



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

Issued by the Chief Inspector

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| Name of designated centre: | Roseville Nursing Home |
| Name of provider: | Roseville Nursing Home Limited |
| Address of centre: | 49 Meath Road, Bray, Wicklow |
| Type of inspection: | Unannounced |
| Date of inspection: | 08 April 2021 |
| Centre ID: | OSV-0000089 |
| Fieldwork ID: | MON-0031608 |

About the designated centre

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

Roseville Nursing Home is a 30 bed centre conveniently located in a residential area between the seafront and Bray town centre with easy access to local amenities including shops, bank, church, local transport and the promenade. Accommodation includes single and twin bedrooms spread over two main floors which are accessed by stairs, a stair lift and a platform lift. The building is a Georgian house which has been renovated and extended over time and still contains some of its original features. Residents have access to a secure garden to the side and rear of the centre which contains a covered and heated smoking area. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with dementia, or who have physical, neurological and sensory impairments and end of life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. Roseville Nursing Home is a family owned and operated centre which employs approximately 28 staff.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 28 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|----------------|------|
| Thursday 8 April 2021 | 10:00hrs to 18:30hrs | Helena Budzicz | Lead |

What residents told us and what inspectors observed

There was a pleasant and relaxed atmosphere in the designated centre on the day of the inspection. The inspector spoke with several residents during the inspection. Feedback, the inspector, received was very positive in relation to the residents' relationship with the staff in the centre. Residents said that staff were kind and supportive, and the care was great. While there was some general concern regarding the duration of the global COVID-19 pandemic, residents were in good spirits during the day, and they expressed high expectations that the vaccine will give them protection against the virus and they would be able to live normal lives as they did before the pandemic.

On arrival at the centre, the inspector was greeted by staff who were friendly and welcoming. The deputy person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. The inspector observed that visitors to the centre were guided through the same precautions. Signage had been placed at the entrance to the centre, which provided advice and information about COVID-19. The deputy person in charge provided a number of documents required for inspection.

The inspector saw that the centre was a large two-storey Georgian style residence set near all the amenities of Bray seafront and was a short stroll to the Dart station and town centre. The designated centre consisted of a renovated period dwelling and a new purpose-built extension. The environment was warm and comfortable and provided homely surroundings for the residents. Outdoor areas, patios and pathways were litter-free, and any seating area looked inviting. The inspector observed staff were seen to treat residents with respect and to talk to them in a friendly and pleasant manner. All residents were well dressed with obvious time and attention given to their personal care. They were chatting among themselves, relaxing alone with magazines or newspapers, strolling around the premises or enjoying recreational activities in the morning. Seating and dining arrangements had been reviewed by the management of the centre to encourage social distancing of residents in line with COVID-19 guidance.

Bedrooms were personalised with photos and possessions that were meaningful to the residents and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs, the provision of clocks and prompts for the date. The resident's privacy and dignity was maintained in so far as practicable in multi-occupancy rooms with curtains around each bed. The inspector observed that some bedrooms and communal areas of the centre were in need of redecoration. A refurbishment programme was in place, and a communal area was being redecorated at the time of inspection. However, further areas for improvement were identified during the inspection. This is discussed under Regulation 17: Premises.

The person in charge advised the inspector that residents visits were facilitated in

the indoor area, garden area or by window visits in order to keep residents and visitors safe. The inspector reviewed the visiting schedule pre-arranged with staff on a phased appointment basis. The inspector observed several families visit their loved ones and adhering to national guidelines regarding social distancing during the COVID-19 pandemic. The staff told the inspector that they recognised the importance of maintaining good communication with families. They assisted residents to make phone calls with their families in order to reassure relatives through telephone calls, video calls and other technology. Weekly emails were also produced for residents representatives' information which also included information and updates regarding the COVID-19.

Most residents had their meals in the dining room, but residents who wished to eat in their bedroom could do so. Residents enjoyed the home-cooked meals and were offered menu choices every day. The inspector observed the serving of lunch and saw that staff were aware of the resident's dietary needs. The meal on offer was well presented and smelled appetising. Residents wore clothing protectors if required. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks and how to modify fluids. They were present to provide assistance and encouragement with eating and drinking. Condiments were also available for the residents, and a variety of drinks were offered.

