



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# 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:	Announced
Date of inspection:	21 November 2023
Centre ID:	OSV-0000367
Fieldwork ID:	MON-0032768

## 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:	38
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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 21 November 2023	09:15hrs to 17:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Resident feedback on the service received in the centre was very complimentary and positive. The inspector found that there was an open and transparent culture in the centre with regards to how the centre operates. Multiple residents spoken with called the centre their "home from home". A small number of residents told the inspector that while being admitted to a nursing home was an anxious and distressing time, they had settled in well. The residents and families attributed this to the staff and how the staff care for their needs. Without exception, the residents were satisfied with the length of time it took for staff to answer their call bells and attend to their needs.

Following the introduction meeting, the inspector walked the premises with the person in charge. Multiple residents were sitting in the main communal day room having had their breakfast. This communal room was occupied by residents throughout the day. The inspector spent time in this room chatting with residents, and observing the interactions between staff and residents. Some residents were unable to articulate their experience of living in the centre. However, those residents appeared comfortable and relaxed in their environment. The atmosphere was welcoming. The room was supervised by a member of staff at all times. Throughout the day, staff in this room spent time sitting and chatting with residents. Drinks and snacks were offered.

On the day of inspection, parts of the premises were under construction as a result of upgrading to the fire systems in the centre. The final phase of construction work had commenced. The effected part of the building that was under construction was secured and safety signage was erected. Residents and relatives were kept informed of all progress, and any changes on how to navigate the premises during periods of construction.

Outside of the construction work, there was an on-going maintenance programme in place. All of the carpets from resident bedrooms had been removed and replaced with more appropriate flooring that was easily cleaned. Resident bedrooms were personalised. The inspector visited a sample of bedrooms, and chatted with the residents. Residents were happy with the bedroom sizes and were encouraged to make the space feel homely. For example; the maintenance had secured a bright reading lamp to a bedside table of a resident that placed high value on reading. This additional lighting enabled the resident to read in comfort at any time day or night.

Resident's personal clothing was laundered on-site. Residents were satisfied with the service provided. Residents were satisfied with the food and the choices available. Residents knew the name of the chef and were quick to tell the inspector that food choice was respected. The dining experience was observed to be a social event.

Residents were kept informed about changes occurring in the centre through resident meetings. Residents told the inspector that they were provided with the

opportunity to meet the management, and provide feedback on the quality of the service they received.

The social activities calendar in the centre had been reviewed and additional resources and activities had been scheduled on a weekly timetable. All residents spoken with told the inspector that they were satisfied with the activities in place. On the day of inspection, a small group of residents took part in the morning exercise group. The inspector observed the staff in attendance actively joined in, which was of entertainment to the residents in the group. In the afternoon multiple residents took part in an arts and craft session.

Open visiting was in place and community groups such as the Galway United winning soccer team had visited the centre with the winning cup. The photographs taken on the day displayed fun was had during the visit.

Overall, the inspector found that residents in Mystical Rose Nursing Home received high quality health and social care from a team of staff that were committed to supporting residents to have a good quality of life. The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

Overall, this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. This inspection found that some action was require in relation to the centres' contracts of care and records oversight, to achieve full compliance with the regulations.

This was an announced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013, as amended. The provider had applied to renew the registration of the centre and this application was reviewed on this inspection. The inspector also followed up on a compliance plan submitted by the provider following the last inspection in January 2023. The inspector found a high level of compliance with the regulations reviewed. At the time of inspection, there was construction work occurring in the centre to ensure compliance with Regulation 28: Fire precautions. This is discussed in detail under the Quality and Safety section of the report.

The registered provider was Mystical Rose Limited. The management structure in place identified clear lines of authority and responsibility. The person in charge was appointed in October 2021 by internal promotion from the assistant director of nursing role. The person in charge was supported by two clinical nurse managers. In addition, there was two registered nurses on duty 24 hours a day, supported by

activities staff, health care assistants, maintenance, cleaning, catering and administration staff.

The governance and management of the designated centre was well organised and the centre was well resourced to ensure residents were supported to have a good quality of life. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents. On the day of inspection there were 38 residents accommodated in the centre and 16 vacancies.

The person in charge had responsibility for completing clinical and environmental audits. The audits reviewed on the day of inspection were comprehensive and detailed. The findings were known to the management team. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided. Incidents were appropriately notified to the Chief Inspector, within the required time frame. There was a risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. However, a review of the records management systems was required to bring the centre into full compliance with the regulations. This detail is captured under Regulation 21: Records.

There were contracts for the provision of services in place for all residents which detailed the terms on which they resided in the centre. However, action was required to ensure full compliance with Regulation 24: Contracts for the provision of services. The detail relating to the number of residents occupying the multi-occupancy bedrooms was not stated.

The inspector reviewed the record of staff training. The registered provider had a comprehensive training programme in place for staff. A review of the records indicated that staff had received up-to-date training in areas such as safeguarding residents from abuse, fire training and dementia care. Staff responses to questions asked displayed a good level of knowledge. Staff responses in relation to what action to take in the event of the fire alarm sounding were detailed and consistent.

Staff files were reviewed. An Garda Síochána (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff. All new staff had completed a process of induction into the centre. The documentation to support this induction process was completed on all files reviewed. However, some staff files were found to be incomplete. For example; gaps in the history of employment were not accounted for.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

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

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

## Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre. Staffing levels had been maintained in line with full occupancy, despite the reduction in the number of residents currently living in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training.

