



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

Issued by the Chief Inspector

Name of designated centre:	Rosedale Residential Home
Name of provider:	Rosedale Residential Home
Address of centre:	Upper Kilmacow, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	24 September 2020
Centre ID:	OSV-0000740
Fieldwork ID:	MON-0029738

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rosedale Residential Home is located in the quaint upper village of Kilmacow, Co. Kilkenny. It is managed by a voluntary non-profit organisation and provides care for people who do not require full-time nursing care. Rosedale is set on three acres of well maintained gardens. It is a two-storey building with lift and stairs access between floors. Rosedale is registered to accommodate 15 residents, both male and female. Residents' accommodation comprises 13 single bedrooms with hand-wash basins and two bedrooms have en-suite shower and toilet facilities, a sun room, sitting rooms on both floors, dining room, chapel and comfortable seating throughout. Other facilities include a laundry, and day services which residents have access to if they wish to attend. Rosedale caters for people with low dependency assessed needs requiring long-term residential and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 24 September 2020	10:00hrs to 17:20hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

The inspector met most of the 15 residents present in the centre on the day of the inspection and spoke to five residents in more depth. The overall feedback from the residents was that this was a lovely homely place to live, where you could maintain your independence but still have company and security.

The inspector saw that the centre was a two-story building set in large well maintained grounds and within walking distance of the shops, post office and church in the local village. Residents told the inspector that the location was very important to them as they liked to walk into the village and meet people. Many of the residents collected their pensions from the local post office and picked up their own newspaper and brought back messages for other residents. A number of residents explained that the COVID-19 pandemic had curtailed their movements. But went on to add that they didn't mind too much because even during the lock down period they were still able to walk around the large grounds of the centre and sit out and enjoy the good weather. The grounds contained a decorative summer house, outdoor seating and a marquee was also available. All of these were used for visiting which allowed social distancing and relatives did not have to come into the actual centre. The inspector saw that the centre included a lovely variety of communal spaces including two day rooms downstairs and a large day room upstairs. There is also a quiet room which has a computer for residents use, one of the residents used it to Skype their family abroad and other residents use it for internet access for religious programmes. A beautiful church was available for prayer and quiet reflection. Before the pandemic the residents told the inspector they had mass six days of the week and hope the priest will return to them again soon. In the meantime they enjoy the rosary and stream the mass or have it on the radio.

The inspector noted that all residents have their own bedrooms and residents said this was very important to them. One gentleman told the inspector he chose his own bedroom and picked the colour to have it painted and the person in charge facilitated the purchase of curtains and bedding to match his colour choice. Many of the resident's bedrooms seen were personalised with soft furnishings, ornaments and family photographs. The person in charge described the redecoration of the centre to date with new flooring and wallpapered in a number of areas. She outlined the plans in place for a redecoration of the day room on the ground floor. There was a day centre beside the centre and residents used this room for activities. The inspector saw a lively exercise session take place on the afternoon of the inspection. An external provider who was wearing PPE provided the exercise class which residents fully participated in. There was evidence that residents were well known to the presenter and there was a fun element to the session. Residents told the inspector they look forward to the class and are glad it is back on after the COVID-19 lockdown period. Residents told the inspector that the activities were important to them and they enjoyed Bingo and the company of each other. Some residents said they were grateful for mobile phones, skype and technology which they said helped them stay in contact with their families. Residents were pleased that visiting

restrictions had eased. One resident said whilst she understood the risks associated with visiting, she felt sad about the restrictions that had kept her apart from her family. She was also grateful to see her family when they could visit but was sad that she could not hug them. Residents were kept informed about COVID-19 and all had their own bottle of hand sanitiser. One resident described how she helped in the dining room with the serviettes and table settings she described how she wore gloves and a mask for this task and always washed and sanitised her hands before and after.

Residents spoken to were very complimentary about the person in charge and staff. One resident said staff are fantastic they would stand on their head for you. Residents reported that their views were listened to and that they could bring any issues or suggestions to the person in charge or staff who would act on them. Overall residents were very complimentary about the food and said they were offered choice at all meals and if you didn't like something the chef would cook something else epically for you. The inspector saw that to ensure social distancing there was now two sittings for meal times in the large bright dining room. Residents said they understood the need for this and felt it was a good thing. Chairs had also been removed from communal rooms and residents were assigned to specific bathrooms and toilets to prevent the spread of infection. Residents said these things made them all feel safer.