The residents' satisfaction survey completed by residents and their families was read by the inspector, and it reflected their high level of satisfaction with the service and choices received. The inspector reviewed the survey and found that the opinion of residents regarding activities provision, the menu and staffing were sought. Cards and letters of compliment and thanks were received by the centre. Comments recorded included: "Roseville nursing home has been fantastic during the current virus pandemic, and I appreciate the measures which were in place." Another stated, "We as a family are very happy with the way the home has been looking after her. The staff are great".

The inspector saw that residents were interacting and participating in activities during the day. Staff were observed supporting residents with activities on a one to one basis, including arts and crafts; in addition, other residents were observed relaxing in the home, watching TV, movies, and listening to music. Staff shared that social opportunities for residents to access in the local community had reduced significantly due to restrictions in place for the COVID-19 pandemic; however, residents were supported in a variety of house events. Discussion with residents and staff and review of the activity planner displayed in the foyer evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the centre.

In keeping with residents level of understanding and communication abilities, residents spoken with confirmed they were happy with their life in the centre, saying, 'This is my life. I love it here.' or 'I'm lucky to have this place. I lived alone. The people here are all very nice and helpful. You are never left alone without help'. The inspector observed staff responding quickly to residents' call bells in a calm and unhurried manner. Staff were also seen gently encouraging residents to mobilise around the centre to maintain their mobility and independence. Residents were

confident that any concern or complaint they may have would be promptly managed. They said, "If you go to them (staff) with a problem, they all see what they can do." Another resident said, "Anything I need, I just go to the 'boss lady. She is very nice and accommodating." All staff and residents spoken with commented positively about the person in charge and the provider and described them as supportive, approachable and available for guidance and support.

The inspector spoke with five members of staff, who displayed commitment and empathy towards the residents; they had good knowledge and understanding of residents' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, residents and families. Staff said that there was good teamwork and that there was effective communication between staff and management. Staff spoken with told the inspector that they felt safe coming into work, and they were briefed regularly on the COVID-19 guidance updates. They also told the inspector the following: "We are doing ok. It has been challenging (the pandemic), but we are all working together."

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Prior to the recent COVID-19 pandemic, Roseville Nursing Home, operated by Roseville Nursing Home Limited, had a good level of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity and was willing to make the changes needed to ensure that residents were safe and well cared for.

This was an unannounced inspection to monitor the centre's compliance with the care and welfare regulations. The centre is family owned and operated, and the management structure consisted of the registered provider, a limited company which had two directors who were responsible for the running of the centre. One of the company directors is a registered nurse and is actively involved in the day to day operation of the centre. The person in charge works full time in the centre from Monday to Friday. She was supported in her role by a full-time deputy person in charge, nurses and a staff team of carers, activities staff, housekeeping, catering, administrative support and maintenance personnel.

The inspector acknowledged that residents and staff living and working in the centre have been through a challenging time, and they have been successful to date in managing to keep the centre free of COVID-19. A documented COVID-19 contingency plan and guidance folder were in place, and the management team had established links with the public health team and Health Service Executive (HSE) lead for their area. The designated centre had been split down the middle into two zones, with direct support staff allocated to one side of the building or the other to

reduce the risk of transmission. There was an adequate supply of PPE and hand sanitising gel at the entrance, and it was conveniently placed throughout the centre. There were numerous laminated posters and COVID-19 quick reference material displayed throughout the centre to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. The inspector was advised by staff that temperature checks were being completed on all residents and staff twice daily and that any concerns or changes were reported to the person in charge and/or nurse in charge. Staff spoken with were knowledgeable regarding the symptoms of COVID-19 and how to escalate any changes in a resident's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per national guidance.

Cleaning checklists were completed by the cleaning staff. The provider had invested in new disinfection and odour control machine, which they used to sanitise bedrooms, day rooms and the visitor's room. The centre was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of high touch points such as door handles, light switches and handrails. However, further improvements were required in relation to the cleaning regime and arrangements for the storage of residents assistive equipment. This is detailed under Regulation 27: Infection control and Regulation 17: Premises.

It was evidenced that a schedule of auditing was not used effectively, resulting in some audits being infrequent and others not containing time-bound action plans to ensure that necessary improvements were completed. Following discussion with the person in charge and review of a selection of governance audits, the management team acknowledged the importance of frequent infection control and environmental audits during the time of an ongoing COVID-19 pandemic. This is discussed in detail under Regulation 23: Governance and management.

