

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Rosemount House Nursing Home
Centre ID:	OSV-0004583
Centre address:	Garrabeg Road, Church Street, Gort, Galway.
Telephone number:	091 631 847
Email address:	donal.rosemounthouse@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rosemount Nursing Home Limited
Provider Nominee:	Donal Walsh
Lead inspector:	Geraldine Jolley
Support inspector(s):	Shane Grogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	7

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.

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 Quality 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
03 March 2016 10:30	03 March 2016 19:00
31 March 2016 10:30	31 March 2016 13:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over two days. Rosemount Nursing Home is a bungalow style residential centre located in the town of Gort and it is a short walk from the shops and business facilities. It can accommodate 39 residents in seven single and sixteen double rooms. The centre was visibly clean, warm and appropriately furnished to meet the needs of residents when inspected.

There were 32 residents living in the centre. One resident was receiving care in hospital. The majority of residents had been assessed as having maximum to high care needs and some presented responsive behaviours related to dementia or mental health problems. All residents had a care plan that was reviewed at the required intervals however there were areas where improvements in care plans were identified. These included care plans for people with dementia where the impact of dementia on daily life was not described and there was insufficient information to guide staff on the treatment plans to be put in place. The medication administration

system also needed monitoring and regular review as the blister pack administration system was not fully adhered to when medication was dispensed and the method of dispensing created a risk of error.

Residents described the centre as comfortable and homelike. They were positive about the attention they received from staff who were described as "helpful and kind", "cheerful and good humored" and "around when we need help". The inspectors found that there were adequate staff on duty and residents were appropriately supervised in sitting and dining room areas throughout the day. There was a commitment to developing staff to ensure that they were competent to meet the changing needs of the residents. There was an established training programme and staff had completed training on moving and handling, adult protection and fire safety. Training on topics such as responsive behaviors had been completed by eight staff and training on dementia care by thirty two staff.

The person in charge has a full time role as required by legislation. She was familiar with residents needs, their care interventions and the social i they attended regularly. There was a good emphasis on promoting independence and residents were able to describe how they were encouraged to go out and attend to their own business needs or go out for walks around the town. The healthcare needs of residents were met and residents had access to general practitioner (GP) services and to allied health professionals and specialist services such as psychiatry of old age. There were social opportunities for residents and a regular activity programme that included exercise activity, discussion, films, pet therapy and sonas (a sensory activity suitable for residents with dementia) sessions. Resident told inspectors that they had voted in the recent election.

There were improvements identified on inspection and these include, improvements to risk management including improvements to the fire safety signage so that it provides adequate guidance for staff, more rigorous assessments prior to the use of equipment such a bedrails and some records including the daily records and nutrition records required improvement to ensure that they conveyed a complete picture of the residents health condition and nutrition status. There were premises issues that required attention as communal bathrooms and toilets had support handrails on one side which may not adequately meet the needs of residents who have mobility problems.

The inspectors reviewed the responses to the action plan outlined in the report of the inspection of 8 April 2015. These actions included improvements to the audit and reviews of the quality and safety of care which were identified as not fully effective, improvement to the risk management procedures to include all areas required by legislation and improvements to care plans that were found not to reflect residents' individual needs. The inspectors found that the provider and person in charge were addressing the areas identified but further work was required as inspectors identified continued shortfalls in some areas which are outlined under the related outcomes in this report. Areas for improvement are discussed further in the report and are described in the action plan at the end of this report.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The management structure identified the lines of authority and accountability for the operation and management of the service. The arrangements reflected the information set out in the statement of purpose. Some of the governance structures required improvement. For example, on the first day of this inspection some of the required records were not available for inspection. The provider and person in charge said they were altering the administration system to ensure that compliance with regulations was achieved. The inspector was able to view the required records on the second inspection day and the inspector was told that additional administration hours had been allocated to support the person in charge and provider.

