

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	Roselodge Nursing Home
<b>Centre ID:</b>	0088
<b>Centre Address:</b>	Killucan
	Mullingar
	County Westmeath
<b>Telephone number:</b>	044-9376220
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<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 provider:</b>	Killucan Nursing Centre Limited
<b>Person in charge:</b>	Deirdre Hughes
<b>Date of inspection:</b>	26 and 27 January 2011
<b>Time inspection took place:</b>	<b>Day 1: Start:</b> 09:30 hrs <b>Completion:</b> 17:30 hrs <b>Day 2: Start:</b> 07:45 hrs <b>Completion:</b> 14:30 hrs
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	Catherine Connolly Gargan
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Scheduled</b> <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## About 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* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** – this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

**Registration inspections** are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date

of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence. In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website [www.hiqa.ie](http://www.hiqa.ie).

## About the centre

### Description of services and premises

Roselodge Nursing Home was established in 2004. It is a single-storey building which can accommodate 50 residents in single-bedroom accommodation. Primarily, care is provided for older persons requiring long-term care and residents with dementia. However, those requiring respite, convalescence and palliative care are also accommodated

The entrance foyer has a seated area and this leads into a corridor, which extends around an accessible large inner courtyard planted with shrubs and flowerbeds. The main communal rooms and residents' bedrooms are located on either side of this corridor. Linking corridors have views of the gardens, lawns and surrounding parklands.

Amenities for residents include two sitting rooms (one of which is a designated quiet room), a dining room and a visitors' room. The centre also has sluicing facilities and a laundry. Other facilities include a nurses' station, a kitchen, offices, and a staff changing room equipped with storage areas.

Eight en suite facilities include a toilet, shower and wash-hand basin. The remaining 16 en suite facilities comprise a toilet and wash-hand basin only. All other bedrooms have a vanity unit and wash-hand basin. There are three bathrooms of which two are wheelchair accessible. There are seven toilets located around the building for residents' convenience

The external grounds provide secure gardens and ample car parking space.

### Location

The centre is located in spacious grounds on the outskirts of the village of Killucan in county Westmeath.

<b>Date centre was first established:</b>	01 March 2004
<b>Number of residents on the date of inspection</b>	49
<b>Number of vacancies on the date of inspection</b>	1

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	10	7	13	19

## Management structure

Roselodge Nursing Home forms part of Killucan Nursing Centre Limited. Oral Mc Cormack is the nominated Provider on behalf of the board of directors and has responsibility for the management and administration of the centre. The Person in Charge, Deirdre Hughes reports to the Provider and is supported in her role by a clinical nurse manager, staff nurses, care assistants, kitchen staff and an administrator all of whom report to her.

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	2	8	2	4	1	*1

\*maintenance officer

## Summary of findings from this inspection

This was an announced registration inspection which took place over two days and was the second inspection of the centre by the Authority. As part of the registration process the provider has to satisfy the Chief Inspector that he is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). As part of the application for registration the provider was requested to submit relevant documentation to the Authority including completion of the Fit Person self assessment. This documentation was reviewed by inspectors to inform the inspection process.

In order to assess the fitness of the provider and the person in charge separate 'Fit Person' interviews were held. The provider and person in charge demonstrated good knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Since completing the fit person entry programme they had undertaken a number of initiatives including obtaining written consent to take residents' photographs and the completion of life histories with residents to inform care planning and activity scheduling. The residents' guide had been reviewed. Staff had undertaken training in the areas of infection control and medication management.

As part of this registration inspection, the actions required from the previous inspection were also reviewed by inspectors. All actions were noted to have been completed satisfactorily.

Overall, inspectors found evidence of good practice and a commitment by the centre's management team to continually work to improve the quality of the service that residents received. The provider worked full-time at the centre in a managerial role and supported the person in charge to ensure the delivery of care had a positive focus on outcomes for residents.

The health needs of residents were met. Residents had access to general practitioner (GP) services and to a range of other allied health professional services. Evidence-based nursing care was provided. Inspectors observed staff providing care for the residents in a knowledgeable, competent and respectful manner.

Daily routines and care practices provided residents with capacity to exercise autonomy and make choices. Residents could practice their religious beliefs freely. There was a good choice of high quality food available to residents. The dining experience was pleasant, and residents were treated with respect and dignity by staff.

The building was well maintained and had a sense of homeliness and warmth. Bedrooms were well furnished, spacious and equipped to assure the comfort and privacy needs of residents. Residents had access to a range of assistive equipment and specialist beds appropriate to their needs. All equipment was serviced on a contract basis.

Inspectors found some aspects of the service that needed improvement. There was a need for additional training of staff in the areas of care of older people with dementia and behaviours that challenge to meet the need of the current resident profile. A review of evening-time staffing levels was required to ensure the needs of all residents are fully met. Additional bathing facilities were also required to more effectively meet the person care needs of residents.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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*.

### **Comments by residents and relatives**

Inspectors received seven completed questionnaires from residents and ten completed questionnaires from relatives. Inspectors also met with and spoke to residents and relatives during the inspection.