Staff training records showed that staff had good access to mandatory training and additional training in order to meet the needs of individual residents. All staff working in the centre had completed the relevant COVID-19 training outlined in the current guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). Staff also had access to training in first aid, cardio-pulmonary resuscitation (CPR), medication management, diabetes care, dementia care, care of the older person, palliative/end of life care and wound management. Some nursing staff had completed training on taking swabs for COVID-19 testing, medication management and pronouncement of death. However, some members of staff were out-of-date with some mandatory training. This is further discussed under regulation 16: Training and staff development and regulation 8: Protection.

Four staff files were reviewed by the inspector, and this evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment relating to Schedule 2 of the regulations pertaining to staff; including vetting in accordance with the National Vetting Bureau (Children and

Vulnerable Adults) Act 2012. Induction programmes were in place for newly recruited staff, which included good levels of supervision and regular meetings with management during the probationary period. All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI). There were no volunteers or agency staff associated with the designated centre.

The inspector reviewed the minutes of staff meetings which evidenced that staff meetings were held frequently. Minutes of the monthly clinical governance meetings had set agenda items which included infection prevention and control and COVID-19 related topics. There were systems in place to manage critical incidents and risks in the centre, and accidents and incidents in the centre were recorded, appropriate action was taken, and they were followed up on and reviewed.

A review of the record of complaints evidenced that there were systems in place to manage complaints, and expressions of dissatisfaction were taken seriously and managed appropriately. Complaints were overseen by the senior management team and reviewed at governance meetings.

There was an annual review of the quality and safety of care delivered in 2020, which included a review of complaints received, management of falls, and training uptake in the centre. Residents were consulted in this review through the provision of resident satisfaction surveys.

Regulation 15: Staffing

On the day of inspection, staffing levels appeared adequate to meet the needs of residents. However, the inspector saw that there was one housekeeping staff on duty each day from 9.00-15.00hrs except on Sundays. The housekeeping resource required review given the layout of the designated centre and the enhanced cleaning regimen currently required in order to prevent an outbreak of COVID-19 in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Mandatory training mainly was up to date with three new staff due to complete the safeguarding and manual handling training. The person in charge indicated that staff would be issued reminders and required to complete the online training.

Judgment: Compliant

Regulation 23: Governance and management

The inspector viewed a sample of audits such as falls, weight monitoring and pressure ulcers which had been completed by the management team. However, there was an absence of a regular timetable for auditing and long intervals between audits. For example, the pressure relief mattress audit was completed in September 2020. Moreover, a regular environmental infection control audit as prevention of a COVID-19 outbreak was not completed. This resulted in the limiting monitoring of the services being delivered, and the inspector was not assured that continuous auditing practices were leading to improved outcomes for residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All statutory notifications of incidents and quarterly monitoring notifications had not been appropriately submitted to the Chief Inspector within the timescales specified by Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector found that two complaints made by a family where there when a safeguarding query had been raised and were not notified to the Chief Inspector. The inspector observed that these had been investigated promptly and that complainants were recorded as being satisfied with the outcome. The notifications were submitted retrospectively to the chief inspector's office after the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an up-to-date complaints policy in place available in the centre. A complaints procedure and suggestion box were clearly displayed at the entry in the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. Residents were also provided with the detail of the independent advocacy services and the contact detail of the Office of the Ombudsman.

Judgment: Compliant

Quality and safety

Overall, the findings showed that the provider was delivering good quality care and support on the day of inspection. A sample of residents' assessment and care planning documentation was examined by the inspector, and overall these were found to be person-centred in nature and had been updated regularly to reflect residents' preferences and changing needs. Staff were well informed with regard to residents' needs, what areas residents were independent with, and the level of assistance they required in daily life. However, some improvements were required in respect of resident's rights. Fire safety issues were identified, and further information was required to provide assurances in relation to fire safety in the centre. The design and layout of rooms 8 and 9 did not meet the needs of the residents. These issues are further discussed under Regulation 28: Fire precautions, Regulation 17: Premises and Regulation 9: Residents rights.

All residents had timely access to health and social care professionals as necessary to meet their medical, health and social care needs. There were arrangements in place to ensure that residents were protected from abuse, and all residents reported to the inspector they felt safe in the centre. However, there was further scope for improvement in the area of safeguarding practice and notification of incident as outlined under Regulation 8: Protection.

There was a centre-specific restraint policy which promoted a restraint-free environment and included a direction for staff to consider all other options prior to its use. Risk assessments were seen to be completed, and there was evidence that some less restrictive alternatives, such as low-profiling beds and alarm mats, were in use. Restrictive practices were implemented, monitored and regularly reviewed by the person in charge.

