



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:	10 January 2023
Centre ID:	OSV-0000367
Fieldwork ID:	MON-0038939

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.

Number of residents on the date of inspection:	46
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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 10 January 2023	09:15hrs to 17:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The feedback from residents and relatives spoken with on the day of inspection was very positive. Residents reported that they received a high standard of care by a dedicated team who knew them well. Many residents had high praise for staff as individuals but also as a group. Residents felt that the staff knew them well, their likes and dislikes. Residents were happy with the length of time it took to have their call bells answered. The only source of dissatisfaction voiced by the residents was in the provision of activities. Multiple residents told the inspector that their days feel long. Residents told the inspector that they felt they would benefit from a review of the current activity schedule and welcomed the opportunity to have more choice offered.

The atmosphere in the centre was open and inviting. The centre is purpose built and there are multiple communal rooms for resident use. On a tour of the premises, the inspector observed that the premises were clean. On the day of inspection, the communal sitting and dining rooms were observed to be clean and free of clutter. A number of residents confirmed that their bedrooms are cleaned daily. Residents had access to enclosed gardens.

The inspector spent time observing residents in the many communal day rooms in the centre. Residents appeared relaxed and comfortable in their environment. Staff were present to provide assistance and support to residents. On the day of inspection, the inspector observed that residents spent long periods of time with no facility for activity or social engagement. Residents and staff confirmed that no activity occurs in the mornings. The inspector observed and records reviewed evidenced that there was an over reliance on the television as a source of entertainment. Multiple residents informed the inspector that there was little to do but watch the television. The inspector was informed of multiple social events that had occurred, including baking and gardening activities. The provision of activities was discussed with the management team who confirmed that this gap in the service is acknowledged and plans are in process to address this gap. This will be addressed in the compliance plan response.

Residents reported a high level of satisfaction with the food. Residents were observed enjoying the company of one another in the dining rooms. Mealtimes were unhurried and staff were present to provide assistance and support to residents with their meals when needed. Residents were provided with a choice at mealtimes and could also chose to have their meals in the privacy of their own bedroom, if they wished.

Open visiting was in place, which was welcomed by the residents. Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the day.

In summary, residents were observed receiving a good service from a responsive

team of staff delivering safe and appropriate person-centred care. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the service delivered to residents was of a high standard and in line with regulation requirements. This one day unannounced risk inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in March 2022. While overall the inspector found a high level of compliance with the regulations reviewed, the inspector did find repeated non-compliance under Regulation 9: Residents' rights, Regulation 27: Infection control, and Regulation 28: Fire precautions. The detail is discussed in the Quality and Safety section of the report.

Mystical Rose Limited is the registered provider of Mystical Rose Nursing Home. There was a clearly defined management structure in place with identified lines of authority and accountability. The management team was observed to have strong communication channels and a team-based approach. Management meetings, staff meetings and operational meetings were frequently held. The records were made available for review. The audit schedule in place was comprehensive. Where areas for improvement were identified, action plans were developed. The person in charge facilitated the inspection. The person in charge was supported in their role by an assistant director of nursing, a clinical nurse manager and a full complement of staff including nursing and care staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The management team had a visible presence in the centre and were well known to residents and staff.

Staffing and skill mix were appropriate to meet the assessed needs of the residents. The team providing direct care to residents consisted of at least two registered nurses on duty at all times and a team of healthcare assistants. Communal areas were appropriately supervised. The person in charge, assistant director of nursing and clinical nurse manager provided clinical supervision and support to all the staff. Staff spoken with had excellent knowledge of the residents and the systems in place. Teamwork was evident throughout the day.

The inspector found that records were managed in line with regulatory requirements. Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

There was an induction programme in place which all new staff were required to complete. The induction programme was detailed and comprehensive. The provider

had placed a high level of importance in ensuring that staff were appropriately trained. Each month the management team identify areas whereby training is provided. For the month of January, all staff had completed on line training in safeguarding and restrictive practices. In addition to the online training, in house centre specific training was also delivered. This ensured that staff were familiar and knowledgeable with best practice guidelines and also the centres own policy and procedures. Training records displayed that all staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding and infection prevention and control training.

Complaints were minimal and at the time of inspection there were no open complaints. The inspector reviewed the complaints log. Records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. All resident and relatives spoken with reported feeling comfortable with speaking to any staff member if they had a concern.

Residents were consulted in the running of the centre and their feedback was reported back through a residents' survey and the providers annual review of the service.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

The centre continued to have staff divided into two teams to ensure that there was limited movement of staff between floors. This system benefited the residents as it meant that the residents had continuity of care from staff who knew their care needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection staff were appropriately trained. While there were minor gaps in the training, a plan was in place to address this. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 21: Records

Staff files reviewed contained all of the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found the centre was sufficiently resourced.