The residents who spoke to inspectors commented very favourably about their experience of living in Roselodge. Residents expressed a high level of satisfaction with the care they received, and comments included 'I find it a great place' and 'I would be lost without it'. Residents stated that their healthcare needs were well looked after, with comments such as 'great medical attention here' and 'when you're not well, the doctor is always called'.

Many residents spoken to felt safe living there and one resident said "I feel very safe; it very secure". Relatives who completed questionnaires and talked to inspectors considered that their family members were safe which was important to them.

Both residents and relatives identified the person in charge or senior nurse as someone they would approach if they required information or had a concern. Residents confirmed that they knew the provider and staff by their first names. They told inspectors that they could talk to the provider, the person in charge or any of the staff if they had a concern or issue and were confident that it would be dealt with promptly.

Residents were very complimentary about the food and said that they had a wide choice of menu.

They reported that they could get a snack whenever they wanted and that individual food preferences were available. Residents said that the routines of the day were flexible and that they had the freedom to choose when they got up, went to bed or whether to partake in activities or not.

Relatives stated that they were always made welcome and could visit whenever they wished. Relatives described the centre using phrases such as 'we are often offered tea and biscuits – we know most of the staff by name', and 'comfortable and welcoming', 'a home away from home'. All relatives commented on the standard of hygiene and cleanliness in the building.

Relatives highlighted how they were kept well informed about residents' conditions and progress. They stated that the person in charge was 'always available and helpful' and that they 'are always informed of any changes in their relative's condition and could ask questions any time, day or night'. All relatives spoken with were pleased with the attitude of staff and the dignity and respect with which residents were treated.

# Overall findings

## 1. Governance: how well the centre is organised

**Outcome:** The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

**Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.**

### Evidence of good practice

Inspectors found that the centre was well managed by the provider and person in charge who were appropriately qualified and experienced. The provider was very involved in the running of the centre and worked there daily. She was involved in the overall administration of the business, resource aspects and maintenance of the premises. Inspectors found that she knew residents well and was very aware of their likes and dislikes. The person in charge clearly identified her responsibilities in the provision of clinical care and the general welfare and protection of residents. There was evidence that the provider and person in charge had worked hard to ensure that the requirements of regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland* were being met. The actions requested from the previous inspection had been completed. They gave some examples of the improvements in the quality of care for residents since the completion of the fit person entry program. These included reviewing complaints management, staff training, activity provision and improved person-centred care planning through completing life histories with residents.

A detailed statement of purpose was available describing the ethos of care and the range of services provided. Inspectors found the statement of purpose accurately reflected the residents, services and facilities, the provider had included in the application to register. The organisational structure outlined in the statement of purpose was reflective of practice within the centre. It showed that all staff were supported in their roles within the organisation.

Staff were able to describe to inspectors the reporting arrangements. Staff confirmed to inspectors that they felt supported by management.

There were copies of the legislation and *National Quality Standards for Residential Care Settings for Older People in Ireland* available and management and staff set aside time to become familiar with them. In discussions with inspectors, staff demonstrated knowledge of the legislation governing the residential care settings for older people and described examples of person-centred care. The provider and person in charge were aware of their responsibilities in relation to notification of prescribed incidents and had submitted quarterly notifications to the Authority as required by the regulations.

Financial controls were in place to ensure the safeguarding of residents' finances. There was a policy in place to guide practice. The provider did not manage pensions on behalf of any of the residents. A petty cash system was in place to manage small amounts of money for six residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded in all instances. The ongoing balance was transparently managed and explained to the resident or their representative. All residents had been provided with a written contract which detailed the care, services provided and fees to be charged. The cost of services not included in the fee such as hair dressing and chiropody were identified. The contract of care indicated the room occupied by the resident.

The provider had valid insurance cover against accidents and injuries to residents, staff and visitors. The insurance cover reviewed by an inspector included indemnity for the personal property of residents which was reflective of the regulations. Inspectors examined the directory of residents which was up to date and contained all information concerning residents as required by the regulations. An inspector viewed the documenting of information for the most recent transfer to hospital and the last admission. All required information concerning both events was recorded in the directory of residents. Residents' records; care plans, medical files and staff records were stored securely.

There was a system in place to review the quality and safety of care. The person in charge and provider demonstrated a commitment to the regular auditing of care practices. An inspector viewed documented evidence of audits carried out. An inspector reviewed the audits on residents' vulnerability to falls. Protective measures were identified to mitigate risks to protect residents, while maximising their independence. A safety and mobility plan was implemented for residents at a risk of falling. Care staff were provided with guidance information and seat alarms were made available. An inspector viewed evidence confirming that the number of falls by one resident in particular had significantly reduced. An inspector viewed audits completed by the person in charge of the number of residents on night sedation, psychotropic drugs and those on more than one medication. The person in charge was in the process of liaising with GPs with a view to ensuring the optimum health of residents was maintained, with reliance on a minimum amount of medication.

## **Some improvements required**

Risks were well managed and controlled. There was a visitors' log in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The health and safety policy had been revised and updated by an external consultant in May 2010. An inspector viewed staff signatures indicating they had read and understood the health and safety procedures. The policy identified clinical and environmental hazards and outlined controls to minimise risks. The provider explained regular environmental audits were undertaken to identify any potential risk and areas requiring maintenance. The audit records were viewed by an inspector and included a check on electrical equipment, safety checks on assistive devices used by residents, and hygiene in the centre which included the infection control precautions. However, the risk management policy did not include procedures to guide staff in the event of violence and aggression, self harm or assault.

