

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Mystical Rose Nursing Home
<b>Centre ID:</b>	0367
<b>Centre address:</b>	Knockdoemore
	Claregalway
	Co Galway
<b>Telephone number:</b>	091 798908 or 091 798714
<b>Fax number:</b>	N/A
<b>Email address:</b>	info@mysticalrose.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered providers:</b>	Mystical Rose Limited
<b>Person in charge:</b>	Sinead Johnson
<b>Date of inspection:</b>	21 September 2011
<b>Time inspection took place:</b>	<b>Start:</b> 10:30 hrs <b>Completion:</b> 17:30 hrs
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector:</b>	Mary O'Donnell
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input checked="" type="checkbox"/> Information received in relation to a complaint or concern <input type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

Mystical Rose Nursing Home is a two-storey building which was originally two separate houses. They have been converted to form the residential centre which opened in 1994. A large extension and extensive refurbishment was completed in 2009. There are 54 places providing long-term care, convalescent, post-operative and respite care for male and female residents aged 40 years and over. There were 54 residents living there at the time of inspection.

The main entrance is located to the front of the building. Accommodation on the ground floor consists of an entrance and reception area, a number of day-rooms including a visitor's room, smoking room, oratory and a large dining room. There are twelve double bedrooms and nine single bedrooms. All bedrooms have en suite toilet and assisted shower facilities. There are two additional toilets located adjacent to the day rooms.

Accommodation on the first floor consists of two day rooms and sixteen bedrooms. Each day room can also be used for dining purposes and there are dining tables and chairs provided. There are seven double bedrooms and nine single bedrooms on this floor. All bedrooms have en suite toilet and assisted shower facilities. There are four staircases and a lift provided between the ground and first floor.

The centre has secure enclosed gardens with suitable garden furniture. The garden area is located centrally within the building and can be accessed from ground floor corridors.

The entrance is wheelchair accessible and there is ample car parking available to the front and sides of the building for residents, visitors and staff.

### Location

Mystical Rose nursing home is located on the main Galway to Tuam Road (N17) just outside the village of Claregalway in County Galway.

<b>Date centre was first established:</b>	1994
<b>Number of residents on the date of inspection:</b>	54
<b>Number of vacancies on the date of inspection:</b>	0

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	34	9	6	4

## Management structure

The Provider is Mystical Rose Limited and Eileen McLoughlin is the person nominated to act on behalf of the provider. Sinead Johnson is the Person in Charge and she reports directly to the provider. There is a Senior Staff Nurse who deputises on behalf of and reports to the Person in Charge. The Person in Charge is supported by a team of Staff Nurses, Care Assistants, Catering and Domestic staff. An Administrator/Finance Officer reports to the Person in Charge and provides clerical and administrative support on a day-to-day basis.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	4*	8	2	3	1	2**

\* 2 Nurses on induction training

\*\* Activities Coordinator

## Background

This was a triggered inspection which was scheduled in response to information received by the Health Information and Quality Authority (the Authority) concerning the quality of healthcare in particular the management of wounds. The inspection focused on healthcare, governance and infection control.

Mystical Rose Nursing Home was first inspected by the Authority's Social Services Inspectorate on 5 and 6 January 2010. The inspection report is available on [www.hiqa.ie](http://www.hiqa.ie).

## Summary of findings from this inspection

This inspection was unannounced and focussed on the areas of governance and healthcare.

Inspectors were satisfied that residents' nursing, medical and other healthcare needs were generally met. The centre was clean, warm and comfortable. There were sufficient numbers and skill-mix of staff on duty to meet the needs of residents at the time of inspection.

The provider had appointed a new person in charge in August 2011. Since commencement of employment the person in charge had completed a full and comprehensive assessment of all residents. She had completed a full review of wound care in the centre and developed a comprehensive wound management programme. Discussions with the person in charge and records viewed provided evidence that wound care was now managed appropriately. She had carried out a training needs assessment, identified training needs and scheduled a programme of appropriate training for staff. She had taken responsibility for wound care and wound care plan formulation until such time as all staff received training and were competent in wound care management.

The person in charge had reviewed that staffing levels and had identified the need for additional staff particularly in the evening and early night and had commenced recruitment of additional staff.

## Issues covered on inspection

### **Governance**

The provider had appointed a new person in charge in August 2011. The person in charge worked full-time and was normally on duty Monday to Friday from 8.00 am to 8.00 pm. A senior staff nurse was designated to deputise in the absence of the person in charge. Arrangements were in place to ensure that there was always a senior staff nurse on duty at weekends to supervise the delivery of care. Staff spoken to and staffing rotas reviewed confirmed this to be the norm. The person in charge told inspectors that she was on call at evenings and weekends.

