complaints procedure. In addition Mystical Rose has placed a second comment box in the new visiting POD ensuring at all times that families and residents have the facility to make known their comments/suggestions.</p>	
Regulation 27: Infection control	Substantially Compliant



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

On an on-going basis carpets in resident bedrooms are being replaced by good quality linoleum flooring. Mystical Rose recognises the importance of good infection prevention control measures balanced with a homely feeling. The sluice room is located at the side entrance roofed from the main building. This sluice room has been identified as been adequate to meet the nursing homes needs as all residents have ensuite facilities. It was recently upgraded with modern sluicing equipment. The new mop system (single use flat mop with microfibre cloth) has commenced in Mystical Rose and the storing of mops and buckets are no longer required.

Regulation 9: Residents' rights

Substantially Compliant

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

Mystical Rose has installed an assisted bath to ensure residents have the choice of having a bath or shower. The bathroom is accessible from within a bedroom and from the main corridor. The inspector found that this potentially impacted negatively on the occupants of this room as the arrangement compromised their access to a full ensuite facility. Up to inspection this was not identified within the nursing home as being a risk as the room has been mainly unoccupied since installation of the new bath. Mystical Rose gave assurances to review and rectify the newly identified risk.

## 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	14/12/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/12/2020
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which	Substantially Compliant	Yellow	30/12/2020

	includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/09/2021