



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

Issued by the Chief Inspector

Name of designated centre:	Rushmore
Name of provider:	Ti Rushmore Ltd
Address of centre:	Knocknacarra, Galway
Type of inspection:	Unannounced
Date of inspection:	10 May 2024
Centre ID:	OSV-0000381
Fieldwork ID:	MON-0042885

About the designated centre

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

Rushmore Nursing Home is a purpose built facility located near Salthill, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed over two floors with lift access for residents. Resident bedrooms are single and double occupancy. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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
Friday 10 May 2024	10:00hrs to 18:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were content living in the designated centre. They were cared for by a team of staff who were knowledgeable about their needs, routines and personal preferences.

Following an introductory meeting with the person in charge, the inspector conducted a walk around the centre. The centre was warm, bright and decorated in a comfortable manner. There was a calm atmosphere in the centre as staff supported residents to get ready for the day ahead. The inspector observed that many residents were up and dressed participating in the routines of daily living, for example, eating breakfast, mobilising in the corridors and reading the daily newspapers. Some residents were seated in communal areas and were chatting amongst themselves or with staff. Residents were smartly dressed. Some residents who spoke with the inspector said that they were happy with the assistance they received while getting ready for the day and that staff knew residents' individual routines well.

The majority of residents were observed passing time in the communal areas, where activities were taking place for a number of hours each day. The residents participated in a number of activities on the day of the inspection, including bingo. Residents were satisfied with the programme of activities provided to them, but one resident did express a wish for more outings to be arranged.

Rushmore Nursing Home is a two-storey building which can accommodate up to 23 residents in 19 ensuite single bedrooms, one double ensuite bedroom and two single bedrooms. The centre had no vacancies on the day of the inspection. The residents' bedroom accommodation was located on both floors, with a lift and stairs available to support movement throughout the centre. A number of communal areas were located on the ground floor including day rooms, a quiet room and a visitors' room. Secure courtyard areas were accessible from various parts of the building.

The centre was bright, warm and visibly clean on the day of the inspection. There was an ongoing programme of maintenance to ensure that all areas of the nursing home were in good condition. The communal areas were nicely decorated throughout the centre and it was clear that residents' bedrooms were personalised. For example, some residents' bedrooms had ornaments and photos of their loved ones on display. Residents who spoke with the inspector expressed their satisfaction with the size and layout of their bedrooms.

It was evident that residents' friends and families were facilitated to visit them, with people coming and going throughout the day of the inspection. The inspector spoke with a small number of visitors, who said that they were happy with the care being provided to their loved ones. They felt that staff were helpful and that they could speak openly with the management team if they wished to raise any concerns.

The inspector observed a mealtime experience and found that hot, appetising meals were being served to residents, in line with the individual needs and preferences. Residents, who spoke with the inspector, were complimentary about the choice that was offered to them, as well as the food served. One resident said "I'm delighted with the food, we get something fresh every day". There were sufficient numbers of staff available to provide assistance to residents at mealtimes. A range of snacks and refreshments were seen being served to residents on a number of occasions throughout the day.

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

Capacity and capability

Overall, the inspector found that the governance and management arrangements in the centre were effective and ensured that residents received person-centred care and support.

This was an unannounced inspection conducted by an inspector of social services to monitor ongoing regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of Rushmore Nursing Home is Tí Rushmore Ltd. A company director for the registered provider worked part-time in the centre. The centre's nursing management team included the person in charge and a clinical nurse manager (CNM). They were supported by a team of nurses, healthcare assistants, housekeeping, catering, maintenance and activity staff.

There were systems in place to monitor the quality of care provided to residents. Management meetings were held on a monthly basis between the person in charge and the person representing the registered provider entity. Records of these meetings indicated that items such as staffing levels, complaints management and an overview of key clinical incidents were discussed. Meetings with various staff groups, such as nursing staff, were also held on a regular basis. An ongoing programme of audits were being completed by the management team, including environmental hygiene, wound care, nutrition, falls management and care planning. Levels of compliance were clearly identified and actions plans were set out as required. An action from the previous inspection had been addressed whereby the clinical nurse manager was being provided with eight hours of supervisory time every week.

An annual review of the quality and safety of care delivered to residents in 2023 had been completed. The report contained an overview of key areas of the service and

outlined quality improvement plans that were to be completed in 2024.

The centre was found to have adequate staffing levels on the day of the inspection, to meet the health and social care needs of the residents.

There was an ongoing programme of training in the centre. Staff had access to a range of online training modules as well as in-person sessions. The majority of staff were up-to-date with training in moving and handling practices, fire safety and safeguarding practices. Many staff members had also completed training in areas such as the management of responsive behaviours, falls prevention and medication management. There was a programme of induction in place for newly-recruited or promoted staff, which were supported by competency assessments and supervision.