The risk register had been updated to reflect the COVID-19 pandemic, which featured as a high-rated risk on the risk register. The risk register included hazards and control measures to mitigate risks identified.

The record of fire drills evidenced that these have been ongoing on a regular basis; records of staffs' attendance at these drills were being maintained. Fire drills with night time staffing levels of a large compartment which accommodated 10 residents had been completed, and lessons learnt were documented and communicated to all staff. A review of the fire alarm system, fire equipment and emergency lighting were conducted at regular intervals as per the requirements. Daily checks of emergency exits were completed.

Regulation 11: Visits

Visiting was facilitated in line with national recommendations. Residents had opportunities for private visits within the nursing home. The person in charge confirmed that visiting on compassionate grounds was facilitated in the centre at all

times.

Judgment: Compliant

Regulation 17: Premises

The physical environment in the centre had not been managed and maintained to effectively reduce the risk of infection. For example:

- Damaged paintwork on some walls and timber and furniture meant they could not be effectively cleaned to the required standard.
- The bed pan washer was not serviced since 2019. Maintenance records required further review and improvements in servicing schedule.
- The quality of finishes on some furnishings, including armchairs and some of the surface areas; for example, where the paint was chipped on walls or woodwork such as frames to multiple bedroom doors, did not support effective cleaning. Although there was ongoing maintenance work in the centre, the person in charge informed the inspector that the painting schedule was postponed due to illness.

Storage facilities were inadequate:

- The housekeeping items were stored in the sluice room and in the residents' bathroom upstairs. For example, there was a drip tray with a urinal bottle, two basins and a disinfectant in the residents' bathroom on the first floor. This practice poses a risk for cross-contamination.
- Hoists and residents assistive equipment such as a zimmer frame and a rollator were stored on the hallways presenting the risk of falls and injury to residents.
- Rooms 8 and 9 were both twin rooms, and they were divided by a corridor which had walls which did not extend to the ceiling. The design and layout did not meet the need of the residents as room 9 did not have a window. The residents in room nine did not have access to natural light, and ventilation in the room was inadequate. Good ventilation is required for infection prevention and control. Although fire doors were fitted in both rooms, the containment of smoke and fire could not be assured as there was a significant gap between the walls and the ceiling in both rooms. This is discussed under Regulation 28: Fire precautions.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

A sample of the files of residents who had been recently transferred to and back from the hospital were reviewed. The inspector found that all relevant information about a resident had been provided to the receiving hospital/care facility transfer and upon return to the designated centre. Nursing staff ensured that all relevant information was obtained from the discharge service and allied health was kept in resident file.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy. A risk register was maintained, and a process of risk assessment was used by management and staff to identify and assess risks in the designated centre.

Judgment: Compliant

Regulation 27: Infection control

The following areas for improvement to enhance proper infection and prevention control were noted:

- Arrangements to ensure that hoist slings were not shared required strengthening. Residents who used the hoist had an individual hoist sling. However, the inspector observed that hoist slings that had no individual resident's name were draped on a hoist that was stored on the corridor.
- Uncovered bins with broken lids or no lids used for used incontinence wear were stored in hallways and bathrooms, and the bin for soiled linen was not covered. This increased the potential risk of cross-contamination.
- Continence wear was stored uncovered on the top of the toilets, on shower chairs and shelves in bathrooms.
- Several commode frames and shower chairs were rusted around the legs and undersides, which did not allow for effective cleaning and sanitisation.
- Daily housekeeping cleaning checklist records were in place; however, they were not sufficiently robust and comprehensive. Cleaning schedules for deep cleaning and terminal cleaning and records of same was not in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector observed an oxygen concentrator was placed in the hallway between bedroom 8 and 9 with no cautionary signage in place, warning against the use of naked flames etc. and would present as a fire risk. This was addressed by the person in charge during the inspection.

The inspector found that the fire doors in rooms 8 and 9 were open, and the walls did not reach the ceiling. This could compromise the containment of fire and smoke in the event of a fire. The floor plans submitted by the provider showed that the largest compartment accommodated 17 residents (13 on the ground floor and four on the first floor). Following the inspection, a referral was made to the fire safety and estates inspector, who requested further information in regards to fire safety arrangements in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

An assessment of the health, personal and social care needs of an intended resident was arranged prior to admission to ensure the resident's needs could be met in the centre. Following admission, the inspector noted that a comprehensive set of assessments was completed in a timely manner. There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency levels, moving and handling, nutritional assessment and risk of pressure ulcer formation. Support plans for areas such as nutritional requirements, wound care, continence care and mobility assistance provided clear and detailed guidance for staff on assisting residents with their needs.