The person in charge (pic) was suitably qualified, skilled and experienced to meet the requirements of this role. The inspectors found that the pic was knowledgeable about the requirements of the regulations and standards and had good knowledge of the health care needs and care plans for residents. She knew all residents well, was aware of residents who presented responsive behaviours and knew the objectives for care for individual residents. She facilitated the inspection in a competent way. She was employed full-time. She was supported in her role by the provider who is in the centre daily and has an active administration role.

There were systems in place to review the safety and quality of care and support to residents. There was evidence that a range of audits were carried out and there were regular reviews of residents support needs that were subject to fluctuations. The inspectors found that some audit activity required further development. For example, medication audits did not identify the risk associated with secondary dispensing which is discussed in outcome 9-Medication management. Improvements to audit activity was also identified for improvement at the last inspection.

Judgment:
Substantially 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 is a registered nurse. She worked full time and was involved in the governance, operational management and administration of the centre as required by regulation 14(4) Persons in Charge. Her work hours were outlined on the staff rota and the inspectors noted that she worked a variety of shifts including early morning and late evenings.

She demonstrated a good understanding of her responsibilities as outlined in the Health Act, 2007, Regulations and the Standards. She demonstrated her competence and commitment to ensuring a safe service was provided to residents during various discussions throughout the inspection and conveyed that areas identified for improvement would be addressed.

The person in charge had deputising and on call arrangements in place to ensure adequate management of the centre during her absence.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

The centre had a well established and generally well organised administration system. The inspectors reviewed a range of documents, including residents' care records, staff records, the directory of residents, duty rotas and policies and procedures related to the outcomes inspected. The inspectors found that overall records were maintained in a manner so as to ensure completeness and accuracy. Some improvements were required.

The inspectors found that some of the Schedule 5 policies required review to provide appropriate guidance for staff. The policy that outlined the system for ordering, receipt, prescribing, storing and administration of medication needed alteration to describe the centre specific arrangements for medication management and for the dispensing of medication.

The records used to describe nutrition intake were found to be incomplete and did not provide a complete overview of dietary intake that would inform staff practice. This is discussed further under outcome 11-Health care.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

The provider had taken appropriate measures to protect residents from being harmed and from suffering abuse. The inspectors found that staff spoken to during the inspection were aware of the varied adult protection issues that can arise including neglect, financial and physical abuse. They were aware of their responsibilities to report suspected abuse to the provider or nurse in charge and were also aware of the investigation procedures to be followed.

There were records to indicate that staff had received training on identifying and responding to elder abuse. The inspectors reviewed the centre's policy on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse and included the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse. The person in

charge displayed appropriate knowledge on this topic. A suspected allegation of abuse related to care practice had been investigated in accordance with the centre's procedures in October 2015. This had been notified as required to Hiqa. As a precaution staff had received refresher training and guidance on adult protection to ensure that residents were appropriately protected in the centre.

There was good emphasis on supporting residents who presented with responsive behaviours or fluctuating patterns of behaviour associated with dementia or mental health problems. Staff resources were allocated to monitoring residents closely including the provision of one to one care where required and this was noted to have ensured a person centred care approach and positive outcomes for residents. Staff informed the inspectors that there was good access to specialist staff including the team for old age psychiatry that provided assessment, treatment and follow up where required.

There was a policy and procedure to guide staff on restraint practice. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment but the inspectors found that the format for the assessments needed review. In the sample of restraint assessments reviewed the inspectors found that the information available did not fully describe the need for equipment such as bed rails and many were put in place at the request of residents or relatives. The use of bedrails was reassessed regularly and at the time of this inspection nineteen bedrails were in use. It was not clear from records that they served a defined purpose as a safety measure or that their use was based on an informed clinical decision.

Judgment:

Non Compliant - Moderate

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:

The inspectors found that there were systems in place to promote the health and safety of residents, staff and visitors but that some aspects of the safety arrangements required improvement.

