<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rosary Hill House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000426</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Castleconnell, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>061 377 530</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:rosaryhillhouse@gmail.com">rosaryhillhouse@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Rosary Hill House Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Martin Lynch</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>22</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:

**Responsive behaviour** (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 03 October 2017 09:30  To: 03 October 2017 18:15

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This report sets out the findings of an announced registration renewal inspection of Rosary Hill Nursing Home by the Health Information and Quality Authority’s (HIQA) Regulation Directorate. The provider had applied to renew their registration which is due to expire on 17 April 2018. They have applied to register for 22 residents as opposed to 24 as they have reduced both five bedded rooms to 4 bedded rooms since the last inspection. As part of the inspection the inspector met with the person in charge, the provider nominee, residents, relatives, the Assistant Director of Nursing (ADON), the accountant, the General Practitioner (GP) and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.
The person in charge and ADON had both worked in the service for a number of years. As part of the inspection interviews were conducted with them and the provider nominee. They all displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the inspection which are discussed throughout the report.

A number of questionnaires were received from residents and relatives and the inspector spoke to many residents throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. Residents and relatives described rosary hill as having “a homely atmosphere and being very friendly and comfortable”, providing a “relaxing and supportive environment” and a relative said “all the staff have a really good way about them and they always demonstrate respect towards residents” another relative said “the nurses are to be commended, they are open and approachable”. A number of family members said they would like to see more private/quiet space for visiting. A number of relatives expressed concern that two staff at night may not be enough to meet the needs of the residents. These issues were looked into and addressed in the report. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw a number of visitors in and out of the centre during the inspection. The inspector found the premises; fittings and equipment were clean and very well maintained. There was a good standard of décor throughout. Since the last inspection two five bedded rooms had been reduced to two four bedded rooms and residents were very complimentary about the extra space this created.

There was evidence of individual residents’ needs being met and the staff supported residents to maintain their independence where possible. Resident’s health and social care needs were met. Residents had comprehensive access to (GP) services, to a range of other health services, and the nursing care provided was evidence-based. Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs. In summary, the inspector was satisfied that the centre was operating in compliance with the current conditions of registration granted to the centre.

The inspector identified some aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome which included issues with, notifications, premises and private space for visiting.

These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A detailed Statement of Purpose was available to both staff and residents. It contained a statement of the designated centre’s aims, objectives and ethos of care. It accurately described the facilities and services available to residents, and the size and layout of the premises. The inspector observed that the statement of purpose was clearly reflected in practice and the manner in which care is provided reflects the diverse needs of the residents.

The statement of purpose was kept under review and was found to meet the requirements of legislation.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a clearly defined management structure in place to ensure the delivery of safe effective care. The management structure identified the lines of authority and
accountability in the centre. Staff with whom the inspector spoke demonstrated a clear understanding of the management structure. The person in charge reported to the provider nominee who attended the centre on a regular basis and was contactable by phone as required. The person in charge was supported in her role by an ADON who acts up in the absence of the person in charge and often works opposite to the person in charge to ensure managerial oversight of the centre. There was evidence of regular managerial meetings and relevant issues discussed.

There was evidence that the management team had been proactive in response to actions required from the previous inspection. The inspector saw that improvements made enhanced the outcomes for the residents; this was particularly evident in relation to improvements made in the premises to promote the privacy and dignity of the residents in the multi-occupancy bedrooms.

The quality and safety of care to residents and experience of residents of the service were monitored and developed on an ongoing basis. The person in charge had introduced a system to monitor and improve the quality and safety of care and the quality of life of residents in the centre. A range of clinical data was being collected and analysed. Audits tools were in place and a number of audits had taken place including audits in relation to documentation, health and safety and end of life care. The person in charge had completed a clinical audit review in September 2017 which highlighted all audits undertaken and actions taken as a result. Medication management audits were completed by the person in charge and pharmacist, which covered all aspects of the medication management cycle. These audits were enhanced by visits from the pharmacist, who periodically examined different areas of medication management.