Judgment: Compliant

Regulation 6: Health care

Evidence from resident's records showed that they received regular assessment and interventions from their general practitioner (GP). Access to allied health was evidenced by regular reviews by the occupational therapist, dietician, speech and language, podiatry and tissue viability as required. Residents received a physiotherapy service from a physiotherapist twice a week every second week. In relation to COVID-19, there was evidence of liaison with the public health officer and the HSE locally regarding supplies of oxygen and PPE.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

On the day of the inspection, there were six residents in the centre that had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). They had been appropriately assessed, and person-centred care plans had been devised, which included input from Psychiatry of Old Age, who reviewed these residents on a regular basis.

Staff promoted the principles of a restraint-free environment, and this was a priority of the person in charge who said that they try not to use any restraint measures except when alternatives and other interventions had failed. Four residents used bed rails at night. Similarly, chemical restraint was rarely used and only when appropriately prescribed for the resident's identified needs.

Judgment: Compliant

Regulation 8: Protection

The policy on the prevention of abuse was seen to reference the most recent evidence-based practice. Staff spoken with by the inspector were aware of the procedure to follow in the event of an allegation of abuse. The inspector found that two allegations of abuse were not notified to the Chief Inspector in a timely manner and in line with the regulations and local policy. This is also discussed under Regulation 31: Notification of incident. There was no open safeguarding concern at the time of inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access to daily newspapers and shared access to a TV in some twin rooms. Access to individual discreet listening equipment was not available in shared bedrooms. In one room, one television was positioned so that one resident could not see the screen as it was obscured by the wardrobe. Room 9 did not have a television set. The inspector discussed this with the person in charge, who voiced that this was the residents choice. However, this choice was not documented in residents' care plan or in residents' contract of care.

The inspector found that bedroom 9 was occupied by two residents; however, as previously mentioned in this report, there was no window in the room. A room with an external window is important for natural light and residents orientation to the

time of day, weather and season. The height of the window should enable residents to see out when seated. Residents in rooms 8 and 9 had their privacy and dignity compromised as the rooms didn't have full height walls, and the bedroom doors were kept open during the day so that residents in room nine would access some natural light.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Roseville Nursing Home OSV-0000089

Inspection ID: MON-0031608

Date of inspection: 08/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: In the 24 years of operation and since HIQA standard were introduced, we have always had outstanding reports in relation to the cleanliness of the home. Family members and visitors always compliment us on how clean and tidy the home is.</p> <p>This has been further demonstrated in the covid19 pandemic, whereby we have not experienced any outbreaks, as our home is spotless due to extremely high levels of cleaning completed on a daily basis by our housekeeping staff.</p> <p>A cleaning schedule is in place and all areas are subject to a deep clean on a consistent basis. It appears, that the word "deep" is not applied in our schedule, therefore you deem that our cleaning schedule to be insufficient even though the correct procedures are consistently implemented. All of the criteria set out in standard 2.2.4 of the National Standards for infection prevention and control in community services 2018 have been fully complied with and fully documented.</p> <p>We have never had a housekeeper work on a Sunday in the last 24 years and we have an exceptionally good infection control rate over these years. From observation and cleaning audits, this has proven to be a good working system. This is reviewed on a regular basis and if ever our cleaning regime was insufficient, it would be immediately amended.</p> <p>Completed on the 15th of April 2021 and Ongoing.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The pressure relief mattress audit was completed on the 2nd of December 2020 and not September 2020 as stated in your report. The recommended service of pressure relief mattress by the company is 6 monthly which we have complied with even on the date of inspection. Please find attached the most recent audit report from Carequip Ltd. showing the above date of the 2nd of December 2020 with the next audit date to take place on the 2nd of June 2021.

The environmental infection control audits for prevention of covid19 outbreak is being fully implemented on a daily, weekly, and monthly basis. There was an infection, prevention control general audit completed on the 5th of January 2021. Please find the attached audit.

Audits are carried out on regular intervals and there has been no negative implications to the residents as assessments are carried out quarterly. However, for assurance purposes there is now a clear timetable for quarterly, six monthly and annual audits.