While the numbers for the emergency service were available and displayed in the nurses' office, there was not a comprehensive emergency plan in place to guide staff in responding to untoward events. The plan shown to the inspector did not outline clear procedures to follow in the event of emergencies. While relocation arrangements were provided for should it be deemed necessary to evacuate the building, the plan did not indicate how the evacuation would be undertaken. Staff roles and responsibilities were not defined in the emergency plan.

The person in charge displayed a positive attitude towards complaints. She said that she viewed complaints as an opportunity to improve the service. Residents and relatives said they could raise any issues with the person in charge or provider. The person in charge maintained the complaints log. The inspector found that both verbal and non-verbal complaints were documented which included the investigations or actions undertaken to resolve the complaint. The complainant's satisfaction with the outcome was also clearly recorded. However, the complaints policy did not include a second nominated person (one who is independent of the person responsible for investigating the complaint) to ensure that all complaints are responded to within the timeframe outlined in the complaint policy and that records are appropriately maintained.

## **Minor issues to be addressed**

All entrances and exits to the building were secure and windows were fitted with restrictors. Photographic identification was available for each resident and a missing persons' policy was in place. However, there was no documented evidence that a missing persons drill had been carried out to ensure staff were familiar with the procedures to be followed to locate a resident who was reported as missing.

## 2. Quality of the service

**Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.**

**A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.**

### Evidence of good practice

Inspectors reviewed documentation, made observations and spoke with residents, staff and the management team. Together, this informed inspectors that the centre provided a good quality of service to its residents. Staff strived to meet residents' needs for social engagement and occupation in meaningful ways. Inspectors found that staff were familiar with residents' personal histories as several residents and staff were from the locality. For example, inspectors overheard staff talk with residents about farming life or local politics. Life stories had been completed with each resident along with input from their families. This information gave a detailed picture of each resident's life experiences and captured their likes, dislikes, past and present interests, hobbies and pastimes.

Residents spoken with said they received good care and that they were happy. Residents' rights were respected and this was illustrated through lifestyle and daily routine choices and the promotion of residents' independence. Residents said that they were able to exercise choice about many aspects of life, such as the time they got up in the morning and retired at night. They had choice around their meal times and could choose where to have their meals. An inspector observed some residents returning to their bedrooms for a rest after lunch and returning later in the afternoon to socialise with others in the sitting room. Staff were attentive to residents' personal appearances and some residents' commented that they enjoyed regular visits by the hairdresser.

Inspectors observed that a small number of residents experienced confusion or had dementia-related conditions. The person in charge had ensured that these residents were cared for appropriately and were included in the life of the centre. Inspectors observed staff gently and respectfully reassuring and responding to these residents, and including them in conversations. Inspectors saw that staff were attentive in their interactions with residents, addressing residents by their names and using a soothing tone of voice. One relative spoke at length with inspectors and indicated her family member had dementia and stated 'staff will

go out of their way to take care of my mother who can be very challenging', 'the staff are very responsive to all her needs'.

Residents' privacy and dignity was respected. Inspectors observed staff knocking on bedroom doors and waiting for permission to enter. Cleaning staff were observed seeking permission to enter bedrooms. Each resident had their own bedroom. The main door to the bedroom was closed by staff when assisting residents with their personal care.

Staff promoted the dignity of residents by supporting them to dress according to their individual tastes and assisting them with personal grooming when requested. Each resident had an individual wardrobe. All residents had been provided with a locker with a lockable drawer to allow them to secure personal items ensuring their privacy. Bedrooms were personalised to resident's individual tastes and included photographs, ornaments and pictures hanging on the wall.

Residents could practice their religious beliefs. A religious service took place weekly. Residents told an inspector they were able to practise their faith and worship according to their wishes. A visiting prayer group from the area visited residents weekly to lead a prayer meeting and members of the group had established friendships with residents.

Residents maintained social relationships. Social interaction with families was encouraged and relatives expressed a great deal of satisfaction with how they were always welcomed by staff and that the atmosphere was friendly. There was a visitors' sign-in book located in the entrance lobby and inspectors counted eighteen visitors who had called on the first day of the inspection. Links were maintained with the local community through visitors coming in, and through many staff who were from the area. A number of residents left the centre routinely. The inspectors spoke with one resident who left the centre daily to socialise in the community. Another resident attended a day care centre twice weekly.

Visitors primarily met with residents in the communal sitting rooms but access to a private space was available for those who wished to see relatives' and friends privately. The visitors' room had a home-like aspect with a couch, table and chairs. Refreshment-making facilities were provided to allow residents to entertain their visitors in a setting akin to their own home.