On this inspection the inspector saw that a very comprehensive annual review had been completed in conjunction with the national quality standards for 2016. The annual review included service developments, recommendations from consultation with residents, results from the relative's survey, audits and quality improvements required and implemented. The annual report outlined actions taken to date and included the plans for further development of the service in the years ahead.

Feedback from residents was captured in a number of ways. Residents meetings were held every two months. The inspector viewed minutes of meetings and found that they were meaningful and led to improvements. Annual relative's surveys were also undertaken and action taken on findings. The person in charge outlined how she informally seeks feedback from residents and relatives on a daily basis. The inspector spoke with residents who confirmed this took place and relative questionnaires complemented the openness of the person in charge and staff team.

**Judgment:**
Compliant

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**Outcome 03: Information for residents**
*A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*
Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A guide to the centre was available at reception. It was designed to complement the Statement of Purpose and contained all information set out in Regulation 20 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The residents’ guide described residents’ rights, responsibilities, governance and management of the centre, care provided, services, facilities, complaints, advocacy, visiting arrangements, inspections, contracts of care and the activity schedule.

The residents’ contracts of care were viewed by the inspector. The inspector found that contracts had been signed by the residents/relatives and found that the contract outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. The contracts also detailed what was included and not included in the fee. A detailed list of any additional charges were maintained with each contract.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge had worked in the centre for the last seven years and had been person in charge for the last three years. She displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The inspector was satisfied that she was a registered nurse, was suitably qualified and had a
minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable and were confident that all issues raised would be managed effectively.

There was evidence that she kept her clinical knowledge current and had also recently undertaken managerial and human resources training.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that the designated centre had all of the written operational policies as required by Schedules 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Policies were centre specific, comprehensive and referenced the latest national policy, guidance and published research. These policies were available and signed off as reviewed by staff.

The inspector saw that all records were securely stored and easily retrievable. Residents’ records were held for a period of not less than seven years and destroyed thereafter. Evidence was also seen that the centre was adequately insured against injury to residents and loss or damage to residents’ property.

A Directory of Residents was established under Regulation 19 and contained all relevant information required in Schedule 3.

The inspector reviewed a sample of staff files and found that while the requirements of Schedule 2 had been met, All staff were now fully vetted prior to commencing employment. Garda vetting was in place for all staff files viewed.

The inspector was satisfied that the records listed in the Health Act 2007 (Care and
Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.

Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The ADON who works full time in the centre for a number of years was in charge when the person in charge is on leave. The inspector met the ADON during the inspection. She demonstrated an awareness of the legislative requirements and her responsibilities and was found to be a suitably qualified and experienced registered nurse.

Weekend and out of hours on call coverage was provided by the person in charge and ADON as required.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The inspector reviewed the centre’s policy on suspected or actual abuse and was found to be comprehensive. Staff training records were reviewed and the inspector saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to.

The inspector was satisfied that there were general measures in place to safeguard residents and protect them from abuse. Robust systems were in place to safeguard residents' money that was handed in for safekeeping. The inspector met with the accountant and reviewed the records held with regard to residents' finances and found that any monies/personal valuables retained on behalf of residents were properly accounted for. Dual signatories were evident on all financial lodgements or withdrawals. The centre had a policy with regard to safeguarding resident's finances. Residents received invoices for care and required extras and these were seen to be clear and robust. The provider was a pension agent for a number of residents and separate sub accounts were maintained for each resident. Pensions were paid into residents accounts before the nursing home charge was applied and good record keeping was maintained.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that they had received training in responsive behaviours and specialist dementia training and this was on-going for new staff. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person centred way by the staff using effective de-escalation methods. Comprehensive responsive behaviour and safeguarding plans were in place for residents presenting with any responsive behaviour and these were readily available for all staff to direct care.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There had been a continued reduction in the use of bedrails during the year and there were only four residents using bedrails at the time of inspection. Alternative to restraints were put in place such as low beds and alarm/sensor mats. The inspector noted that signed consent in relation to the use of restraint had been obtained from residents, where possible. Review of use of restraints was on-going. Families were involved in the assessment procedure and gave feedback regarding the process. The inspector saw that regular checks of all residents were being completed and documented.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.
**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on “what to do in the case of a fire” appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire safety training was provided to staff in May and June 2017. The person in charge said they conducted regular fire drills and there was documentary evidence of actions taken and response times, these fire drills were undertaken both during the day and at night time when the staffing levels were reduced. The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in January 2017. The fire alarm test and emergency lighting were serviced quarterly and tested weekly.