A cleaning schedule is in place and all areas are subject to a deep clean on a consistent basis. It appears, that the word "deep" is not applied in our schedule, therefore you deem that our cleaning schedule to be insufficient even though the correct procedures are consistently implemented. All of the criteria set out in standard 2.2.4 of the National Standards for infection prevention and control in community services 2018 have been fully complied with and fully documented. This is reviewed on a regular basis and if ever our cleaning regime was insufficient, it would be immediately amended. From observation and cleaning audits, this has proven to be a good and effective working system considering we have no outbreaks of the covid19.

Completion: Ongoing

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

In relation to two complaints made by a family member regarding safeguarding query as observed by you, this complaint had been investigated promptly and the complainants were satisfied with the outcome. The reason this incident was not notified to the chief inspector within 72 hours was because this resident is known to always accuse staff of stealing her cigarettes, her clothes, her daughter is missing or abducted, being shouted at by staff or not been provided with breakfast or her dinner.

These accusations are ongoing due to her level of confusion and all incidents were unfounded. The resident in question will soon after reverting her accusations and confirm no such incident happened. We are in contact with her family in relation to these issues

and are aware of them.

As this is an ongoing occurrence and investigated and the family are aware of the same, hence the notifications to HIQA will only be provided once there is basis to her allegation. Even though we know that the resident is confused, her allegations have been investigated and are not taken lightly.

Her level of confusion and behavior are all documented in her care plan and her family are aware of this.

A Retrospective report has been sent to HIQA.

Completed on the 10th of April 2021.

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| Regulation 17: Premises | Not Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:

- "Damaged paintwork on some walls and timber and furniture meant they could not be effectively cleaned to the required standard".

All the required refurbishments to be completed in the home have been put on hold due to covid19 level 5 restrictions. Carpenters and painters are deemed non essential workers. We have been very selective with whom we allow enter the home and this has proven effective as we have not had any covid19 outbreak. These refurbishments are all aesthetic and have no direct implication on the health and wellbeing of our residents. Even after all our residents and staff have been vaccinated, we have been in contact with some workmen to slowly and to safely start refurbishment works. However, some have expressed no desire to complete any forms of work in a nursing home due to the fear of getting covid19. They have informed us too that we are still in Level 5 of government restrictions at the time of our inspection on the 8th April 2021.

We have a scheduled date of the 10th June 2021 with our painter to retouch walls and woodwork in the home as restrictions have been eased. As per Government guidelines painters are allowed back to work now.

Completion: Painting and maintenace of the home is Ongoing.

- "Arrangements were not in place for the segregation and flow of clean and soiled laundry in the laundry room. While some processes were in place, there was no clear signage to support the unidirectional work flow in this area".

Our laundry staff have been working with us for over 10 years and are well aware of the procedures in place for all laundry. Starting from 'dirty/soiled area to washed/cleaned area' and follow this process at all times.

Signage has been put in place and the above has now been completed.

Completed 9th April 2021.

- “The bed pan washer was not serviced since 2019. Maintenance records required further review and improvements in servicing schedule”.

We have a yearly service contract with Brennan and Company, we did not deem this an essential visit for 2020 due to the ongoing Covid restrictions. We have contacted them and the bedpan washer will be serviced this month.

Completed on the 26th May 2021

- “There was only one dirty utility room which was located at the end of the lower part of the building. The location of dirty utility rooms should minimise travel distances for staff from resident rooms to reduce the risk of spillages and cross contamination, and to increase working efficiencies”.

The sluice room you refer to has been in use for the last six years and we have had no issue of risk of spillages and cross contamination. There are no residents in the home that use bedpans or commodes, if the need arises for some resident to use a commode on occasions, we have commodes that slide directly over the toilet. Every room has an en-suite except for room 4 and 7 (3 residents) who have a shared toilet adjacent to their rooms. All residents that are able to use toilet facilities do so and those that are incontinent, their incontinence wear are disposed off into the sanganic bins in a discreet manner.

Completion: Ongoing monitoring in place.

- “The quality of finishes on some furnishings including armchairs and some of the surface areas for example where paint was chipped on walls or woodwork such as frames to multiple bedroom doors did not support effective cleaning. Although, there was ongoing maintenance work in the centre, the person in charge informed the inspector that painting schedule was postponed due to illness”.