There was a structured programme of activities in place which was facilitated by an activities coordinator and care staff. The program was flexible and was adjusted to meet the choices of residents on a daily basis. There was a range of activities to encourage physical and mental stimulation. There was a weekly 'fit for life' class led by a physiotherapist. Residents told an inspector they enjoyed the exercises and described the activity as their "keep fit class". Residents participated in games which included skittles that promoted mobility. Other residents spoken with told inspectors how they enjoy playing bingo and reading and discussing articles currently in the news.

The kitchen was spacious, clean and suitable in size to cater for the needs of all residents. It was well equipped and well stocked with meat and vegetables. There was a plentiful supply of juices including prune, cranberry, apple and orange juice. The chef kept records of the dietary requirements of residents on special diets, and these were updated on consulting with nursing staff. The chef showed an inspector the planned menu cycle which was rotated weekly and adjusted to reflect seasonal options. The chef told the inspector that snacks were prepared should any residents require food during the night. Care assistants had access to the kitchen at night time.

Inspectors joined residents for lunch which took place in a bright dining room. Lunch was an unrushed occasion. Residents were seated around small circular and rectangular tables which promoted interactive conversation between residents and staff. The menu offered a wide range of nutritionally balanced, home cooked food. Residents were asked about their choice from the menu. There was a choice of three hot courses. Those that required help were offered assistance sensitively and discreetly. Staff in the dining room were observed encouraging residents to be as independent as possible while eating. Residents had access to drinks during the day. Jugs of water were placed on side tables in the day room where residents could help themselves and care staff offered assistance to more dependent residents.

### **Some improvements required**

The laundry room was clean, organised and there was good segregation of clean and soiled linen and clothes. One staff member was responsible exclusively for laundry. She explained how clothes and linen were segregated and laundered. She was knowledgeable of infection control and laundry processes. For example, soiled clothing was laundered at appropriate temperatures and separate areas were designated in the laundry room for clean and soiled laundry. Residents and relatives who were spoken with said they were satisfied with the laundry service, commenting that clothes were well looked after. However, while a property list was maintained for each resident, all clothing was not labelled clearly. The names on some clothes had become faded due to the washing process and some items were not identifiable to individual residents. Other items were not labelled and laundry staff relied on memory to identify ownership of clothing. The provider told an inspector she had identified this issue and was exploring different systems to ensure all clothing was traceable.

### 3. Healthcare needs

**Outcome: Residents' healthcare needs are met.**

**Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.**

#### Evidence of good practice

Inspectors examined several aspects of life and care practices to establish how residents' healthcare needs were met. They talked to residents and staff, observed staff activity, observed how residents were spending their time and examined care and medication records.

The staff team were caring for a resident group that had a wide range of care needs, some with complex medical conditions. The majority of the resident group were in advanced old age. There were 10 residents who were aged 90 years or over, a further 12 who were over 85 years of age and 11 over 80 years of age. Twelve of the 47 residents had a diagnosis of dementia or confusion. Others are accommodated on a short term basis for respite or convalescence. Residents with palliative care needs are also cared for from time-to-time. Nursing and care staff could describe residents' care needs and the specific personal responses that they had in place for residents comfort and well being.

An inspector examined care records. These were well organised and information was easily accessible. There was a range of evidence-based assessments in use to determine dependency levels, risk of falls, nutritional risk, continence management and mental health needs. Assessments were noted to be fully complete and regularly updated at the required three-monthly intervals or more frequently if needs changed. Moving and handling assessments were completed for each resident and updated when a change in residents' condition occurred. The assessments which were stored discreetly in residents' bedrooms were easily accessible to care staff to guide them in their care interventions. Residents care needs were noted to be outlined in a format that described the problem, care interventions and regular evaluations to enable staff to access the most up to date information easily. The daily nursing records reflected the problems outlined in the care plan assessments. There was evidence that residents' or their representatives were involved in their plan of care. There were records of residents' contributions and the views of family members had also been recorded.

Pre-admission assessments were completed by the person in charge to ensure the needs of the potential resident could be met. The person in charge told inspectors how she went to the hospital to meet prospective residents. Inspectors viewed completed assessments in care plans. This assessment included liaison with the relevant medical and surgical specialities. The person in charge also stated that she would attend other locations as the need arose. Residents admitted for periods of convalescent had a discharge plan in place. The person in charge contacted relevant community support services, including the public health nurse and occupational therapist to ensure the necessary support was in place for each resident prior to his/her discharge.

Residents were able to retain the services of their own GP if they so wished. GPs visited the centre on a regular basis. Evidence of advice was available in care records. Inspectors noted that all residents had access to a wide range of health professionals and a record of referrals and appointments were maintained in each resident's file. A chiropody service was provided and ophthalmology services were available on an annual basis to all residents. Occupational therapy, speech and language therapy and audiology services were available to residents by GP referral. One resident with swallowing difficulties had been referred to hospital for tests and specialist advice was obtained. Residents' records showed that vital observations such as blood pressure, temperature, pulse and weight were routinely monitored.

Two wound care problems were being managed. There was a wound care plan to guide staff on the provision of pain relief, dressings and movement. In addition, care records conveyed that external expertise was obtained, such as advice from a wound management professional to ensure healing of the wounds.