The smoking area in the centre was located in a room at the entrance to the centre. Since the last inspection an extractor fan had been installed and the smell of smoke was much better contained within the smoking room. The smoking room contained a fire blanket, metal ashtrays, smoking aprons and fire extinguisher. Smoking risk assessments were completed for residents that smoked.

An emergency plan, with emergency procedures and contact numbers, was in place and a copy of this was maintained beside the fire alarm, this contained all the names and numbers to contact in an emergency situation. A personal emergency evacuation plan was laminated and maintained for each resident this included a photo of resident and their specific needs in the event of an emergency. These were held centrally along with fire book. The emergency plan covered major emergencies and where residents could be located to in the event of being unable to return to the centre. The emergency policy also included action to be taken in response to other emergencies such as loss of power, water, catering facilities, laundry facilities and any other disruption to essential services or damage to property.

Risk management policies and hazards identifications have been completed and met the criteria of legislation. Clinical risk assessments were undertaken, including falls risk assessment, nutritional assessments, pressure sore prevention, and assessments for dependency, continence, moving and handling and restraint. The person in charge had identified areas where each resident may be at risk of injury and precautions in place to control the risk. There were reasonable measures in place to prevent accidents such
grab-rails in toilets and handrails on corridors. However the inspector saw that in a number of areas in one corridor the flooring was sloped which is a risk for residents mobilising there this is discussed and actioned under premises. There are incident reporting sheets in place in the event of incidents, and a hard bound copy to report any accident.

Closed-circuit television (CCTV) is positioned outside in the grounds and in other parts of the centre, helping to maintain the safety of residents. Signage clearly identifies the presence of CCTV.

The environment was observed to be very clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Training had been provided to all staff in infection control and there was evidence of good hand hygiene being maintained.

Records viewed by the inspector indicated that staff had received up to date moving and handling training. The ADON had completed the train the trainer in moving and handling and was providing training and appropriate supervision of practice.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. Review of records and observation of practices indicated nursing staff were adhering to professional guidelines and regulatory requirements in regard to storage and administration of medicines.

The inspector reviewed a sample of residents’ medicine prescription records and they were maintained in a tidy and organised manner, they were clearly labelled, they had photographic identification of each resident and they were legible. There was evidence that residents’ medicine prescriptions were reviewed at least every three months by a medical practitioner as well as a pharmacist. Medications that required crushing were seen to be prescribed as such and signed by the GP. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could
not be exceeded.

Medications were supplied and administered from a monitored dosage system and there were references available for the nurse to confirm prescribed medication in the compliance aid in the event of needing to withhold or replace a medication that was dropped. Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with the nursing staff which accords with the documented records.

Medication management audits were completed on a regular basis and these were evidenced during the inspection. Medication reviews were completed at three monthly intervals and this was evidenced on residents’ prescriptions. The pharmacist attended the centre on a regular basis to do a complete review of residents’ medication management as well as education sessions with staff. Medication errors were recorded and appropriate action was taken following same. Nursing staff undertook regular updates in medication management training as evidenced by training records.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that quarterly notifications were received in a timely manner and that generally all incidents set out in paragraphs 7(1)(a) to (j) of Schedule 4 had been notified to the Chief inspector within three working days, as required. However, during the inspection the inspector saw that an incident of staff misconduct had taken place. A detailed investigation had been conducted and appropriate action had been taken including the staff receiving a warning but this not been notified to HIQA as required by the regulations.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/ her needs, interests and capacities, are
drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents had a choice of General Practitioner (GP) but most residents have their medical care needs met by a local GP who visited the centre on a very regular basis and the inspector saw regular medical reviews documented in residents files. The inspector met the GP in the centre during the inspection. Residents had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, and podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health services. There was evidence of regular visits from community mental health nurses and outpatient appointments facilitated to see psychiatrists as required.