All the required refurbishments to be completed in the home have been put on hold due to covid19 level 5 restrictions. Carpenters and painters are deemed non essential workers. We have been very selective with whom we let enter the home and this has proven effective as we have not had any covid19 outbreak. These refurbishments are all aesthetic and have no direct implication on the health and wellbeing of our residents. We have been in contact with our regular painter to slowly and safely start painting works in the home. The chipped paint work on doors etc. are due to ordinary wear and tear, the daily use of wheelchairs, hoists etc. around the home causes these chips in the paint work on the doors from bangs.

Painting schedules are booked in with our painter and will commence on the 10th June 2021.

Completion: Ongoing.

- Storage facilities were inadequate:
 - The housekeeping items were stored in the sluice room and in the residents' bathroom upstairs. For example; there was a drip tray with a urinal bottle, two basins and a

disinfectant in the residents' bathroom on the first floor. This practice pose a risk for cross contamination.

The red mop bucket that was in the sluice room is for mopping up in the event of an accidental spillage. The drip tray with the urinal in the bathroom upstairs was removed on the day of inspection. Staff have been instructed not to leave any basins in the bathrooms.

Completed on the 9th April 2021.

- Hoists and residents assistive equipment such as zimmer frame and a rollator were stored on the hallways presenting risk of falls and injury to residents.

The rollator in question if am right was left in a corner by the resident that uses it, it has been assessed that it does not obstruct the hallway. It is the residents choice and preferred place to leave her rollertor for easy access. If my memory serves me right, I believe on the day of inspection there were two zimmer frames parked by the reception area. This was not in anyway obstructing the hallway, they are left there whiles they have they meal in the dining room hereby.

Completion: Ongoing monitoring of where residents leave their walking aids.

Rooms 8 and 9 were both twin rooms and they were divided by a corridor which had walls which did not extend to the ceiling. The design and layout did not meet the need of the residents as room 9 did not have a window. The residents in room nine did not have access to natural light and ventilation in the room was inadequate. Good ventilation is required for infection prevention and control. Although fire doors were fitted in both rooms, the containment of smoke and fire could not be assured as there was a significant gap between the walls and the ceiling in both rooms. This is discussed under regulation 28: Fire precautions

Completion: Please find attached third party report from Mr. Michael Lyons, the Fire Safety and Health & Safety engineer.

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| Regulation 27: Infection control | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- Arrangements to ensue that hoist slings were not shared required strengthening. Residents who used the hoist had an individual hoist sling. However, the inspector observed that hoist slings which had no individual resident's name were draped on a hoist which was stored on the corridor.

Slings has been distributed to individual residents using hoist. These are now stored in their rooms or wardrobes. Staff have been reminded to refrain from leaving the slings after use on the hoist.

Completed on the 9th April 2021.

- Uncovered bins with broken lids or no lids used for used incontinence wear were stored

in hallways and bathrooms and the bin for soiled linen was not covered. This increased the potential risk of cross contamination.

There were two sangenic bins with no lids, we were aware of this issue and new ones had been ordered online but had not been delivered yet. These have been since delivered and have been replaced. Also one sangenic bin that was in use at the time in the corridor has been put back into the bathroom.

The linen trolley has new lids on them.

Completed on the 16th April 2021

- Contenance wear were stored uncovered on the top of the toilets, on shower chairs and shelves in bathrooms.

The clean incontinence wear found on top of the toilet in one of the bathrooms in the home was removed and staff made aware not to leave them there in future.

Completed on the 8th April 2021.

- The inspector observed some staff did not adhere to good practice regarding face coverings. This was immediately addressed by management.

All staff have been informed to always wear their mask properly and make sure it covers their nose at all times and not just their mouth as it was in this case with a couple of staff.

Completed on the 8th April 2021.

- The sharps box was stored on the floor in a clinical room, underneath a hand hygiene sink. In addition, the sharps box was not signed when opened or the temporary closure mechanism engaged when it was not in use.

The sharps box in use was stored safely in the treatment room on the floor where residents have no access to same. The treatment room door is also locked when not in use. The box is signed now with the date when it was opened and staff nurses have been reminded to make sure it is properly closed/engaged when not in use.

Completed on the 9th April 2021.

- Several commode frames and shower chairs were rusted around the legs and undersides, which did not allow for effective cleaning and sanitisation.

The two identified commodes have been disposed off immediately as they were not in use.

Completed on the 8th April 2021.

- The cleaners' room required a review as there was a bucket, disinfectants, a brush, mops and two dusters stored on the counter top and a bucket with used mops and cloths

on the top of the low sluicing sink.