Nursing staff described how they managed end of life care. An inspector was told by nursing staff that they had developed good links with community healthcare professionals in mental health services and palliative care. There was one resident receiving palliative care. A review of the medical notes indicated ongoing liaising with the palliative care team, who worked in consultation with the resident's GP. The palliative care consultant visited as required and had continued input into the residents' care through the palliative care nursing team and the GP. There was a range of equipment to enable nursing staff to respond to a medical emergency including a suction machine, oxygen supplies and masks.

Residents' wishes for end of life care were documented. An inspector reviewed the documenting of a decision for one resident. An informed decision was made involving the residents' family, GP and consultant (the resident was unable to participate). The documentation included a clear detailed rationale for the decision.

## Some improvements required

All medication was reviewed by the prescribing doctor every three months or more frequently should a change in residents' health occur. An inspector reviewed medical files and noted the medication review by the prescribing practitioner was documented in the residents' medical notes. All medication was delivered to and returned from the centre by the pharmacist. Medication was securely stored in a locked clinical room. Medications requiring refrigeration were stored in a fridge and the temperature was monitored daily to ensure safe storage. Controlled drugs were secured in a locked cabinet. An inspector viewed the controlled drugs register. Controlled drugs were checked by two nurses from opposing shifts, at the change of each shift to ensure all drugs were accounted for. A policy on medication management, to manage all aspect of medication from ordering, prescribing, storing and administering was available. The policy included procedures for the disposal of unused or out of date medication. However, the maximum amount for PRN (as needed) medication and the duration of administration was not indicated on the prescription sheet. The GP's signature was not in place for all medications that had been discontinued.

## 4. Premises and equipment: appropriateness and adequacy

**Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.**

**A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.**

### Evidence of good practice

Roselodge was designed to meet the needs of dependent people. The building was clean and bright with ample communal space for residents and visitors. Inspectors found it to be welcoming and attractively decorated. Communal rooms were domestic in character, warm and comfortably furnished. There were two day-rooms, one with a fireplace as a focal point and the other designed in a conservatory style, which was decorated with occasional tables, lamps, pictures, ornaments, plants and had views of the internal gardens. The windows are at a level where residents can sit and look out at the surrounding views. There was an office located close to the main entrance and a nurse station centrally, providing a focal point of contact for residents' and visitors.

The driveway and immediate perimeter was covered in tarmac and the grounds were safe, landscaped and accessible to residents. There was a closed circuit television system in place for security purposes which covered all corridors, exit doors and the external grounds. The system did not intrude on residents' privacy as it did not cover bedrooms, the sitting rooms or dining area. The external area was provided with suitable lighting to include the car park. All entrance and exit doors were ramped ensuring ease of access for residents with impaired mobility. All circulation areas in the building are wheelchair accessible. Corridors were wide and handrails were fitted to assist the independent movement of residents around the building. Seating was provided at regularly spaced intervals along corridors to allow residents to rest when moving around the centre.

All bedrooms were single occupancy and were well furnished and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed with which residents were familiar and found easy to use.

Staff were noted to respond to call bells in a timely manner during the course of

the inspection. There was suitable lighting provided in each bedroom to meet the needs of residents, including a dim light facility. An over bed lamp was located by each bedside within easy reach of the resident. There was suitable heating provided in all areas. Bedrooms and communal areas were found to be comfortably warm. Radiators were fitted with adjustable thermostats allowing residents to adjust the heat levels to suit their needs.

The en suite facilities in bedrooms and shared bathrooms were suitably adapted to meet the comfort and safety needs of residents. Grab support rails were fitted alongside all toilets and showers. An emergency call system was located in all bathrooms. The temperature of the water was controlled and hand testing indicated the hot water did not pose a scald risk. Showers were level with the floor finish providing ease of access. Toilet facilities were provided beside day areas for residents' convenience.

Inspectors found there was suitable and sufficient equipment such as hoists, pressure relieving mattresses and mobility aids available to meet residents' needs. There was a service contract in place which covered breakdown and repair for all beds, air mattresses and other equipment, used by residents. Inspectors reviewed the records of servicing to electric beds, hoists and weigh scales. A maintenance person was employed on a part time basis to undertake minor repairs. An inspector was told by the provider she had access to plumbers and electricians when necessary.

Inspectors were provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for older people. Smoke detectors were located in all bedrooms and general purpose areas. Emergency lighting was provided throughout the building. An inspector viewed contracts of the servicing of fire alarms, smoke and heat detectors. These were serviced by a professional four times a year. The fire alarm was tested weekly by staff. Routine inspection of the automatic fire door closers were undertaken to ensure they were operational. Fire escape routes were checked daily to ensure they were unobstructed. Notices to indicate the procedure to be followed in the event of a fire were in place throughout the building. There was a safe mechanism in place to evacuate immobile residents in the event of a fire. Each resident had been risk assessed to indicate the equipment required to safely evacuate the residents in the event of fire or other emergency situation. Fire evacuation sheets had been fitted to the beds of 12 residents. A staff member showed the evacuation sheet on a resident's bed to the inspector and explained competently, how it should be used. The inspector viewed confirmation that the local fire service had visited the centre to familiarize themselves with the layout of the building and the in-built fire protection systems. The provider indicated the fire service can be at the centre within ten minutes of being contacted.