All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out. Records that confirmed fire drills had taken place were available on the second inspection day. An inspector viewed these records and found that three fire drills had taken place during 2015 and one during 2016. Some exercises had included the partial evacuation of the centre and included residents and visitors. Fire drills were scheduled to take place after staff meetings when night staff were present. There was a

commentary on the time the exercise took and if any learning was required to inform practice and future fire drills. Fire equipment had been regularly serviced. The records indicated that the fire alarm was last serviced in January 2016 and at quarterly intervals during 2015 in April, July and October. The emergency lighting and fire extinguishers were serviced annually and were last serviced respectively in July 2015 and January 2016. There was a record of fire equipment as required. Fire exits were checked daily to ensure that they were not obstructed and fire doors were checked weekly. These checked were recorded and the records were fully completed and up to date when viewed on 31 March. A review of the fire safety arrangements had been undertaken by the fire safety department of the local council in January 2015. Works recommended at that time included the installation of additional heat and smoke detectors and this work had been completed by the provider. There was confirmation that furnishings were fire retardant.

While most aspects of fire safety were well managed, there were areas for improvement. The fire signage to guide staff, residents or visitors to the nearest exits and assembly points required improvement to avoid confusion. The nearest fire exit point was not evident in the information displayed and signage was not available at all junctions in hallways. Directions to the fire assembly points outside were not evident from all exit doors and garden furniture obstructed part of the route to the fire assembly point.

There were systems in place to ensure good infection control management. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in all toilet areas. There were adequate supplies of personal protective equipment available throughout the centre.

Accidents and incidents were recorded and were reviewed to determine what prevention measures could be put in place to prevent a recurrence. The inspectors saw that where residents sustained falls prevention measures such as the provision of low low beds were considered and the person in charge said that this type of bed was being purchased as residents' needs indicated and as part of the ongoing renewal of equipment. Measures were in place to prevent accidents in the centre and grounds. The building was generally clutter free and there were grab rails on each side of hallways. However, in bathrooms and toilets there were support rails on one side only which would not provide adequate support for some residents with mobility difficulties. Some hallways were narrow which presented a difficulty where residents used mobility equipment or wheelchairs. Moving and handling assessments were available, were up to date and reflected resident's dependency and the number of staff required to safely manage manoeuvres.

An action plan in the last report required that the risk management policy was reviewed to meet the requirements of legislation, particularly in relation to the provision of guidance on self harm. This action had been addressed. There was a risk management policy in place and a system for identifying and managing varied risk factors. This included guidance on the identification and management of self harm. This was particularly necessary in this centre where some residents displayed responsive

behaviours and over 60% were assessed as having dementia or cognitive impairment.

Catering staff confirmed that they had food hygiene and food risk management training and that this was updated at the required intervals. The last environmental health inspection took place in August 2015 and no major issues were identified. Foods that contain allergens are now highlighted on menus.

Judgment:

Substantially Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a policy on the management and prescribing of medication and this conveyed the arrangements in place for ordering, storing and managing medication in the centre however it did not convey the specific arrangements in place for the management of medication for example the use of the blister pack system and how medication is checked when supplied.

The inspectors found that staff did not always administer medication in accordance with the blister pack method. For example, medication is supplied in individual blister packs for residents but because these are bulky and difficult to manoeuvre on medication trolleys, staff sometimes dispense the medication into individual named containers prior to administering the medication. This created a risk as the containers could be knocked over or a nurse could pick up the wrong pot from the tray and the "secondary" step of removing the medication from the original container created the potential for error. The nurses rectified the system on the day of inspection but this departure from safe practice is described in the action plan for attention to ensure that future administration of medication adheres to established practice guidance.

Staff nurses conveyed good understanding and knowledge of the medication in use and were familiar with the medication prescribed for residents. There was a good system in place for medication reviews and storage arrangements were noted to be secure with trolleys and cupboards that contained medication supplies appropriately locked. The inspector found that residents' medication was reviewed as required by GPs, mental health specialists, pharmacists and nursing staff.

The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and clear photographs of residents. A General

Practitioner's signature was present for all medication prescribed and for discontinued medication. Medication no longer required and discontinued was recorded and returned to the pharmacy for disposal.