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 annual review of the service had been completed in March 2022 and included a quality improvement plan that was completed in consultation with the residents. The 2023 annual review was in process.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the designated centre received a high standard of direct care. Residents who spoke with the inspector said that they felt safe and that they were well cared for by staff in the centre. The inspector found that the quality and safety of the services provided in this centre were of an appropriate standard. Notwithstanding the positive findings, the inspector found that insufficient progress had been made to bring the centre into full compliance with Regulation 9: residents Rights, Regulation 27: Infection control and Regulation 28: Fire precautions.

The inspector found that the residents did not have access to meaningful activities, in line with their interests. As previously stated, there was an over-reliance on the television as a source of entertainment. Following the last inspection, the providers compliance plan response had committed to the appointment of an activities coordinator that would liaise with external and internal professionals to develop and implement a programme. This action had not been completed which meant that there remained a gap in the provision of social interaction for residents. Findings from this inspection found that activities were available in the afternoon only. The activities schedule for the month of January was completed on the day of inspection.

The provider had made good progress on fire safety precautions and procedures within the centre. Fire drills were completed that included night time simulated drills to reflect night time conditions. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Appropriate documentation was maintained for daily, weekly, monthly and yearly checks and servicing of fire equipment. Annual fire training had taken place in 2022. Notwithstanding the progress made, the construction works required to complete the compartmentalisation of the complete building had been delayed. The final date for completion will be addressed in the compliance plan response.

Overall the building was found to be clean. Cleaning staff were knowledgeable on the cleaning system in place and were observed to adhere to same. There was an infection prevention and control risk in carpeted resident bedrooms. The provider had committed to the replacement of this carpet in bedrooms with linoleum flooring by July 2022. The management team explained that the delay has occurred as the provider is waiting for the building work on the compartmentalisation of the building to be completed first. The new date for the replacement of carpets in resident bedrooms will be addressed in the compliance plan response.

A sample of residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded through an electronic record system. A comprehensive assessment on admission ensured that residents' individual care and support needs were being identified. The inspector found evidence that residents' care plans were developed within 48 hours following admission to the centre to

guide the care to be provided to residents. Care plans were developed and were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity, malnutrition and to establish the resident's dependency needs. Care plan reviews were carried out at regular intervals. Care plans were person-centred and guided the care.

The centre had good access to a general practitioner. Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure best outcome for residents.

Residents were appropriately assessed and monitored for risk of malnutrition. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways had been established to ensure that those residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health and social care professional. The inspector also reviewed wound management practices and found clear evidence that interventions taken had ensured the healing of wounds. An advanced care plan for all residents was clearly recorded and documented.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment.

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. There were televisions in communal rooms. Residents had access to advocacy services and information regarding their rights.

The inspector spoke with multiple visitors who confirmed that there were no restrictions in place with visiting their loved ones.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 27: Infection control

As highlighted on the previous two inspection reports, there was an infection

prevention and control risk in carpeted resident bedrooms. The provider had committed to the replacement of this carpet in bedrooms with linoleum flooring by July 2022. The management team explained that the delay has occurred as the provider is waiting for the building work to be completed first. The new date for the replacement of carpets in resident bedrooms will be addressed in the compliance plan response.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had engaged the services of an external company to complete building works in relation to the compartmentalisation of the building. The time frame for completion of this work was October 2022. This work has been delayed and the new date for completion of the work will be addressed in the compliance plan response.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans. Residents and relatives confirmed that they were actively involved in the development of their care plans.

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 resident outcomes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed by an Gardai Siochana prior to commencement of work in the centre. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

Regulation 9: Residents' rights

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. While the inspector acknowledges that the management team were in process of recruiting staff to bridge this gap, this is a repeated finding from the March 2022 inspection.

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 21: Records	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	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mystical Rose Private Nursing Home OSV-0000367

Inspection ID: MON-0038939

Date of inspection: 10/01/2023

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 continues to be a rolling program to replace all carpets to linoleum flooring in resident's bedrooms in consultation with the resident. All double room carpets and most of the single rooms have been replaced the remainder 8 single rooms will be replaced in conjunction with the ongoing remedial works.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Nursing Home continues to engage with a professional team comprising of a Fire Consultant, Civil Engineer, Mechanical and Electrical Engineer, Building Surveyor and Project Manager and the comprehensive and effective plan that was developed is ongoing.</p> <p>The works have been hampered with a series of un avoidable delays, the work completed to date in the attic compartmentalisation has been signed off by the fire consultant.</p> <p>The completion of the compartmentalisation work following discussion with the Project Manager is anticipated for 30/4/2023.</p>	
Regulation 9: Residents' rights	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Activities – A full review of Activities has been carried out in consultation with residents and this will help to develop the Activities program. Morning activities as per the consultation with the residents are television, newspapers the radio and morning chats with each other. However with the newly appointed activity coordinator this may further develop. The afternoon program is being reviewed with the resident's feedback. The Activity Coordinator will liaise with external and internal professionals to develop and implement the program even 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	30/04/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2023
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	27/02/2023