Sluice rooms were well equipped with stainless steel sinks, a wash-hand basin

and storage areas for bedpans. Two bed pan washers were provided. Separate cleaning room facilities and equipment were provided for kitchen and care staff to safeguard against cross infection. There was suitable staff facilities provided for showering and changing uniforms.

There was a good system in place for the prevention and control of infection. The premises were very clean. Disinfecting hand gel was widely available for use in all areas and staff were observed using hand gels throughout the day. Cleaners were provided with suitable equipment. Cleaning staff were observed working in an unobtrusive manner. The inspector spoke with a cleaner and she was able to tell the inspector about the arrangements to manage the risk of infection. The cleaner demonstrated to the inspector how she cleans bedrooms and bathrooms. Safe procedures were observed. Separate colour-coded equipment was used to minimise the risk of spread of infection. Appropriate cleaning chemicals were used which included a sanitizer.

There was a contract for the collection of clinical waste. General clinical waste was stored in a locked bin located externally.

There were controls in place to prevent contamination from Legionella bacteria. An inspector viewed the records of flushing hot water in residents' bathrooms to reduce the risk of Legionella infection.

### **Some improvements required**

Bathrooms were maintained in a clean condition and were ventilated appropriately. There were eight bedrooms with en suite showering facilities. However, there was an insufficient number of bathing facilities to meet the individual needs of the remaining residents, as their en suite did not include a shower. Three assisted bathrooms were provided to meet the bathing needs of 42 residents. This did not meet the requirements of the regulations and Authority's standards.

### **Minor issues to be addressed**

All staff were trained annually in fire safety and evacuation. Theoretical training was reinforced by fire drill practice. However, the fire drill practice was not undertaken twice a year as required by the Standards.

## **5. Communication: information provided to residents, relatives and staff**

**Outcome: Information is relevant, clear and up to date for residents.**

**Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.**

### **Evidence of good practice**

Documentation on all aspects of the service was available. It was presented in an organised manner and all documents were accessible, clearly written and had review dates. There were systems in place which supported effective communication and service provision. The day-to-day involvement of the provider and the person in charge supported direct verbal communication between residents, staff and visitors. Inspectors were told by residents that both the provider and the person in charge were always available and they felt that communication was welcomed and encouraged. Relatives also told inspectors that they were informed by staff about the wellbeing of their family members, and were notified immediately of any change in health. Relatives confirmed they could approach the nurse or the person in charge with questions or concerns at any time.

There was residents' guide available which was reviewed by inspectors. It contained valuable information to assist prospective residents to make a decision regarding choosing a placement. The guide contained all the information required by the regulations. The residents' guide was prominently displayed and included a copy of the contract of care and the most recent inspection report.

There was a written operational policy and procedure on communication. The communications policy guided practice. The policy entailed the different modes of communicating and the ways that residents could be encouraged to express their needs. The policy outlined the procedure for communicating with residents with sight or hearing impairment and interacting with residents who had behaviour that challenged. Inspectors observed constant interaction and communication taking place between residents and staff. Residents told inspectors that staff had time to talk to them and families confirmed this. Staff reverted back to residents promptly when they had queries or needed information.

All residents had the option of a phone in their room. Residents who had not availed of this option were able to use a cordless phone which enabled them to take calls in the privacy of their own bedrooms. Some residents had their own mobile phones. Residents had access to a range of newspapers, magazines and journals which reflected their cultural interests and heritage.

The person in charge directly supervised staff and conveyed, both through example and in conversations, the values and beliefs which kept the resident central to service provision. Inspectors observed that the person in charge had good interpersonal and social skills when interacting with residents and staff. Daily staff handover meetings which informed the incoming staff group of the health and wellbeing of the residents took place at every change of shift, which an inspector attended. The allocation of workloads and other information relevant to residents' care was discussed. All staff wore name badges. Each staff grade wore a different coloured uniform. Residents were aware of each staff member's role. Residents were able to tell inspectors who they would talk to if they had a complaint or a concern and were available to identify the provider.

Inspectors reviewed the minutes of residents' meetings which were held frequently to obtain views on the activities and services provided. The meetings were chaired by an independent advocate and were well attended, with 32 residents' present at the most recent meeting. The minutes of the meeting reflected the fact that residents with a range of cognitive abilities were enabled to attend and the meeting provided a forum for residents to raise issues and discuss procedures. The minutes indicated the menu was discussed and residents' views were sought on food choices, mealtimes and where they liked to eat. Staff meetings were held routinely and minutes indicated a range of topics were discussed which included the process for handling complaints, responding to queries from visitors which ensured that residents' privacy was respected.

The daily menu was displayed in the dining room. There were notices boards located around the building containing information on the activities planned for the day and the complaints procedure. There were leaflets provided containing information on how to prevent falls and on financial support available towards meeting the cost of care while staying in a residential centre.

### **Some improvements required**

There was a comprehensive set of operating policies available including all the policies required by schedule five of the regulations. The policies were readily accessible to staff and located in the nurses' station and office. However, not all staff were fully aware of the policies relevant to their role. Not all staff had signed to indicate they had read and understood the procedures to guide their practice.