Inspectors were satisfied that there were adequate numbers of staff on duty at the time of inspection. There was the person in charge, two staff nurses and eight care assistants on duty. Staff and residents spoken to told inspectors that they were satisfied with the existing staffing levels during the day time. They spoke positively about the recent reorganisation of workloads during the morning time which they stated was now more efficient and accommodated the appropriate supervision of residents by the nursing staff.

There were currently two staff nurses and two care assistants on duty at night time, one nurse and one care assistant designated to each floor. Staff told inspectors that during the early part of the night time the nurse on duty was normally administering medications which left one care assistant to assist residents to bed at this time. While care assistants were involved in assisting some residents to bed there was no other staff member available to supervise vulnerable residents in the day rooms. Moving and handling assessments reviewed by inspectors identified that many of the residents required two persons for safe transfer. The person in charge told inspectors that she had recently reviewed the staffing levels based on the dependency levels of the residents and the size and layout of the building and had already identified this issue. She stated that she was currently in the process of recruiting additional care assistants and had planned on increasing the staffing levels on both floors up to 11.00 pm. The provider confirmed to inspectors that a budget was in place to recruit additional staff.

The person in charge had updated staff appraisals and had identified staff training needs. She had highlighted the need to update and further train staff in wound care and tissue viability management. The person in charge was undergoing Further Education Training Awards Council (FETAC) 'Train the Trainer' Level 8 course and had scheduled a weekly training programme for staff for the months of October and November. Training scheduled included, care planning and assessment, pressure area care, fluid and food balance monitoring, identification and prevention of elder abuse, management of challenging behaviour, wound management and infection control. External training had been scheduled on wound care products on 20 September 2011 and pain relief presentation on 14 November 2011. The person in charge and two senior nurses had confirmed bookings for a two-day conference being organised by the Wound Management Association of Ireland on 3 and 4 October 2011. The person in charge and deputy person in charge were scheduled to

attend FETAC level 6 Managing People Certificate in Management Skills in October 2011.

Inspectors reviewed the complaints policy and procedure which was clearly displayed in a number of locations throughout the building. The procedure was comprehensive and clear but required some updating. The appeals process incorrectly stated that appeals could be made to the Authority. There was no complaints log book maintained. The provider and person in charge told inspectors that they had recently commenced logging complaints on the computerised system, to date one complaint had been received. Some staff spoken to were unsure of the procedure to follow in the event of receiving a complaint.

Inspectors noted that there were no communal toilets provided near the first floor day rooms. On enquiry, staff advised inspectors that most residents returned to their own en suite bathroom but that some residents used the en suite bathrooms of other residents located near the day room. This practice did not respect the privacy and dignity of the residents residing in those bedrooms.

Inspectors noted that there was no bath provided in the building. All bedrooms had an en suite assisted shower. This restricted residents' choice with regard to bathing.

### **Infection control**

The building was found to be clean, well maintained and odour free throughout. Inspectors noted that dispensers containing hand sanitizer were located at the front entrance, in each bedroom and on the corridors throughout the building. There was a plentiful supply of disposable aprons and gloves available to staff throughout the building. Staff were observed to use them appropriately. Inspectors noted that cloth towels were available in the ground floor communal toilet contrary to infection control best practice guidelines. There was no bed-pan washer available in the sluice room providing further infection control risk.

### **Healthcare**

Residents' healthcare needs were generally met but until recently evidence based nursing care was not provided and this had poor outcomes for some residents.

The computerised residents nursing assessments and care plans generally outlined the required needs of residents and were sufficiently detailed to provide guidance to staff in the delivery of care. Nursing staff outlined the process in place to update care plans and many of the care plans examined were updated. The person in charge and provider detailed how each nurse had ongoing responsibility for developing and reviewing four care plans. There was no evidence that residents/relatives were formally involved in the development and review of their care plans.

Inspectors reviewed a sample of residents' records including the files of residents with wounds, a history of falls and behaviours that challenge. They found that the recently updated wound care policy guided practice. Residents were risk assessed each month and had care plans in place. Inspectors followed up on five residents who were at high risk and saw evidence that residents had daily skin inspections and were repositioned two hourly and provided with appropriate pressure relieving equipment such as mattresses, cushions and booties. Three residents had serious

pressure sores. One resident was hospitalised and another was referred for a vascular assessment. Discussions with the person in charge and records viewed provided evidence that wound care was now managed appropriately. Staff told inspectors that they were very focused on pressure sore prevention and they had recently had an update on dressings and wound care.

