

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Roselodge Nursing Home
<b>Centre ID:</b>	OSV-0000088
<b>Centre address:</b>	Killucan, Westmeath.
<b>Telephone number:</b>	044 937 6220
<b>Email address:</b>	orlamc40@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Killucan Nursing Centre Limited
<b>Provider Nominee:</b>	Orla McCormack
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	48
<b>Number of vacancies on the date of inspection:</b>	2

## **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 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 inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 01 July 2014 08:00 To: 01 July 2014 13:30

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

Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

A registration inspection was conducted in the designated centre on the 26th February 2014 to assist in informing a decision regarding the renewal of registration of the designated centre. The Authority met with the person in charge and the provider on the 16th May 2014 to review the inadequate response to the action plan as a result of the inspection which took place on the 26th February 2014. The action plan was reissued on the 19th May 2014, the revised response was found to be satisfactory. The purpose of this inspection was for the Authority to confirm that the actions identified by the provider were implemented.

The person in charge and the provider were both present at the feedback meeting.

The inspector was satisfied that progress had been made towards achieving 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. Areas for additional improvement were identified and include the need for a review of the quality of care, the ongoing review of organisational policies and procedures, the review of the risk register and additional information required in the policy for End of Life care. An ongoing non - compliance relates to insufficient showers and storage was also identified in February 2014. This was identified in November 2012 and has been repeated as a failing in this report.

**Section 41(1)(c) of the Health Act 2007. 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.**

**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:**

On the previous inspection, inspectors, determined that additional improvements were required in the systems in place regarding the actions implemented as a result of information obtained through audits. The inspector reviewed the actions taken by the provider since the previous inspection. There was evidence that progress had occurred. For example, a more robust falls management programme has been implemented which had resulted in a decrease in the number of falls within the designated centre, as that was an area which had been identified from the quarterly falls audit completed in the designated centre. However there was no annual review conducted as required in Regulation 23 (1) (d).

**Judgment:**

Non Compliant - Minor

**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):**

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

**Findings:**

On the previous inspection, a failing identified was that the residents care plan documentation required review to ensure that all care required was accurately documented and the record of daily progress notes were informed by the care plans of residents. The provider stated that this would be addressed by the 30th April 2014. Inspectors reviewed a sample of residents' personal files and were satisfied that progress had been achieved in this area. Of the sample of care plans reviewed, the inspector determined that care plans had been reviewed and updated to reflect the assessment of need identified and that they were updated as a result of a change in that need. For example, there was evidence that a care plan had been updated following the fall of a resident as it had been assessed that the risk of falls had increased following a re-assessment. Of the sample of daily progress notes reviewed there was also evidence that the care provided on a daily basis was reflective of the plan of care for the resident.

Another failing identified on the inspection which was conducted to assist with informing the renewal of registration of the designated centre was that policies and procedures were not reflective of the current management structure of the designated centre and some policies and procedures required review. The inspector recognised that the date provided for completion of this action was the 31 July 2014. However of the sample of policies reviewed the inspector was satisfied that progress had been made towards achieving compliance by 31 July 2014, as they referenced the current management structure.

**Judgment:**

Non Compliant - Minor

***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):**

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

**Findings:**

On the previous inspection, inspectors found that residents felt safe in the designated centre and that staff were well informed of the reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or a suspicion of

abuse. However deficits were identified in the policy of the designated centre for the prevention, detection and response to abuse and therefore did not inform staff of managing all aspects of an incident of abuse in line with best practice and to ensure that the victim had all needs met. The inspector reviewed the policy which had been updated in May 2014, and found although the information that was omitted on the previous inspection was present, the policy still did not adequately inform of the actual actions that should be taken. The revised policy included the immediate care of residents who were abused, and actions to be taken if the perpetrator was a visitor or another resident. The contact details for the elder abuse officer were present and there was reference to referral to appropriate regulatory bodies if an allegation of abuse by a regulated professional is confirmed. However the inspector was not satisfied that the policy provided the appropriate clarity to staff on the reporting mechanisms. The inspector found that there was no differentiation between the role of the person in charge and the provider. The policy also references the appointment of an investigation team in the event of a suspicion of allegation of abuse, however did not identify the role or skill mix of the investigation team, inclusive of the necessary training required by the investigation team. An additional area of improvement required was that although the details of the elder abuse officer was included, there was no reference to the requirements for reporting to the elder abuse officer.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the initial inspection, inspectors were not satisfied that the hand hygiene practices in the dining room were adequate. The inspector, on this inspection, observed the dining experience for residents at dinner time and was assured that hand gel was available for staff and that hand hygiene practices were occurring at appropriate intervals. For example, the inspector observed staff cleaning their hands prior to transferring between residents.

The inspector reviewed the risk register and was satisfied that the areas of risk identified on the previous inspection were now included and that the identified control measures had been implemented. For example, areas of external pathways which had previously been identified as having algae were clear and the risk register identified appropriate proactive measures to be implemented to reduce the hazard from re-occurring. However on reviewing the risk register, the inspector identified that other hazards which had been assessed in March and May 2013 had not been reviewed. The inspector discussed

with the provider and the person in charge the importance of updating the risk register at appropriate intervals to ensure that the control measures were still effective. However of the risks that required review, the inspector was assured that no immediate risk was present. For example, the risk assessment for residents at risk of wandering was out of date however the inspector did observe that each resident had a missing persons profile in place and that the policy for missing persons had been revised and up to date.