Capacity and capability

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. However some improvements were required in the provision of mandatory training.

Rosedale Residential Centre is operated by Rosedale (Kilmacow) voluntary housing association limited which was established for the supported care of older people from the local and surrounding areas. The centre is run by a voluntary board of management one of whom is the Registered Provider Representative (RPR). Funding for the service is granted under a service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fundraising, and residents' own contributions. This centre caters for low to medium dependent residents and if dependency needs of residents change alternative accommodation is sought for the resident. The centre was granted registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations which stipulated that if the centre provided care only to residents who do not require full-time nursing care, the person in charge is not required to be registered as a nurse. The centre operates on a social model of care

with. Medical needs are met through residents own General Practitioners (GP's) in the community and the public health nurse. There is also a nurse who works in the centre two days per week to provide aspects of nursing care but the centre does not provide 24 hour nursing care.

The person in charge is a full time position working Monday to Friday and is on call at the weekends. She is supported in her role by a deputy person in charge, a part time nurse and a team of care staff, housekeeping, catering and maintenance. The board of management are actively involved in the day to day running of the centre and the RPR meets with the person in charge on a weekly basis and is in contactable at all times. The person in charge attends the monthly board meetings and presents a report to them of all aspects of residents care and management of the centre.

The Inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. Infection control practices were of a good standard and the inspector saw that there was evidence of good levels of preparedness available should an outbreak of COVID-19 take place in the centre. The management team had established links with the public health team and HSE lead for their area. A local COVID-19 management team had been established within the geographical area and the person in charge was involved in these meetings. A second group had also been established for the supported care homes in the area as their needs were different to those of nursing homes. There was a clear and comprehensive COVID-19 emergency plan and policy in place which the inspector reviewed. It was agreed that in the event that a resident receives a COVID-19 positive diagnosis the agreed plan is to transfer that resident to a setting relevant to the resident's needs, such as a respite bed with nursing care or a hospital if acutely unwell. The action for transfer /treatment will lie with the COVID-19 response team as agreed with them. Residents and their families have been made are aware of this protocol. The management team had a clear list of the relevant persons to contact in any emergency situation. The centre had been divided into two different areas upstairs and downstairs and specific toilets and bathrooms were allocated to specific resident's rooms. All residents had their own bedrooms and residents returning from the acute hospital who required 14 days isolation, self-isolated in their own room. Social distancing was put in place throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Regular staff briefings took place to ensure staff were familiar and aware of the ongoing changes to guidance from public health and the HSE. The PIC said she met with staff on a daily basis and informed them of ongoing changes.

The person in charge was clearly known to residents to whom the inspector spoke with and residents were very complementary of the care and support provided by her and all of the staff. Where areas for improvement were identified in the course of the inspection and previous inspections the management team demonstrated a conscientious approach to addressing these issues.

The person in charge and the management team displayed a commitment to

continuous improvement through regular audits of aspects of resident care utilising key quality indicators, staff appraisals and provision of staff training. The arrangements for the review of accidents and incidents within the centre were robust. There were arrangements available for the identification, recording, investigation and learning from serious incidents or adverse events involving residents. There was evidence from staff files, from speaking to staff and the provider representative that staff were suitably recruited, inducted and supervised appropriate to their role and responsibilities. The person in charge confirmed that all staff working in the centre had been Garda vetted prior to commencement of work in the centre.

The inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the low dependency needs of the residents. The service was resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a very good homely place to work. Staff communication methods such as meetings, emails and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff generally received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. However the inspector identified some gaps in Mandatory training.

Regulation 15: Staffing

This centre is registered on the basis that residents do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The staffing model as set out in the staff rosters reflected the staffing described in the centre's Statement of Purpose (SOP). Health care assistant staff were knowledgeable and skilled in providing high standards of care to residents, and a nurse was only available two days each week. This meant and residents were aware that if they became unwell and required nursing care they would have to move to hospital or to another facility that provided 24 hour nursing care.