A review of staff files found that all information required by Schedule 2 of the regulations was maintained. The person representing the registered provider confirmed that vetting disclosures from An Garda Síochána was obtained for all staff, prior to commencing their employment in the centre.

Regulation 15: Staffing

On the day of the inspection, the number and skill-mix of staff was appropriate to meet the needs of the residents. There was at least one registered nurse in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training programme in place for staff, which included training to support the provision of quality care. Training records reviewed by the inspector indicated that a small number of staff required refresher training in fire safety, safeguarding of residents and moving and handling practices.

Staff supervision processes were in place which helped to ensure that staff were supported in their work and that standards of care were met.

Judgment: Substantially compliant

Regulation 21: Records

Records management was not in line with the requirements of the regulations. For

example:

- A care plan in relation to an assessed need had only been developed on the day of the inspection, seven days after the condition had been identified. This was also a finding on the previous inspection
- While the majority of notifiable events had been submitted to the Chief Inspector, the inspector found that one incident whereby a resident was transferred to hospital following a fall, had not been notified as required.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. There were sufficient resources available to ensure the delivery of care in accordance with the centre's statement of purpose.

Rosters indicated that supervisory hours were allocated to the clinical nurse manager on a weekly basis.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a process in place for managing complaints, which had been revised in line with recent changes to the regulations. The inspector reviewed the centre's complaints records, which demonstrated that they contained all of the information required by the regulations.

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.

The inspector reviewed a sample of resident's assessments and care plans and found that the residents' nursing needs were being assessed using validated tools.

For the most part, assessments informed the development of care plans that reflected person-centred guidance on the current care needs of the residents. A small number of care plans reviewed did not ensure that information was consistently updated as residents' needs changed.

Residents had regular access to general practitioner (GP) services. There were referral arrangements in place for allied health services such as dietetics, physiotherapy, occupational therapy and psychiatry of later life.

The centre promoted a restraint-free environment and there was oversight and monitoring of the incidence of restrictive practices in the centre. There was policy in place to inform staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging.

There were arrangements in place to ensure that visitors could attend the centre as they wished. Residents could meet with visitors in their bedrooms or in a dedicated visitors' room.

The centre had arrangements in place to protect residents from abuse. There was a policy in place to support the safeguarding of residents and the majority of staff had up-to-date training. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

Regulation 11: Visits

Visitors were seen attending the centre throughout the inspection and both residents and visitors were satisfied with the arrangements that were in place.

Judgment: Compliant

Regulation 17: Premises

A room in the centre was not laid out to meet the needs of residents, in line with the centre's own statement of purpose. The centre had a multipurpose room, which according to the statement of purpose was to be used for providing activities and hairdressing and chiropody services. On the day of the inspection a number of large items were being stored in the room, such as a hoist trolley, a radiator, weighing chair and a wheelchair that was out of order. While it also contained activity supplies, the room had not been designated as storage and the items being stored

there restricted access to various parts of the room.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While some care planning documentation demonstrated good knowledge of residents' individualised needs and person-centred care, the inspector identified that some care plans contained conflicting information in relation to residents' needs, such as a resident's resuscitation status, their nutritional needs or the level of assistance during their activities of daily living. This did not ensure that care plans were being reviewed appropriately to reflect residents' current needs.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence of residents having good access to appropriate medical and allied health care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each residents had a risk assessment completed prior to any use of restrictive practices.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents, and to appropriately investigate any allegations of abuse. The provider was not acting as pension agent for any residents. The provider confirmed that all staff had An Garda Síochána vetting in

place.

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	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rushmore OSV-0000381

Inspection ID: MON-0042885

Date of inspection: 10/05/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>At Rushmore Nursing home fire training is provided biannually. Training occurs between the month of Feb- March and between aug-sep every year. Second fire training for 2024 is booked for 3rd September 2024. All staffs are given training by P.i.c on induction and during fire drills.</p> <p>2 staff member who required refresher training for manual handling was completed by 17.05.2024.</p> <p>One staff member who required safe guarding training was completed on 15.06.2024</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Completed on 10.05.24</p> <p>Notification submitted on 30.05.24.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All items which is not part of therapy room or multipurpose room has been moved to store room.

Completed on 10.05.24

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The conflicts on information regarding resuscitation status as a result of typo has been corrected . completed on 10.05.24.

Level of assistance or nutritional need of the resident is updated on resident's care plan.

Completed on 10.05.24

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	03/09/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	11/05/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/05/2024

Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	10/05/2024
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