Medications that required special control measures were appropriately managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were 33 residents accommodated during the inspection and one resident was in hospital. There were significant levels of dependency and complex care needs being addressed by staff. There were 24 residents assessed as having maximum or high level care needs, 3 had medium care needs and 4 residents had low care requirements or were largely independent. Some residents required high levels of nursing care and some required support as a result of responsive behaviours.

The arrangements to meet residents' assessed needs were set out in individual care plans that are maintained on a computer programme. The inspectors found that staff had documented a range of health care matters in relation to each resident and there was evidence that a range of social care activities were available. Personal and health care needs were generally described clearly however there were deficits in some aspects of care planning and some areas such as monitoring nutritional care and descriptions of the impact of dementia required improvement to ensure care is provided and informed by evidence based practice. There was appropriate access to medical and allied health care professionals including opticians and dentists.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels,

nutritional care, the risk of developing pressure area problems and moving and handling assessments. There was a record of the residents' health condition and treatment given completed daily by nurses. There were action plans in the last two reports that described where improvements in care records were required. The responses to the two most recent action plans were reviewed and while further actions were identified the inspector noted that an improved standard was evident in the way care needs were identified and addressed. At the last inspection there were no care plans for some conditions such as epilepsy that required an immediate response should an acute situation develop. Care plans for this condition and the indicators for the use of emergency medication were described. However, the inspectors found that some care needs or conditions did not have an associated care plan. For example, there was no care plan for the possible side effects of treatment for some major conditions that required chemotherapy. The evaluations of residents care described the monitoring systems in place but did not provide a summary of progress and did not fully reflect changing needs and conditions.

The inspectors reviewed four resident's care plans in detail and certain aspects of other care plans where residents had nutritional issues, behaviour that required additional support or supervision and where dementia care needs were evident. The inspectors found that care plans were updated at the required intervals and when there was a change in a resident's health condition or circumstances. The clinical risk assessments completed for wound vulnerability, dementia and nutrition were up to date however some of the required interventions to ensure residents well being were not documented well and did not provide an informed overview that ensured that planned care was delivered as required.

There was good access to allied health professionals and their assessments and recommendations were recorded with associated instructions that staff were observed to follow. For example, weight records and nutritional assessments that underpinned the use of food supplements or dietary restrictions were updated regularly, progress and responses to treatment were not always evident. While there were good assessments of nutrition needs, the monitoring records where food and liquids consumed were recorded were incomplete in several instances and did not convey that residents had adequate diet and fluids. For example, the inspectors reviewed the fluid and food records for two residents over a three day period and found that the intake recorded varied considerably, was incomplete and did not indicate that adequate nutrition was provided. No totals were recorded at the end of the day to determine if the intake was appropriate and therefore staff could not determine if intake was adequate for the residents' needs. An action plan in relation to this is described in outcome 5.

The inspectors found that residents were monitored for changes in weight and blood pressure and other vital signs were monitored and recorded. The interventions put in place to promote independence encouraged residents to maintain their mobility by walking and the inspectors saw that many residents walked around the centre independently and with assistance. Other residents were observed to walk in to town and records confirmed that some did this frequently and could come and go as they pleased.

There was documentary evidence that residents or their representatives were involved

in the development and review of the resident's care plan when these were reviewed or updated. Relatives present during the inspection confirmed that staff consulted with them and said that their contributions were included in residents daily care routines and considered when plans for future care were discussed.

Staff demonstrated good knowledge of residents care needs and backgrounds which they used effectively when talking to them and when engaged in orientation or reminiscence activity. Relatives who were visiting the centre told an inspector that staff encouraged them to be involved in their relative's care and were very appreciative of suggestions and information that they provided. Care plans reflected residents cognitive status and this was based on a formal assessment tool however the inspector found that some improvements could be made to the information available to staff. This included information on what ability residents retained such as capacity to get dressed, recognise staff and family members and ability to participate in a group activity. The majority of staff had completed introductory dementia care training. There was input from the specialist mental health team when required and this included support from community mental health nurses.