The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of evidenced-based validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. Resident generally had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. The inspector found that there were great improvements in the assessment and care planning process since the last inspection. Care plans were much personalised and appeared to accurately reflect the care to be delivered to the resident as evidenced by documentation reviewed by the inspector. Care plans for residents with responsive behaviours were seen by the inspector to also be much improved since the previous inspection and were specific enough to direct care to ensure all staff maintained a consistent approach to responsive behaviours. There was evidence that residents and their family, where appropriate participated in care plan reviews.

The inspector saw that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had pressure relieving mattresses and cushions to prevent ulcers developing. Staff had access to support from the tissue viability nurse as required. The inspector saw that wound care was being provided in accordance with evidenced base practice.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and
all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room were observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The premise was located in a rural village on the outskirts of Limerick city. The centre was set on large grounds with a small internal patio area that contained seating, tables and sun umbrellas. The centre was a two-storey building with the ground floor used for resident accommodation and the first floor used for storage, laundry and staff facilities. Accommodation comprised of four single bedrooms, three twin bedrooms and three four-bedded rooms. A number of the bedrooms have en suite toilet, wash basin and shower facilities. The other bedrooms have wash basins with bathroom and toilet facilities in close proximity to their bedrooms.

The communal areas include a day room, a foyer with comfortable seating and a dining room which leads to an outdoor courtyard. Corridors have hand rails fitted and a number of assisted toilets are available near to communal areas. There was a sluice room and cleaning room. A Jacuzzi bath room and well equipped and fully fitted large hairdressing room were available. The foyer was used for activities such as card playing and a quieter area for residents. A designated smoking room was available to residents just off the main foyer and contained metal ashtrays, fire extinguishers and a fire blanket. Since the last inspection a new vent was installed so now it was adequately
A good level of cleanliness was maintained. There were staff assigned specifically to household and laundry duties. They used colour coded mops and cleaning cloths for different areas. Plastic aprons and latex gloves were readily available as was alcohol hand gels throughout the premises and inspectors observed staff using them. There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste. Adequate arrangements were in place for the management of laundry with laundry rooms upstairs. There were suitable staff facilities for changing and storage.

There was a functioning call bell system in place throughout the centre. There was suitable assistive equipment provided, including electric beds, hoists, wheelchairs, walking frames, pressure relieving air cushions and mattresses. The inspector reviewed the servicing records and they were seen to be up to date. Staff had received training or instruction in relation to how to use equipment correctly. Storage space for equipment was an ongoing issue and equipment was stored in bathrooms and other areas of the centre. There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

The communal and bedroom areas were bright, homely and domestic in character and some improvements were seen in signage but further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of older persons care. The inspector noted there were slopes in the flooring one part of the building and in this area there was a slope down into the bathroom. The residents in this part of the centre were able to manage the slopes currently but future residents may not be as mobile.

The centre had three multi-occupancy bedrooms; since the last inspection the two five-bedded rooms were reduced to four-bedded rooms and the space was allocated appropriately. A partition was put in place between the beds which afforded the residents greater privacy and allowed them more space for extra wardrobes. These areas had been recently decorated in accordance with the residents tastes and were personalised with pictures, photos and personal belongings. Residents were very complimentary about their new bedroom space. However some of the other bed spaces in the three four bedded rooms were not as generous and a number of residents only had a single wardrobe to hang their clothing. Residents at end of life in the multi-occupancy rooms did not have the option of a single room to ensure privacy and dignity at this time. The provider continued to outline plans for a new building for which planning permission had been obtained.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.
Theme:  
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):  
No actions were required from the previous inspection.