**Judgment:**

Non Compliant - Minor

**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

As stated in Outcome 5, the inspector identified improvements in the planning of care for residents and that the daily recording of progress what reflective of individual care plans. Of the sample of care plans reviews, it was evident that they were reflective of the individual. There is now a care plan developed for residents which guides the practice to ensure that residents and/or their relatives are consulted in the development and review of their care plan. The information in the care plan was also reflective of consultation with residents and/or their relative, referencing the preference of the resident. Residents spoken to stated that they felt included in decisions regarding their care.

A more robust and comprehensive social care plan was also reviewed by the inspector which not only encapsulated the activities that the centre offered such as bingo, but also was reflective of the measures that are in place to ensure that the interests residents had prior to admission were maintained within the available resources. The inspector was also satisfied that care plans were being maintained as a result of a change in need and were reflective of re-assessments. The inspector reviewed the care plan of a resident who had recently passed away and there was evidence that all care plans were undated regularly in keeping with the deterioration in the clinical needs of the resident.

**Judgment:**

Compliant

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**Outcome 12: Safe and Suitable Premises**

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

**Theme:**

Effective care and support

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

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

**Findings:**

There were two failings identified in the sitting room of the designated centre on the 26 February 2014. Inspectors were not assured that the layout of the room was not conducive to socialisation and interaction. The provider had reviewed this with residents following on from the inspection and residents confirmed that they were satisfied with the arrangement. However inspectors further observed that there was an increase in activity throughout the designated centre on the day of inspection with residents accessing many different areas, such as areas on the corridor, which reduced the number of residents in the sitting room.

Storage of wheelchairs was also inappropriate in the sitting room area, wheelchairs remained in the designated centre as there is insufficient storage in the designated centre at present. However control measures had been implemented to reduce the risk by providing a dedicated area surrounded by a barrier. The insufficient storage is to be addressed in the planned extension which is due to be completed by July 2015.

Currently the designated centre has insufficient showering/bathroom facilities for the number of residents residing in the designated centre. This has been addressed with the provider and she has verbally assured the Authority that this will be addressed within the appropriate timeframe and the centre will be compliant by July 2015.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector reviewed the End of Life policy and determined that it reflected the practice that occurs within the designated centre. One area of practice which required inclusion in the policy was the options available to the resident following their death. For example, the inspector reviewed the file of a resident who had died and found that the designated centre facilitated the resident to remain in the designated centre until removal to the funeral, however this was not included in the policy.

Of the sample of care plans reviewed there was evidence that residents had an end of life care plan in place which addressed both their wishes of place of death, and who they would like to be informed and their spiritual needs. In some instances the plans also included the clothing residents would like to be dressed in.

**Judgment:**

Non Compliant - Minor

**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:**

On the previous inspection, inspectors were not assured that the staffing levels were appropriate to the needs of the residents as inspectors observed residents unsupervised for long periods of time in the day room. There was also concern regarding the frequency of falls within the designated centre, as stated in Outcome 2. There has been a reduction in the number of falls as the person in charge recognised the need to address this through auditing and education of staff. On the day of inspection, there were two nurses and eight care staff on duty. The inspector observed staff handover, there is a clear system for allocation of tasks to staff in the morning. As a result of the findings in February 2014, the person in charge has reviewed the allocation of tasks to staff. One staff member is now deployed to the day room from eleven in the morning.

The inspector observed in practice the staff member actively engaged with the residents. One staff was observed reading the paper out loud to residents. The inspector was assured that residents were receiving the appropriate supervision and support.

**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:***

Jillian Connolly  
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 report<sup>1</sup>

<b>Centre name:</b>	Roselodge Nursing Home
<b>Centre ID:</b>	OSV-0000088
<b>Date of inspection:</b>	01/07/2014
<b>Date of response:</b>	29/07/2014

### 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.

### 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:**

There was no copy of the review stipulated in Regulation 23 (1)(d) available to inspectors.

**Action Required:**

Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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

We are in the process of completing our annual review and it will be forwarded to the Chief Inspector on completion and in turn made available to the residents.

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

**Proposed Timescale:** 31/07/2014

**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:**

The proposed time initially set out by the provider was 31st July 2014, therefore this work was ongoing on the date of inspection so all policies had yet to be reviewed.

**Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

All policies have been reviewed and updated and reference the current management structure and will be reviewed and updated in accordance with best practice and not exceeding three years.

**Proposed Timescale:** 31/07/2014

**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:**

Some of the risk assessments in the risk register required review.

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

We will review our risk register on a six monthly basis or sooner if a risk is identified.

**Proposed Timescale:** 01/09/2014

**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:**

There is insufficient shower facilities for the number of residents and additional storage is required for assistive equipment,

**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:**

There will sufficient shower facilities for the needs of the residents in the centre.

**Proposed Timescale:** 31/07/2015

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

The policy is not reflective of the actual facilities available to residents.

**Action Required:**

Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

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

Following the death of a resident we facilitated the wishes of a family on this occasion. Whilst we endeavour to meet the wishes of our residents it is not the policy of the centre.

**Proposed Timescale:** 31/05/2014