## **Minor issues to be addressed**

Approximately one quarter of residents had problems associated with dementia or confusion. While there were some pictorial signs on bathrooms and bedrooms were numbered to guide people around the building, the signage overall needed improvement to provide effective and meaningful prompts to help residents find their way to communal areas and their rooms.

There were no aids available to support communication with those residents who had dementia or difficulty expressing their needs verbally.

## **6. Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs**

**Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.**

### **Evidence of good practice**

Most of the staff had been working in the centre for a number of years. Inspectors found that there was a good team spirit among staff who were knowledgeable about residents and had established good relationships with them. Inspectors saw that staff were unafraid to step outside of their roles and took initiatives to provide social and recreational support. For example, one member of staff regularly visited residents on her days off, which residents very much enjoyed. Other members of staff sat and talked with residents or walked with them linking hands and chatting.

An inspector viewed the staff duty rota for a two week period. The rota showed the staff complement on duty over each 24-hour period. The rota indicated there was a registered nurse on duty at all times. Arrangements were in place to address staff absences. Leave was planned in advance for the year. A senior nurse deputised for the person in charge when she was absent. Part-time staff did additional hours to cover other staff absences, so agency arrangements were not necessary. The review of the rota found that absences were sufficiently covered. There was a low staff turnover within the past 12 months ensuing continuity and consistency in care.

The provider and person in charge were committed to providing ongoing training to staff, and both participated in training events. Mandatory training which included safe moving and handling of residents, adult protection and fire safety was completed by all staff. The person in charge is a qualified instructor in the safe moving and handling of residents and the provider is a trainer in adult protection. Staff were able to tell inspectors about the prevention of elder abuse policy, explain the different categories of elder abuse and state what they would do if they suspected abuse and the importance of taking measures to prevent the risk of abuse.

In addition, a range of modular training was undertaken by accredited trainers and an inspector reviewed the certificates issued by trainers in staff files. This included cardio-pulmonary resuscitation techniques, wound care and food hygiene courses. Within the last year, all nurses had participated in training on medication management and all staff had completed infection control training.

A clear and transparent recruitment policy was in place outlining the recruitment practices to employ staff. Job descriptions outlining the reporting relationships, the purpose of the post and the principal duties and responsibilities were available for each staff grade. All staff were provided with an employee handbook on commencement of employment. The book contained information on the code of conduct expected, the observance of dignity and respect and the importance of confidentiality. A review of staff files indicated a signed contract of employment was in place for each employee.

The person in charge maintained a record of An Bord Altranais PINs (professional identification numbers) for all registered nurses. This was reviewed by inspectors and seen to be up to date. Twelve of the 19 care assistants had completed Further Education and Training Awards Council (FETAC) level five training or equivalent.

All of the documentation required by the regulations to be held in respect of persons employed was available in staff files reviewed by an inspector. This included full employment history details, three references, photographic identification and confirmation that each staff member was physically and mentally fit to perform their work. Garda Siochana vetting had been carried out for all staff.

### **Some improvements required**

Staff were very caring and making every effort to provide a good quality of life for all residents, including residents with dementia. However, there was not a sufficient number of staff trained to meet the needs of the current resident profile in caring for people with dementia and dealing with behaviour that challenges. There were 12 residents with a diagnosis of confusion or cognitive impairment and others with conditions that related to behaviours that challenge. While there was a good outline of the difficulties presented, staff did not have specialist training to guide their interactions and interventions. The provider confirmed that this deficit had been recognised, was discussed and would be addressed in the near future.

### **Significant improvements required**

The provider and person in charge told inspectors that they based staffing levels on the assessed needs of residents, including their health and social needs. The person in charge used recognised nursing assessment tools to quantify staffing

requirements. There was a regularly documented review of staffing levels, which was based and linked to residents' dependency and care needs. While there was a sufficient number of nursing and care assistant staff rostered in the morning and throughout the day, inspectors had concerns regarding the evening-time staffing levels. There was one nurse and two carers to meet the needs of 49 residents from 20:00 hrs. This arrangement had the potential to compromise safety and flexible routines for residents during evening care. The night nurse had to complete a medication round which took on average an hour and half. Considering the number of residents and the frailty of some requiring assistance to bed for the night, inspectors were not satisfied that sufficient care assistant staff were available to meet the needs of all the residents in the evening time.

### **Minor issues to be addressed**

A personal development plan to discuss each staff members' training needs had been developed. While the person in charge had a clear timescale for the completion of a development plan with each staff member to reference their professional development and educational goals, this had not yet been completed with all staff.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider and person in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

**Report compiled by:**

P.J Wynne  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

7 February 2011

<b>Chronology of previous HIQA inspections</b>	
<b>Date of previous inspection</b>	<b>Type of inspection:</b>
15 and 16 April 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Triggered  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## Action Plan

### Provider's response to inspection report

<b>Centre:</b>	Roselodge Nursing Home
<b>Centre ID:</b>	0088
<b>Date of inspection:</b>	26 and 27 January 2011
<b>Date of response:</b>	15 March 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 person in charge has failed to comply with a regulatory requirement in the following respect:

The evening time staffing level did not take into account fully the ability to manage unforeseen circumstances and to meet the individual needs of residents.