The inspector saw that there were arrangements in place for the exchange of information at the time of admission and discharge. The person in charge said that this had been developed to ensure safe transitions between the centre and home, other designated centres and hospitals in accordance with regulation 25-Temporary Absence or discharge of residents.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. An activity co-ordinator worked five days a week and there was a schedule of activities available. Residents said they enjoyed discussing the news, reading the papers and chatting in addition to regular organised activities. The activity coordinator said that she experiments with different approaches and activities to ensure residents are not bored. Recently residents had been able to experience a tai chi activity. The regular programme includes sonas which is a sensory programme that engages residents with dementia, visits from a therapy dog and film evenings.

Judgment:

Non Compliant - Moderate

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 premises were visibly clean, tidy and well organised when viewed. In all bedrooms efforts had been made to personalise the space available to residents by ensuring personal items such as photographs or ornaments were on display. Residents had a choice of rooms where they could sit to spend their day. Some used the main sitting area while others preferred to sit in the conservatory or in their rooms.

There was an attractive dining room that was noted to be well used by residents. There was adequate space for residents to eat together in comfort. The centre also had a smoking area and this was also in regular use. The area smelled strongly of smoke despite the fan in use. The poor ventilation here had been identified for attention in the last report and is described in the action plan of this report again as a satisfactory solution had not been put in place.

There was a supply of assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Hand rails were available in hallways to enable residents to walk around independently. Hoists and other equipment had been maintained and service records were up-to-date. The centre had a call bell system to assist residents to call for help when they need it and the inspector observed that call bells were answered promptly.

The inspectors noted the following areas that required attention to meet the needs of residents. Some bathrooms and toilets had a handrail on one side only which would not provide adequate support for residents with mobility problems. The conservatory area was not adequately heated and the provision of baths required review as some were not easily accessible to residents who were highly dependent.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were two areas identified for attention during the inspection. The records of nutrition did not in some cases provide a complete overview of residents' nutritional

intake and the procedures on nutrition management required review to appropriately guide staff on how to complete the associated records. These improvements are described for action in outcome 5-Documentation.

There was a menu choice each day and residents had a varied and interesting diet. The inspectors saw that food was available outside of mealtimes if residents wished to eat at other times. Staff were observed to assist residents at mealtimes in a way that protected their dignity and privacy. Plenty of time was allowed to enable residents to eat in comfort at their own pace. Residents were able to have meals in the dining room, in the conservatory area or in bedrooms if that was their choice. Meals were noted to be attractively presented and looked appetising. Residents who needed encouragement or assistance to eat were well supported by carers who attended to them at meal times.

The chef told an inspector that all meals are prepared fresh each day from local produce. He had a good knowledge of residents choices and preferences and was aware of the portion sizes preferred by some residents. There was fresh bread and scones baked daily. He said that both he and the other catering staff meet residents to discuss the menu and encourage residents to have a varied diet. Nurses provide information on special dietary requirements and where fortification of meals is required. Residents interviewed were very happy with the food provided and said that choice was available daily and alternatives were "never a difficulty if the main meals were not to one's liking".

Judgment:
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:

The inspectors reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. The deployment of staff during the day was observed and the inspectors found that the staff allocations for day and night were appropriate to meet the needs of residents.

The inspectors carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse and managing complaints. Staff told the inspectors that they were well supported and that a good team spirit existed among staff.

During the day there were two nurses available including the person in charge. In the morning there were six carers on duty and during the afternoon this reduced to four. An activity coordinator was on duty daily from Monday to Friday. An action plan in the last report described where staffing levels were not adequate to meet social care needs of residents. The inspectors found during this inspection that there was a good variety of social care interventions and that carers ensured that communal areas were appropriately supervised.

