



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

Issued by the Chief Inspector

Name of designated centre:	Mystical Rose Private Nursing Home
Name of provider:	Mystical Rose Limited
Address of centre:	Knockdoemore, Claregalway, Galway
Type of inspection:	Unannounced
Date of inspection:	08 May 2024
Centre ID:	OSV-0000367
Fieldwork ID:	MON-0043497

About the designated centre

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

Mystical Rose Private Nursing Home can accommodate up to 54 residents. The centre accommodates both female and male residents over 18 years of age. The centre provides nursing care for persons with dementia, intellectual disability, respite and or convalescence and palliative care. The centre is a two-storey building with lift access. Resident accommodation is provided in single and double en-suite bedrooms. The objective of the centre is to ensure that all residents are treated with privacy, dignity, autonomy and respect at all times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Wednesday 8 May 2024	09:00hrs to 16:00hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

During this inspection, the inspector spent time observing and talking to residents, visitors and staff. The overall feedback the inspector received from residents was that they were happy living in the centre, with particular positive feedback given about the staff and management team. Visitors spoken with were very complimentary of the quality of care that their family members received, including support during the admission process.

Many residents told the inspectors that the food was 'good quality' and that they had access to choices at mealtimes, this was evidenced by the menus with clear pictures of what food choices were available on the walls of the dining room.

This was an unannounced inspection carried out over one day. Throughout the inspection, the inspector observed residents relaxing in their rooms or in the day rooms. There was a oratory room available for residents' use and one of the residents said they were "so lucky that they can go to mass their every Sunday".

One resident spoken with said that there were plenty of activities to choose from and that in particular they liked going for walks. An activity co-ordinator was on site to organise and encourage resident participation in events. An activities schedule was on display in the sitting room, and the inspector observed that residents could choose to partake in a variety of activities. On the day of the inspection one of the staff members was playing the guitar in the sitting room with seven residents participating.

Residents had easy access to a secure internal courtyard, which was paved and had seating areas for residents and their visitors to use and enjoy. This area was well maintained and provided ample space for residents to relax in the fine weather.

There was an information notice board for residents and visitors close to reception. This was to inform residents of the services available to them while being a resident in the centre. Advocacy and other supports services were displayed with their contact details.

Since the last inspection the centre had removed all the carpets from residents rooms to facilitate good cleaning practices. The hallways and reception areas still had carpeted areas that were clean and well maintained. Overall, the general environment and residents' bedrooms, communal areas and toilets inspected appeared nicely decorated and clean. Residents and visitors spoken with were very happy with the standard of environmental hygiene.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. This inspection focused on the infection prevention and control related aspects of Regulation 5: Individualised assessment and care planning, Regulation 6: Healthcare, Regulation 9: Residents rights, Regulation 11: Visits, Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 17: Premises, Regulation 23: Governance and management, Regulation 25: Temporary absence and discharge, Regulation 27: Infection control and Regulation 31: Notification of incidents.

Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The inspector found that the provider generally met Regulation 27 with improvements needed around standard precautions. For example, sharps management and hand hygiene facilities and improved record keeping.

The compliance plan to address Regulation 28: Fire precautions from the last inspection had nearly been completed, the final phase of the building works was an exit door that would lead from the new housekeeping store room to the outside area.

The registered provider of the centre is Mystical Rose Limited. The provider was actively involved in the daily operation of the centre. Within the centre, the person in charge was supported by a clinical nurse manager (CNM), there was currently a vacancy for a second CNM, interviews had taken place with a suitable candidate chosen. This management structure was found to be effective for the current number of residents.

On the day of the inspection, there were sufficient numbers of suitably qualified nursing and household staff available to support residents' assessed needs. The centre had one physiotherapist that came once a week.

The provider had implemented an auditing schedule as part of the system in place to monitor the service. The person in charge, supported by the CNM were completing monthly audits. The system included monitoring of catheter care, hand hygiene, care plan documentation and infection prevention and control practices. The inspectors found that the audit system in place was effective to support identification of risk and deficits in the quality and safety of the service. Quality

improvement plans were developed in line with the audit findings and these were available in the annual review.

The centre had a suite of up to date infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions. A review of training records indicated that all staff were up to date with infection prevention and control training in line with their own policy.

The person in charge was the IPC link practitioner, there was a plan in place for this role to be given to another staff member who would complete the national IPC link programme.

There were no open complaints on the day of the inspection or any complaints documented for 2024.

The centre had managed a small outbreak this year and had an outbreak management plan in place. The provider had arranged for residents to have their spring COVID-19 booster by the health service executive team (HSE) vaccination team on the 15 May of this year.

Documentation reviewed in relation to water safety needed improving to provide the assurance that the risk of *Legionella* was being effectively managed within the centre. For example, housekeeping staff said that they regularly flushed taps but there were no water flushing records on the day of inspection. This is discussed under Regulation 27. Water temperature records were submitted after the inspection.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. The inspector was informed that there was a vacancy for an activity staff but there was a plan to replace this vacancy with an internal staff member. There was a CNM and a staff nurse vacancy that was in the process of being filled.