Residents were very complimentary about the staff and very positive interactions were seen between residents and staff members throughout the inspection. The number and skill mix of staff was appropriate having regard to the needs of residents and the size and layout of the centre. There were 15 residents residing in the centre on the day of the inspection. The person in charge was additional to the caring compliment during the week. One care staff worked a 12 hour days and one other care staff worked a morning and twilight shift and one care staff covered the night shift. Staff who spoke with the inspector were competent to perform their respective roles and said they were supported by management with ongoing training and supervision.

The inspector required that staffing levels were kept under review in light of COVID-19. The person in charge assured the inspector that If residents were suspected of having COVID-19 extra staff would be employed for the staff and if they tested positive they would be moved to a more appropriate place with full time nursing care.

Judgment: Compliant

Regulation 16: Training and staff development

Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through HSE online training. A record was maintained of staff attendance at these mandatory training sessions. The nurse in the centre also provided this training in house to staff and residents.

There was evidence that newly recruited staff had received an induction with evidence of sign off on key aspects of care and procedures in the centre. The person in charge said this was to be further developed.

A training matrix for other ongoing training was in place and made available to the inspector. Although there were good levels of training provided, the inspector identified gaps in some mandatory training. Fire training was not in date for 3 staff. Moving and handling training was out of date for the majority of staff the person in charge said this was due to COVID-19 restrictions and this required booking with immediate effect.

Judgment: Substantially compliant

Regulation 21: Records

Records as requested during the inspection were made readily available to the inspector. Records were generally maintained in a neat and orderly manner and stored securely.

A sample of four staff files viewed by the inspector were assessed against the requirements of schedule 2 of the regulations. Garda vetting was in place for all staff and the the person in charge assured the inspector that nobody was recruited without satisfactory Garda vetting. The requirements of Schedule two were in place.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was operated on a voluntary basis with an established system of governance in place via a board of management. The board of directors oversee the organisational, financial and management of the centre. The board meet on a monthly basis and meetings had been taking place over video conferencing during the current pandemic. Minutes of meetings were available for inspection. The person in charge said that the RPR would call to the centre on a weekly basis and meet the person in charge in the marquee outside the centre. Another member of the board dealt with all the financial and administration of the centre and also was working remotely. The person in charge reported that the board were very supportive and were very involved in all aspects of the running of the centre.

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. Appropriate resources were allocated to meet residents' low to medium dependency needs. The inspector saw that there had been ongoing changes and improvements to the premises since the previous inspection with the addition of a new sluice room and upgrading of paintwork and general redecoration.

There were systems in place to review the safety and quality of care and support to residents. The person in charge was collecting key performance indicators and issues were trended and fed back at the monthly board meetings. There was evidence that audits were carried out including audits of falls, hand hygiene, environmental cleaning, fire safety audit, food service audit and medication audit these were seen to positively inform improvements in the safety and quality of care or the quality of life of residents.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place for 2019. The inspector saw that this report was also available to residents in the front reception area. Resident satisfaction surveys had been completed in the results of which indicated satisfaction with the services and food provided.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. The inspector noted that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined the services and responsibilities of the

provider to the resident and the fees to be paid. They outlined the room to be occupied.

The inspector noted that fees for extra services such as chiropodist, pharmacy, hairdressing needed to be more clearly outlined in the contract of care and the person in charge submitted a revised schedule after the inspection

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that there was a comprehensive log of accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) had been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents and incidents as required. Due to the low dependencies of residents incidents in the centre were noted to be infrequent.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently near the main entrance and also upstairs

The inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. All complaints viewed had been dealt with appropriately. Residents with whom the inspector spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the outcome, a number of residents said sure we have nothing to complain about.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a very good quality of life which was respectful of their wishes and choices in a homely environment. The centre ensured that the independence, rights and diversity of residents were promoted. There was evidence of good consultation with residents through one to one consultations, where resident's preferences were ascertained and facilitated. Residents' needs were being met through good access to healthcare services and opportunities for social engagement.

The centre ensured that the resident's choice, privacy and dignity and independence were safeguarded. Residents spoken with reported positively on the experience of living at the centre and the inspector saw evidence that residents adopted a relatively independent daily routine and were fully supported in doing so by both staff and management. The centre outlines one of its aims in its statement of purpose as " To provide a service that enables residents to live their lives to their full potential, maintaining and maximising independence". The inspector found that the intention of this statement was actively promoted by both staff and management in the day to day care at the centre. Resident surveys had been undertaken and there was evidence that residents were consulted with and had an opportunity to participate in the organisation of the centre.