#### Action required:

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

#### Reference:

Health Act, 2007  
Regulation 16: Staffing  
Standard 23: Staffing Levels and Qualifications

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

**Timescale:**

<p>Provider's response:</p> <p>We have reviewed our evening staff numbers and skill mix and an additional care assistant has been added for three hours in the evening to meet the individual needs of our residents.</p>	Completed
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<p><b>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Sufficient staff were not provided with access to specialist training in dementia care and behaviours that challenge, to care for the current resident profile.</p> <p>Not all staff were fully aware of the policies relevant to their role.</p>	
<p><b>Action required:</b></p> <p>Provide training for staff in dementia care and behaviour that challenges, to enable them to provide care in accordance with best practice for the current resident profile.</p>	
<p><b>Action required:</b></p> <p>Make all staff aware of the policies and procedures commensurate with their roles.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>Training for staff in dementia care will take place in April for sufficient staff members to care for the current resident profile.</p> <p>All staff are now aware of the policies relevant to their role.</p>	<p>One month</p> <p>Complete</p>

<p><b>3. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>There was an insufficient number of bathing facilities to meet the individual needs of residents.</p>	
<p><b>Action required:</b></p> <p>Provide a sufficient number of baths or showers to meet the needs of residents, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>	

<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We have been granted planning permission for additional rooms and included in these plans are additional bathrooms.	18 Months

<b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b> The names on some clothes had become faded due to the washing process and some items were not identifiable to individual residents.	
<b>Action required:</b> Ensure all clothing is identifiable to each resident.	
<b>Reference:</b> Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 18: Routines and Expectations	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  We are in the process of labelling each individual residents clothes with long life labels so that each item of clothing is clearly identifiable.	Four Months

<b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b> The maximum amount for PRN (as needed) medication and the duration of administration was not indicated on the prescription sheet.  GP signatures were not in place for all medications that had been discontinued.	
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<b>Action required:</b> Indicate the maximum amount for PRN (as needed) medication and the duration of administration on the prescription sheet.	
<b>Action required:</b> Ensure GP signatures' are in place for all medications that have been discontinued.	
<b>Reference:</b> Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The maximum amount for PRN medication to be given in a 24 hour period is now clearly stated by the GP on the prescription.  All discontinued medications are signed by the G.	Complete  Complete

<b>6. The provider has failed to comply with a regulatory requirement in the following respect:</b> There was not a comprehensive emergency plan in place to guide staff in responding to untoward events.  The risk management policy did not include procedures to guide staff in the event of violence and aggression, self harm and assault.	
<b>Action required:</b> Put in place an emergency plan for responding to emergencies.	
<b>Action required:</b> Include with the risk management policy, procedures to guide staff in the event of violence and aggression, self harm and assault.	
<b>Reference:</b> Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>

<p>Provider's response:</p> <p>We now have a comprehensive emergency plan in place to guide staff in responding to emergencies.</p> <p>We now have policies and procedures in place to guide staff in the event of violence and aggression, self harm and assault.</p>	<p>Complete</p> <p>Complete</p>
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<p><b>7. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>The complaints policy did not include a second nominated person (one who is independent of the person responsible for investigating the complaint) to ensure that all complaints are responded to within the timeframe outlined in the complaint policy and that records are appropriately maintained.</p>	
<p><b>Action required:</b></p> <p>Nominate a second person in the complaints policy to ensure that all complaints are responded to within the timeframe outlined in the complaint policy and that records are appropriately maintained.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 39: Complaints Procedures  Standard 6: Complaints</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>We have now included a second person in the complaints policy to ensure that all complaints are responded to within the time frame outlined in the complaint policy.</p>	<p>Complete</p>

## Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 2: Consultation and Participation	<p>Provide aids to support communication for residents who have dementia or difficulty expressing their needs verbally.</p> <p><b>Providers Response:</b> Aids will be provided to support communication for residents who have dementia as recommended by the dementia trainer which will take place in April.</p>
Standard 24: Training and Supervision	<p>Undertake a staff appraisal with all staff to provide a mechanism for staff to receive feedback on their performance or to identify their strengths, to ensure continuous professional development.</p> <p><b>Providers Response:</b> We are in the process of finalising our staff appraisals.</p>
Standard 25: Physical Environment	<p>Improve signage to provide effective and meaningful prompts, to help residents find their way to communal areas, bedrooms and remind them of where they are.</p> <p><b>Providers Response:</b> Additional signage has been provided throughout the nursing home.</p>
Standard 26: Health and Safety	<p>Undertake fire drills with staff at least twice annually.</p> <p><b>Providers Response:</b> Fire drills will now take place at least twice a year instead of annually.</p>
Standard 29: Management Systems	<p>Undertake a missing person drill to ensure staff are familiar with the procedures to be followed to locate a resident who may be reported as missing.</p> <p><b>Providers Response:</b> A missing person drill has been undertaken.</p>

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

**Provider's response:**

We would like to thank the inspectors for their courtesy and professionalism towards residents and staff during the inspection.

**Provider's name:** Orla McCormack on behalf of Killucan Nursing Centre Ltd.

**Date:** 15 March 2011