The inspector was provided with details of the training that had been provided to staff during 2015 and 2016. There was a training record maintained and training had been provided on a range of topics that included: Elder abuse and the protection of vulnerable people, fire safety, infection control, food safety and hand hygiene, end of life care, moving and handling and wound care. Staff had also attended training on wound care and understanding dementia. Training on addressing responsive behaviours had been completed by eight staff in 2014 and was scheduled again for later in 2016. Residents were observed to have good relationships with staff and were comfortable and relaxed when staff approached them. Residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspector observed that call-bells were answered in a timely way, staff were available to assist residents and there was appropriate supervision in the dining room and sitting rooms throughout the inspection days.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Rosemount House Nursing Home
Centre ID:	OSV-0004583
Date of inspection:	03/03/2016
Date of response:	01/07/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The audit systems in place required development to ensure that risks were identified and improvements made to ensure the quality and safety of care to residents.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

monitored.

Please state the actions you have taken or are planning to take:

Medication management auditing has been reviewed by management to include staff practices in administering medication. The medication management audit will be carried out by the P.I.C. every month.

Proposed Timescale: 31/07/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some of the Schedule 5 policies required review. The policy that outlined the system for ordering, receipt, prescribing, storing and administration of medication required alteration to describe the centre specific arrangements for medication management.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:

The policy on medication management has now been reviewed and amended to include changes in practices in the centre.

Proposed Timescale: 01/07/2016

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Records of nutrition were not fully complete and did not provide sufficient detail to enable any person inspecting the record to determine if the diet is satisfactory in relation to nutrition and otherwise, and of any special diets prepared for residents.

3. Action Required:

Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:

Food and fluid intakes are being recorded carefully by an assigned care staff member to avoid any gaps in the diet record. The staff night nurse calculates the total intake and

output over 24 hours to determine the residents need for further attention to their dietary needs.

Proposed Timescale: 01/07/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a lack of information on why restraint measures such as bedrails were needed. It was not clear in records examined that they served a defined purpose as a safety measure or that their use was based on an informed clinical decision.

4. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

Bedrail assessments of residents have been reviewed to include their defined purpose or to inform the clinical decision in accordance with national restraint policy.

Management has agreed to purchase one low bed each month this year with a view to reducing the number of bedrails in use.

Proposed Timescale: 31/07/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The nearest fire exit point was not evident in the information displayed and signage was not available at all junctions in hallways. Directions to the fire assembly points outside were not evident from all exit doors and one exit route was partially obstructed by garden furniture.

5. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:

New fire exit point information signs have been put up at all junctions in the

hallways and the existing ones have been removed.
Direction signs have been ordered for display outside exit doors to the fire assembly points.
Garden furniture has been removed from near one exit door.

Proposed Timescale: 31/07/2016

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Medication supplied in individual blister packs for residents was transferred to individual named containers prior to administering the medication.

6. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:

The medication administration system has been changed since the last inspection and medication is now administered direct from individual blister packs to the resident. The second preparation from individual blister packs to the tray has been discontinued. Our medication management policy has been reviewed and amended to reflect the change of system.

Proposed Timescale: 01/07/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some care plans did not reflect residents' conditions, abilities and care needs. For example, there was no care plan for the possible side effects of treatment for some major conditions that required chemotherapy. The evaluations of residents care described the monitoring systems in place but did not provide a summary of progress and did not fully reflect changing needs and conditions.

7. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding

4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:

All care plans are reviewed and any shortfalls in maintaining a care plan for an identified care need has been addressed.

A monthly care plan audit has been introduced to check that care plans are relevant and up to date.

Proposed Timescale: 31/07/2016

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:

Bathrooms and toilets had handrails on one side only which did not adequately meet the needs of highly dependent residents.

The heating in the conservatory area required review for residents comfort and safety.

The ventilation in the smoking area was not adequate to remove the residual smell of smoke.

8. 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:

Additional handrails will be added to all bathrooms and toilets to meet the needs of highly dependent residents.

The sunroom is set at a lower temperature than other areas of the centre because of its nature and for the comfort of residents who participate in activities. Management check with the residents each week to ensure the room is homely.

A new more powerful extractor fan has been fitted above the door from the conservatory to the smoking room to remove any residual smoke. Management keep daily checks to ensure this measure is effective.

Proposed Timescale: 31/07/2016