There was evidence that the centre is deeply rooted in the local community with residents regular visitors to the local village and the local community a supported of the centre through fund raising and general involvement. Facilities at the centre for recreation and occupation were available with a schedule of weekly activities including exercises and pongo. In keeping with the profile of low dependence many residents chose and arranged their weekly activities with support from staff and management at the centre. All residents had access to recreational resources such as TV, radio and newspapers. The inspector observed communication and interactions between residents and staff which were helpful and assistive whilst being courteous and respectful.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Many residents saw the GP at their own practice. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. Care plans viewed were person centered and were sufficiently detailed to deliver care. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. Residents were safeguarded against abuse or harm by the systems in place in the centre and lockable storage space was available to store valuables. All staff had a valid Garda vetting disclosure in place prior to their commencement.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The centre continues to

monitor symptoms of residents and staff for COVID-19 and had in place protocols for testing and isolation of suspected case. Residents and or their families were informed of tests and the results and care plans to support the changing needs associated with COVID-19 were in place. The provider had put infection control procedures and protocols in place to prevent an outbreak of COVID -19. The centre was clean to a good standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. PPE was readily available to staff and was used correctly in line with the national guidance.

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. The design of the premises was homely and staff had made every effort to maintain social distancing in the day and dining room by removal of furniture and spacing of chairs. Access to the outside was unrestricted and residents were seen to move freely around the building.

Regulation 11: Visits

A policy of restricted visiting was in place to protect residents, staff and visitors from risk of contracting COVID-19 infection. Staff were committed to ensuring residents and their families remained in contact by means of planned visiting in line with the national guidance. Visiting controls now included symptom checking and a visitor health risk assessment before the visit, hand hygiene, maintaining social distancing. Visiting to date had taken place outside or in the Marquee. The person in charge told the inspector that visiting would be facilitated in the day centre for the colder weather and social distancing will be maintained. The room will be cleaned after each visit and visitors could book an appointment and a schedule of arranged visits was in place.

Judgment: Compliant

Regulation 17: Premises

There had been ongoing improvements to the premises and grounds of the centre. Since the previous inspection a new large sluice room had been installed with a bed pan washed and appropriate racking for urinals etc The person in charge told the inspector they had planned a full redecoration of the downstairs day room which was due to commence soon.

Overall the premises and large external gardens were suitable for the centers stated purpose and met the residents' individual and collective needs in a very homely and comfortable way. Residents had easy access to enclosed garden areas with lovely

seating areas and summer house. Plenty of communal space was available upstairs and downstairs which facilitated social distancing.

Judgment: Compliant

Regulation 27: Infection control

All staff have access to personal protective equipment and there was up to date guidance on the use of these available. All staff were observed to be wearing surgical face masks. Alcohol gel was available throughout and staff were observed to use appropriately. Hand hygiene notices were displayed and staff and residents have been training in good technique. The person in charge said they had received adequate supplies of PPE from the HSE.

The centre was observed to be very clean. An updated cleaning matrix was in place and specific named staff have responsibility for the completion of tasks. High use areas are now cleaned frequently and deep cleaning schedules have been enhanced. The management team had ensured adequate supplies of cleaning products were available and was availing and using all updated guidance in relation to cleaning materials.

Up to date information from professional organisations and from the Health Information and Quality Authority was seen to be available to the staff team. The management team held regular updates with staff and frequent refreshers on the use of PPE and on environmental management were made available.

All residents had single rooms and were aware of the need to self isolate if they experienced any symptoms. The person in charge had ensured each resident had an individual commode if they required it and new bed tables were purchased in case a resident had to isolate in their bedroom. There had been no new admission to the centre since the start of the COVID-19 pandemic and residents returning from the acute sector had isolated for 14 days.

Judgment: Compliant

Regulation 28: Fire precautions

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspector noted that the means of escape and exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. The inspector saw that the fire alarm was tested and serviced on a regular

basis. All residents had personal evacuation plans and only independently mobile residents lived on the first floor of the building. Residents told the inspector what they would do in the event of a fire and had received education in relation to this.