There were sufficient staff resources to maintain the cleanliness of the centre. There were two housekeeping staff on duty on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were up to date with infection prevention and control training. There was evidence of additional onsite face to face training. The housekeeping staff had recent training on environmental hygiene.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored, as demonstrated by sustained levels of compliance across the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Residents spoken with told the inspector that they received a good standard of care and support which ensured that they were safe and that they could enjoy a good

quality of life. There was a person-centred approach to care, and residents' well-being and independence was promoted.

There were no visiting restrictions in place and there were suitable rooms for residents to have visitors in private.

The ancillary facilities available in the centre did not fully support good IPC practices. For example, the housekeeping equipment and supplies and sluicing facilities were all in the one room. The inspector acknowledged that the provider had themselves identified this as a risk and there were plans in place to address this risk. This is further discussed under Regulation 17: Premises.

The sluice room was situated outside the building in a covered area that was accessible to staff via a key pad. This room was clean and well maintained with a designated hand hygiene sink that was in good working order. This sink did not comply with the specifications for a clinical hand hygiene sink. On the day of inspection there were no residents that were using commodes as all had ensuite facilities. Staff that needed to use the sluicing facilities to decontaminate urinals used appropriate PPE precautions to reduce the risk of infection spread.

A schedule of maintenance works was ongoing, ensuring the centre was consistently maintained to a high standard. Fabric arm chairs and dining room chairs were in the process of being replaced for chairs with a wipeable surface. The carpets in all residents room had been recently replaced with wooden flooring that was easily cleaned.

Housekeeping staff were knowledgeable of the correct cleaning and infection control procedures. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections. The Inspector identified some good practices in infection prevention and control. For example;

- The residents colonised with multidrug resistant organisms (MDRO) were clearly identified, and their care plans included detailed information to ensure personalised care and safe practices.
- Waste, laundry, linen and were managed in a way to prevent the spread of infection.
- An infection prevention and control assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to person-centred and reviewed regularly as required. Resident care plans were accessible on an electronic care management system, this now included the National Transfer Document which is used when residents are moved to acute care.

Notwithstanding the good practices in IPC there were some areas that needed improvement. For example, sharps management and other areas that will be discussed under Regulation 27: Infection prevention and control.

Alcohol hand gel was available at point of care throughout the centre. The inspector observed that there were no hand hygiene sinks within easy access from residents rooms designated for staff use. On the first floor there was a sink in a small clinical room this sink was not suitable for hand hygiene as it was very small in size and difficult to access. This is discussed under Regulation 27: Infection prevention and control

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not have full regard to the infection prevention and control needs of the residents, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- There was no dedicated housekeeping storeroom. Housekeeping products and cleaning equipment were stored within the sluice room. This meant that products and equipment may be contaminated and increase the risk of infection spread.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. This was evidenced by;

- Barriers to effective staff hand hygiene were identified during the course of this inspection. There were a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. This increased the risk of healthcare workers hands being contaminated and increased the risk of infection spread.
- The detergent in the bedpan washer had expired. This may reduce the ability of urinal and bedpans being cleaned properly and lead to infection spread.
- The needles used for injections and drawing up medication lacked safety devices. This omission increases the risk of needle stick injuries which may leave staff exposed to blood borne viruses.
- Sharp boxes in both clinical rooms had the temporary closure open and were not signed or dated. This practice could lead to a sharps injury and is not in line with best practice guidelines for transportation of sharps boxes.
- Flushing records were not included on the housekeeping checklists. These safety checks are necessary to assist in preventing *Legionella* bacteria developing in the water systems.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an MDRO and those residents that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a consultant in gerontology, tissue viability and dieticians as required. The IPC link had support from the community IPC team for advice if required.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example the volume, indication and antibiotic use was monitored and analysed each month. Infection prevention measures were targeted towards the most common infections reported. Staff were knowledgeable about the national "Skip the Dip" campaign that reduces the use of urine dipsticks as a tool to indicate if a resident had a urine infection. Posters were available in the centre to guide staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspector observed kind and courteous interactions between residents and staff on the day of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mystical Rose Private Nursing Home OSV-0000367

Inspection ID: MON-0043497

Date of inspection: 08/05/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A dedicated housekeeper’s storeroom had been highlighted on our risk register and as part of our ongoing Quality Improvement plan a dedicated housekeeping storeroom had been identified this is to be fully completed in line with regulation and standards.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • Hand washing sinks – as part of our ongoing Quality Improvement plan dedicated hand washing sinks will be increased in line with best practice. Discussion with plumber and works planned over the next 3 months or sooner to upgrade sinks. • Bedpan detergent out of date – This has been brought to the attention of all staff to be aware that chemicals can go out of date – all dates on chemicals have now been highlighted using highlighter pen and added to our audits to ensure compliance. • Needles for injections with safety devices – these have been ordered and are now in place. • Sharp boxes no date or signature – this has been brought to the attention of all nursing staff, this has also been included on our audits to ensure compliance. • Flushing records – this has been added to our cleaning sheets and to our audits to ensure compliance. 	

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 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.	Substantially Compliant	Yellow	17/06/2024
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	19/08/2024