The cleaner was on duty on the day of inspection and using the different cleaning equipment/items which were on the counter top provided for her use when on duty, upon finishing her duties for the day, she tidies everything away from the counter top. The used colour coded cloths/dusters, mop heads etc. are put in this bucket and at the end of her cleaning shift, they are put into the washing machine on a special wash programme for the cleaning cloths, washed, dried and put away in a press ready for use again.

Completed on the 8th April 2021.

- There was limited availability of foot operated waste bins resulting in staff having to touch the lid of the bin to dispose of used hand paper towels. A review of their use throughout the centre was required to ensure that bins were covered and that they were clearly labeled.

Foot/pedal operated bins has been placed around the home replacing the old ones and also clearly labeled.

Completed on the 10th April 2021.

- Daily housekeeping cleaning checklist records were in place, however they were not sufficiently robust and comprehensive. Cleaning schedules for deep cleaning and terminal cleaning and records of same was not in place.

There were daily, weekly and monthly cleaning checklist records in place and extra cleaning of surfaces been carried out daily during the Covid-19 period which is still ongoing. We have always taken pride in keeping a clean home and all visitors, families etc. always comment on the cleanliness and order in the home. The word 'deep' cleaning and 'terminal' cleaning was not used in our cleaning schedules, this has now been amended and clear summary of cleaning schedule in place.

Completed 10th April 2021.

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| Regulation 28: Fire precautions | Not Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Completion: Please find attached third party report from Mr. Michael Lyons, the Fire Safety and Health & Safety engineer. Ongoing.

| | |
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| Regulation 8: Protection | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 8: Protection:
Please refer to my response in regulation 16 regarding staff and safeguarding training.
Please also refer to my response in regulation 31, where I have addressed the above.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Under HIQA National Standards for Residential Care Settings for Older People in Ireland 2016, the standards mention that; Each resident has access to local, national, and international news in an accessible format and in accordance with their preferences. This includes access to radio, television, magazines, newspapers, and information via computer or notice boards. Supports such as television subtitles are provided if required. In the above HIQA standards, there is nowhere where it mentions that in a shared room, there must be two television sets provided in the room for each resident. All residents in the home have sufficient access to all forms of media which includes the above.

Residents on admission are advised that televisions are provided in the common areas for example in the day rooms. They are also advised that they are very welcome to bring their own personal televisions for their rooms if they so wish. This is now reflected in the items covered and not covered in their contract of care.

Completed: 10th April 2021.

The shared rooms, if they wish to have televisions can do so individually and are advised to have separate headphones so as to avoid disturbing the other resident in the room. We have had this in the home, and it has worked very well with no issues.

In regard to rooms 8 and 9, the walls measure 94 inches / 7.83 foot. The resident's privacy and dignity are not compromised with walls of this height plus each bed has a privacy curtain. These rooms were formally an open plan layout, and the walls were constructed on the advice of previous inspectors for privacy purposes. This area layout has been changed three times on different inspectors advise. I am always willing to take advise on how to improve all services to meet and make our residents comfortable. We encourage them to join daily activities and we find most residents only use their rooms for resting and sleeping.

Section 2:

Regulations to be complied with

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

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

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|------------------|---|-------------------------|-------------|--------------------------|
| Regulation 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned. | Substantially Compliant | Yellow | 15/04/2021 |
| Regulation 17(2) | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6. | Not Compliant | Orange | 26/04/2021 |
| Regulation 23(c) | The registered provider shall ensure that management systems are in place to ensure that the service | Substantially Compliant | Yellow | 04/06/2021 |

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| | provided is safe, appropriate, consistent and effectively monitored. | | | |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 10/04/2021 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. | Substantially Compliant | Yellow | 30/06/2022 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions. | Not Compliant | Orange | 30/06/2022 |
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within | Substantially Compliant | Yellow | 10/04/2021 |

| | | | | |
|------------------------|--|-------------------------|--------|------------|
| | 3 working days of its occurrence. | | | |
| Regulation 8(2) | The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse. | Substantially Compliant | Yellow | 10/04/2021 |
| Regulation 9(3)(c)(ii) | A registered provider shall, in so far as is reasonably practical, ensure that a resident radio, television, newspapers and other media. | Substantially Compliant | Yellow | 10/04/2021 |
| Regulation 9(3)(d) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned. | Substantially Compliant | Yellow | 10/04/2021 |