Although regular fire drills had taken place the last one recorded on 04 September 2020 simulating night time staffing where one room was evacuated. At the time of the inspection there was no fire drill undertaken of the largest compartment with night time staffing levels simulation. This was undertaken following the inspection and the person in charge provided assurances to the inspector that residents could be evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed prior to and following admission. Reviews of care were completed at four month intervals or when residents' care needs changed. Residents' care plan focused on optimising residents' independence and each resident had a person-centred care plan that clearly described their preferences and wishes regarding the care and supports they needed from staff to meet their individual needs.

Residents assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans viewed by the inspector were comprehensive, personalised and person-centered. They were regularly reviewed and updated following assessments and recommendations by allied health professionals. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to cocooning and social distancing. Residents were aware of the information in their care plans and were very involved in developing and reviewing this information and many had signed their care plans.

Residents were closely monitored for changes in their health and wellbeing or any indication of ill health including COVID-19 infection. Wounds and any irregularities on residents' skin was comprehensively documented and care records showed that early and appropriate interventions had been put in place to prevent deterioration. The care staff had full access to residents care plans which were securely stored in the front office in the reception area. There was evidence of daily and nightly documentation on all residents by staff who provided the care.

Judgment: Compliant

Regulation 6: Health care

All of the residents living in the centre had been assessed as low to medium dependency and did not require full time nursing care on admission. A registered nurse was employed for 15 hours per week and the inspector saw that the nurse had good clinical oversight of the needs of the residents. In the absence of the nurse, public health nursing services were made available to residents for wound care, the administration of injections and other nursing services as required. The inspector saw that residents were supported to retain the services of their own GP's. Residents told the inspector that they would go to their GP surgery if required and this had continued where possible during the COVID-19 pandemic. Records confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and annual administration of the influenza vaccine.

Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of information on admission and discharge from hospital. In line with their needs, residents had on going access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinic, chiropody and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians. A number of residents were visited by the community psychiatric team and attended out patient appointments as required.

Judgment: Compliant

Regulation 8: Protection

Residents who spoke with inspector reported they felt safe and at home in the centre and that staff were very kind. The inspector observed that staff interactions with residents were positive and person-centred throughout the inspection.

Records of staff training indicated that staff had received training in the prevention, detection and response to abuse. Staff that spoke to the inspector were knowledgeable regarding different types of abuse and clearly articulated their responsibility to report any concerns to management.

There was a policy on restraint but the person in charge said the practice in the centre was one of a restraint free environment.

The centre does not hold money on behalf of residents for safekeeping. The person in charge said residents manage their own finances. The inspector saw that each resident had their own personal lockable storage in their bedroom for same.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged to keep as independent as possible and the inspector observed residents moving freely around the centre and outside. Residents said they were satisfied with the services provided and told the inspector that they could come and go as they wished. Residents who spoke with the inspector indicated a significant level of satisfaction with their quality of life in the centre and their involvement in the day to day running of the centre. They were consulted with on a daily basis and felt their needs and wishes were listened to and changes were made accordingly. There was evidence of choice for residents in all aspects of their daily lives and residents said their privacy and dignity was always maintained.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. Residents told the inspector that they were happy with the activities provided. Healthcare staff directed activities which included cards, pongo, exercise, and music. Exercises were provided by an external provider and residents looked forward to them on a weekly basis. Residents could attend religious services in the centre's beautiful church or in the local community. Many went out for walks or to the village, to shops or to the hairdresser as they wished. During the lockdown period residents enjoyed the extensive grounds of the centre and used the summer house and outdoor seating. Residents told the inspector as long as they could get out in the grounds they did not miss going into the village too much.

Residents were informed of changes in the centre and some told the inspector about the new rules and how their routines had changed because of COVID-19. Residents understood the need to social distance and different meal times. They talked about the ongoing restrictions to visiting and said it was hard at times but understood the need for it.

Resident's who required a COVID-19 test were informed of the process and of their results; care representatives and families were also kept updated about changes to individual residents' needs.

Residents had access to TV, radio, computer and internet access and many residents got an individual daily newspaper which was delivered to them in the morning or collected themselves from the shop.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rosedale Residential Home OSV-0000740

Inspection ID: MON-0029738

Date of inspection: 24/09/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire training is booked for Friday 23rd October 2020 for all remaining staff members whose training is due. Two separate sessions of moving & handling training are booked for Tuesday 10th & Tuesday 17th November to ensure all staff availability for training.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant		30/11/2020