Findings:  
A written complaints policy was available in the centre and the inspector saw that the complaints procedure was hung in a prominent place outside the office. There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately responded to. There was an independent appeals person nominated and the policy included the facility to refer to the Ombudsman if required.

The inspector reviewed the complaints log and found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. Residents and relatives all said that they had easy access to the nurses and the person in charge who to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded as required by the regulations. There was evidence that analysis of complaints was undertaken and written corrective action taken.

Judgment:  
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation  
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:  
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):  
No actions were required from the previous inspection.

Findings:  
Residents’ religious preferences are facilitated through regular visits by clergy to the centre with mass held once a week and administration of sacrament of the sick. Residents were facilitated to exercise their civil, political and religious rights. The
inspector was told that residents were enabled to vote in national referenda and
elections as the centre registered to enable polling. The inspector observed that
residents' choice was respected and control over their daily life was facilitated in terms
of times of rising /returning to bed and whether they wished to stay in their room or
spend time with others in the communal room. The inspector observed that some
residents were spending time in their own rooms, watching television, or taking a nap.

Staff were observed communicating appropriated with residents who were cognitively
impaired as well as those who did not have a cognitive impairment. Effective
communication techniques were documented and evidenced in some residents care
plans. Residents were treated with respect. The inspector heard staff addressing
residents by their preferred names and speaking in a clear, respectful and courteous
manner. Staff paid particular attention to residents’ appearance, dress and personal
hygiene and were observed to be caring towards the residents. Residents choose what
they liked to wear. The hairdresser visited regularly and the hairdressing room was
spacious and resembled a hair salon. A number of residents told the inspector how they
enjoyed availing of the service and saw it as a social outing.

A number of visitors were observed throughout both days of inspection where staff
members knew the names of visitors and vice versa. Staff took time to talk with family
members both when they visited and when they rang to enquire about their relative.
Visitors said that they were always made welcome and staff were very friendly and
informative. They said that if they any concerns they could identify them to the person
in charge and were assured they would be resolved. Family surveys were undertaken
which were generally very positive. The last survey did identify staffing in the evening
time required review and this had been addressed since the last inspection with an extra
staff member on until 21.00hrs. A number of visitors also identified that they would like
to have a room where they could visit with their relative in private as there was limited
room in the main sitting room.

Residents had access to the daily newspaper and residents were observed enjoying the
paper. Residents had access to radio, television, and information on local events.
Systems for consultation with residents were in place. The inspector viewed minutes of
residents' meetings which depicted how residents were consulted on the centre was run.
Feedback was regularly sought from residents and relatives. On inspection, it was
evident that the centre was managed in a way that took into consideration residents'
wishes and choices. Residents with dementia were represented by relatives and the
centre had access to independent advocacy services, the independent advocate had
visited the centre and contact details were available on the residents notice board.

There were one staff allocated to the function of activity co-ordinator on a daily basis,
who fulfilled a role in meeting the social needs of residents. The inspector observed that
staff generally connected with residents as individuals. The inspector saw the activities
coordinator undertaking the varied activities programme during the inspection. The
programme reflected the diverse needs of the residents. Residents could participate in
group activities and one to one sessions were also available to residents who preferred
this. Activities included music, bingo, weekly physiotherapy, card games, puzzles,
reading and one to one activities. Residents told the inspector that they were happy with
the choice of activities on offer and were looking forward to bingo and music
commencing at 18.00hrs on the day of the inspection. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents and relatives were complimentary about the activity co-ordinator and her ability to involve the residents and to have fun with them.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in multi-occupancy and twin bedrooms to protect the residents' privacy. Improvements were seen in the maintenance of privacy and dignity in the five bedded multi-occupancy rooms. As discussed under premises these rooms had been reduced to four bedded rooms and a partition put in place to provide more privacy and wall space for residents to personalise their bed area. Further consideration is required to ensure privacy is maintained and more space available to personalise in all four bedded rooms and this is actioned under Outcome 12 Premises.