However, inspectors found that until recently the policy on pressure sore prevention and wound care had not been appropriately implemented. There was no evidence of daily observations of pressure areas or early interventions to prevent deterioration when a grade one pressure sore occurred. Residents did not have a wound care plan which resulted in an inconsistent approach to the management of pressure sores. Records viewed indicated that wounds were not appropriately monitored and expertise was not sought in a timely manner when wounds were slow to heal or had deteriorated. Nurses confirmed that the wound care charts referred to in the progress notes did not exist. Medication records showed that antibiotics prescribed to treat infections were not always administered at the appropriate times to optimise therapeutic effect. For example, antibiotics which should be administered eight hourly were administered at 7.00 am, 1.00 pm and 5.00 pm. One resident who was allergic to penicillin had penicillin prescribed to treat an infected pressure sore. Inspectors noted that this risk had been addressed and that allergies were now clearly highlighted on prescription sheets. Three residents had pressure sores grade two or above which had not been notified to the Chief Inspector. The person in charge undertook to forward all outstanding notifications within five working days. Notifications were subsequently received within the agreed timeframe.

The centre was served by general practitioners (GPs) from a local practice who attended weekly or as required. Residents could also choose to retain their own GP if they so wished. There was an out-of-hours GP service available.

Inspectors found that residents had access to a wide range of health professionals and physiotherapy was provided at an additional cost. Residents had access to a community occupational therapy (OT) and chiropody, dental and optical services were provided. Records of appointments and referrals maintained in residents' files confirmed this.

Training records showed that staff were scheduled to attend training on managing behaviours that challenge. Care staff who had completed FETAC Level 5 or dementia training described person-centred techniques they employed to defuse situations and to calm residents. A genuine warmth was evident in the manner in which staff and residents interacted. However, nurses interviewed did not demonstrate the skills or competencies to assess changes in mood and manage behaviours that challenge. Consequently the GP was sometimes requested to review and prescribe medications without a nursing assessment to determine an underlying cause.

Clinical risks were managed with assessments for malnutrition, pressure sores and falls risks undertaken on admission and at monthly intervals. However, ongoing work was required to appropriately manage clinical risks identified.

All residents were assessed for falls risk and had care plans in place. However, falls prevention and management of residents following a fall required improvement. There was no formal auditing of falls to monitor trends therefore there was limited learning or improvements to practice as a result. Inspectors could not determine the numbers of falls as accidents and incidents forms were not always used when a resident sustained a fall. The Authority had not been notified about a resident who was hospitalised following a fall. Records for a resident who sustained a head injury showed that he did not have neurological observations done and nurses confirmed that neurological observations were not routinely undertaken to out rule head injury.

Care interventions included the supervision of residents and inspectors noted that residents were supervised in the day rooms but bedrails were used extensively to maintain safety in bedrooms. Staff confirmed that all except three residents used bedrails and claimed that some of the residents or relatives requested bedrails to promote safety and security. Staff reported that chair restraint was used for two residents and an alternative type of restraint was ordered to improve the safety for these residents. Discussions with family members about the use of restraint were documented but there was no evidence that a restraint free environment was promoted. Less restrictive devices such as movement alarms had not been employed prior to using restraint. Formal risk assessments were not undertaken and residents who were restrained did not have a care plan for the regular release of restraint to promote mobility. Inspectors noted that one resident was restrained with a chair strap which was released only three times in a nine hours period to facilitate her to use the bathroom. This resident was at high risk of developing pressure sores and prolonged periods of sitting increased the risk.

**Report compiled by:**

Mary Costelloe

Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

28 September 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection:</b>	<b>Type of inspection:</b>
5 and 6 January 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Provider's response to inspection report \*

<b>Centre:</b>	Mystical Rose Nursing Home
<b>Centre ID:</b>	0367
<b>Date of inspection:</b>	21 September 2011
<b>Date of response:</b>	20 October 2011

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

#### 1. The provider has failed to comply with a regulatory requirement in the following respect:

Falls were not analysed or monitored to improve safety or monitor trends. Recording of falls was not consistent.

#### Action required:

Maintain a record of all incidents occurring in the designated centre.

#### Action required:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

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

<b>Reference:</b> Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All staff will receive updated training on <ul style="list-style-type: none"> <li>a) Recording of all falls/accidents/incidents that occur in our Nursing Home on the epicCare system.</li> <li>b) Mystical Rose Nursing Home Falls Prevention and Management Policy</li> </ul> All falls will be audited on a three-monthly basis. This audit will be facilitated via the epicCare system and all audits will be documented correctly going forward.	31/10/2011   Ongoing
We have a full-time activities coordinator at Mystical Rose who has completed 'Activities Assessment/Activity Plans' and 'A Key to Me' report on all our residents. An activities programme that caters for all needs has been devised. She is qualified Sonas aPc facilitator as are two other staff members.	Complete

<b>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  Three residents had pressure sores grade two or above which had not been notified to the Chief Inspector.  The Authority had not been notified about a resident who was hospitalised following a fall.
<b>Action required:</b>  Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.
<b>Reference:</b> Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement  
 Standard 32: Register and Residents' Records

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We have notified the authority of the previous instance (22 September 2011) and any future instances will be notified within the required timeframe.	Complete

**3. The provider and person in charge has failed to comply with a regulatory requirement in the following respect:**

Use of restraint was not in line with evidence based nursing practice. No risk assessments were undertaken and care plans were not in place for the management of restraint.