Judgment: Compliant

## Regulation 21: Records

The provider was required to take action to ensure adequate oversight of records management. For example:

- details and documentary evidence of staff references on file did not align to the employment history. In addition, gaps in the history of employment were not accounted for.
- the system in place for the storing of personal information was not in line with best practice guidelines.

Judgment: Substantially compliant

## Regulation 22: Insurance



A contract of insurance against injury to residents was in place.

Judgment: Compliant

### Regulation 23: Governance and management

There were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored. The annual review of the service had been completed.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

Contracts for each resident did not include the terms relating to the number of other occupants of the bedroom residents were admitted into.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector, within the required time frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

## Quality and safety

Residents received care and support from a team of staff who knew their individual needs and preferences. The inspector found that the quality and safety of the services provided in this centre were of a high standard. Residents who spoke with the inspector said that they felt safe and that they were well cared for by staff in the centre.

On the day of inspection, parts of the centre premises were under construction to upgrade the systems in place to protect residents in the unlikely event of a fire. Significant construction and upgrades to the building had been completed to the existing building to ensure compliance with the requirement of Regulation 28; Fire precautions. This work has been completed in phases to ensure minimum disruption in the daily lives of the residents. The provider representative, who is a director in the provider company visited the centre frequently to monitor progress and as a support to the person in charge who has responsibility for the day to day running of the centre. Consultation with external experts such as fire safety and architects was in place. A safety checklist, risk assessment and team meeting had been completed prior to the start of all phases of the work.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Fire drills were completed to ensure all staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency. Notwithstanding the extent of the works undertaken and the progress made, the ongoing construction works required to complete the compartmentalisation of the complete building were not complete. The provider date for completion, as advised following the last inspection in January 2023, had been delayed. This resulted in a repeated non-compliance under Regulation 28: Fire precautions. The final date for completion will be addressed in the compliance plan.

There was a variety of communal and private areas observed in use by residents on the day of inspection. Communal areas of the centre were spacious and had comfortable furnishings. The centre was visibly clean throughout. The provider had a number of assurance systems in place to prevent and control the risk of infection in the centre. A single use, colour-coded, mop and cloth systems was in operation. Cleaning agents were appropriate for healthcare settings and housekeeping staff demonstrated an understanding of the centres cleaning process.

A sample of seven residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded on an electronic 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 developed 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. Daily progress notes summarised the daily status of each resident and identified any causes of concern that required additional monitoring. Care plan reviews, between the resident and the person in charge, were carried out at regular intervals.

Residents were reviewed by a medical practitioner of their choice, 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 the best outcome for residents.

All residents who spoke with the inspector reported that they felt safe in the centre. Residents' rights were well respected. Residents were actively involved in the running of the centre and their feedback was reported back through a residents' survey and resident meetings. Resident meetings were chaired by a member of staff who reported any issues raised to the person in charge for follow up. Minutes of the September 2023 resident forum meetings reviewed showed that relevant topics of interest to the residents were discussed. For example; the ongoing building upgrades and the progress to date. Resident education and information sessions were held. For example; an information session was held in October 2023 for residents on the changes to the regulations under Regulation 34: Complaints. Information on independent advocacy services that were now available for all residents was explained and also included how residents could access the service.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. The inspector spoke with a small number of visitors and all were very complimentary of the care provided to their relatives. There were no restrictions in place with visiting their loved ones.

### Regulation 11: Visits

Visiting was facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be appropriate and well maintained on the day of the inspection. There was adequate sitting, recreational and dining space available to all residents in the centre.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The electronic nursing documentation system in place generated a transfer letter when required. Further specific detail was then added by the care staff. The inspector found that sufficient detail was captured in the documentation and met with the requirements of the regulation.

Judgment: Compliant

### Regulation 27: Infection control

The centre was visibly clean. Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training, and all staff had completed this.

Judgment: 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. While the work has been ongoing, the project had encountered multiple delays and so the compliance date had extended out. 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

Residents care plans were developed upon admission and formally reviewed at intervals not exceeding four months.

Care plans were informed through assessment using validated assessment tools that assessed, for example, residents dependency, risk of falls, risk of malnutrition, skin

integrity and a social assessment that gathered information on the residents hobbies, likes and dislikes

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

### Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. 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

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent 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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mystical Rose Private Nursing Home OSV-0000367

Inspection ID: MON-0032768

Date of inspection: 21/11/2023

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> <li>• All staff files will be reviewed to ensure that references received are in line with the role that is offered and according to their employment history.</li> <li>• All staff files will be reviewed, and any gaps noted will be addressed with the identified staff member. Going forward during the interview process CV's will be discussed to ensure that there are no gaps of employment in their employment history.</li> <li>• Storing of personal information has been reviewed and action taken to ensure record management systems are in line with best practice guidelines.</li> </ul>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The existing contract has been updated to include the room available to the resident prior to admission whether it is a single or twin room as per regulation size, in which that resident shall reside.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	



The Nursing Home continues to engage 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.

Mystical Rose is now on the final phase - The completion of work within the home following discussion with the Project Manager is anticipated for 20/5/2024. The work is phased to ensure the least impact on residents, staff and families.

## 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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	29/01/2024
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	08/01/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other	Substantially Compliant	Yellow	11/12/2023

	occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/05/2024