**Judgment:**
Substantially Compliant

**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents and relatives generally spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.
Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, management of responsive behaviours and safeguarding vulnerable persons. Other training provided included restraint procedures, dementia specific training, infection control, and end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including blood-letting, infection control and medication management. The inspector saw that other training courses had been booked and were scheduled for the coming months. The person in charge and the ADON had completed train the trainer and were providing a lot of the mandatory training in-house.

Duty rosters were maintained for all staff and during the inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. At the last inspection the staff levels reduced from twenty to only one nurse and one care staff. There were residents who require the assistance of two staff and the nurse is required to do a medication round without being disturbed. The provider was requested to keep his staffing levels under review to ensure he had adequate staff with the right skills to meet the needs of the residents after 20:00hrs. The provider changed the roster since the last inspection. There were now three staff in the centre until 21:00hrs due to this part of the evening being busy with residents having supper and requiring assistance to bed. Residents, relatives and staff were happy with this extra cover in the evenings. Through the relatives questionnaires a number of relatives had expressed concern in relation to night time staffing levels as there were only two staff on and they worried if a night was particularly busy would the residents get the care required. The person in charge assured the inspector that they kept this under constant review and she was on call and they could increase the staffing if required. The staff member that works until 21.00hrs could stay later if required. She said they had a number of part time nurses and care staff who were always willing to work extra hours if required and they had used this services as required previously. Residents reported that there were enough staff at night and they did not have to wait for bells to be answered.

A sample of staff files was reviewed and those examined were complaint with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. Staff files demonstrated that staff appraisals were undertaken annually. Garda Vetting was in place for all staff and the person in charge said no staff member commenced work without it.

Judgment:
Compliant
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

*Report Compiled by:*

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<th>Centre name:</th>
<th>Rosary Hill House Nursing Home</th>
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<tr>
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<td>OSV-0000426</td>
</tr>
<tr>
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<td>03/10/2017</td>
</tr>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that an incident of staff misconduct had taken place. A detailed investigation had been conducted and appropriate action had been taken including the staff receiving a warning but this not been notified to HIQA as required by the regulations.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
The Provider is committed to ensuring full compliance with all HIQA notifications in relation to all matters at the centre with immediate effect.

**Proposed Timescale:** 26/10/2017

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**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector identified a number of issues with the premises:
- Lack of storage space for equipment
- Single wardrobes and lack of space for personal belongings and personalisation of bed space in some of the four bedded rooms
- Slopes in flooring in part of the centre and sloping floor going into one toilet/bathroom
- Residents at end of life in the multi-occupancy rooms did not have the option of a single room to ensure privacy and dignity at this time.

**2. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
The company is under new ownership since the registration renewal inspection. A bill of quantities is currently being proposed and will be going out to tender in early January 2018. Work will commence once contracts have been awarded to contractors. The new development will comply with the matters set out in Regulation 17 Schedule 6. The existing building will be redesigned to meet the needs of residents commencing early January 2018.

1. As noted by the Inspector, improvements have been made since the previous inspection in November 2016. The two Five bedded rooms were reduced to four beds which allowed adequate storage space for the needs of residents. Improvements were made with the personalisation of some of the bedrooms and further personalisation will be completed by 30/01/2018.
2. Slopes on flooring in part of the centre and sloping floor going into one toilet/bathroom work will commence early January 2018.
3. End of life Room and Visitors room that will ensure privacy and dignity and storage space for equipment will be part of the new development.

**Proposed Timescale:** 30/06/2019
Outcome 16: Residents' Rights, Dignity and Consultation  

Theme:  
Person-centred care and support  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
A number of visitors also identified that they would like to have a room where they could visit with their relative in private as there was limited room in the main sitting room.  

3. Action Required:  
Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident’s room, if required.  

Please state the actions you have taken or are planning to take:  
The front lounge area will be designated for the residents to meet with their visitors in private.  
The new development that will commence in early January 2018 will comprise of visitors rooms and suitable private areas which is not the residents room which will comply with regulation 11(2)(b).  

Proposed Timescale: 30/06/2019