**Action required:**

Provide evidence based nursing practice in relation to the use of restraint.

**Action required:**

Set out each resident's needs in an individual care plan developed and agreed with the resident.

**Action required:**

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Reference:**

- Health Act, 2007
- Regulation 6: General Welfare and Protection
- Regulation 8: Assessment and Care Plan
- Regulation 31: Risk Management Procedures
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan
- Standard 26: Health and Safety
- Standard 29: Management Systems

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
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<p>Provider's response:</p> <p>Residents with restraint in place at Mystical Rose have always been assessed prior to any restrain device being used. This is documented, discussed with and signed for by the resident and/or his family member, Resident's GP and Nurse completing the assessment. (Files available if requested)</p> <p>Care plans are now being developed for all residents using restraints. These will be discussed and agreed with each resident.</p> <p>Comprehensive Risk Management Policy in Place.</p>	<p>Complete</p> <p>31/10/2011</p> <p>Complete</p>
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**4. The person in charge has failed to comply with a regulatory requirement in the following respect:**

There was no evidence that residents were involved in development and review of their care plans.

**Action required:**

Make each resident's care plan available to each resident.

Revise each resident's care plan, after consultation with him/her.

**Reference:**

- Health Act, 2007
- Regulation 8: Assessment and Care Plan
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan

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

**Timescale:**

Provider's response:

All care plans have been discussed with our residents (and family members where resident consents). We are currently updating our methods of recording these discussions. Care plans are evaluated every three months and more frequently as resident's needs change. Care plans are then revised as necessary in consultation with the resident (and family members where resident consents).

Complete

**5. The provider has failed to comply with a regulatory requirement in the following respect:**

There were no communal toilets provided near the first floor day rooms. On enquiry, staff advised inspectors that most residents return to their own en suite bathroom but that some residents use the en suite bathrooms of other residents located near the day room. This practice did not respect the privacy and dignity of the residents residing in those bedrooms.

**Action required:**

Provide sufficient numbers of toilets at appropriate places in the premises.

**Action required:**

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

**Reference:**

- Health Act, 2007
- Regulation 10: Residents' Rights, Dignity and Consultation
- Regulation 19: Premises
- Standard 4: Privacy and Dignity
- Standard 25: Physical Environment
- Standard 28: Purpose and Function

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

**Timescale:**

Provider's response:

Each resident is now brought to their own private en suite.

Complete

Discussion in place with architect regarding additional toilets in communal areas.

Ongoing

**6. The provider has failed to comply with a regulatory requirement in the following respect:**

There was no bath provided in the building. This restricted residents' choice with regard to bathing.

**Action required:**

Provide sufficient numbers of baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All rooms have en suite with thermostatic control showers. A Shower/Bath Trolley is available for residents who choose to use it. This can be used in resident's private en suites.	Complete

<b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b>  Inspectors noted that cloth towels were available in the ground floor communal toilet contrary to infection control best practice guidelines. There was no bed pan washer available in the sluice room providing further infection control risk.	
<b>Action required:</b>  Put in place written operational policies and procedures relating to the health and safety of residents and staff.	
<b>Reference:</b> Health Act, 2007 Regulation 30: Health and Safety Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Health and Safety Statement in place. Policies and Procedures in place and due for annual review in January 2012. Policies Complete since 2010.	2010
Full audit of Nursing Home currently being undertaken, this will include review of our policies and procedures. Audit complete by 30 November 2011.	30/11/2011

**8. The provider has failed to comply with a regulatory requirement in the following respect:**

The complaints procedure did not outline an independent appeal process in line with the Regulations.

**Action required:**

Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

**Reference:**

Health Act, 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

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

**Timescale:**

Provider's response:

Complaints procedure updated to include independent appeals process. This updated policy has replaced our existing complaints policy.

Complete

**Any comments the provider may wish to make:**

**Provider's response:**

Both my staff and I welcome the inspection process and the informative manner adopted by the inspection team on the day of our unannounced inspection.

We do accept that deficiencies were highlighted and we have no doubt that ultimately it will benefit the service we provide and welcome the points that have been raised which we are responding to and will have implemented as quickly as possible. This will enable us to continue to improve the quality of care we provide to our residents.

My team and I wish to assure you of our continued commitment to learning and meeting the Regulations in order to maintain a high standard of quality care.

**Provider's name:** Eileen McLoughlin

**Date:** 20 October 2011