



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

Issued by the Chief Inspector

Name of designated centre:	Rosemount House Nursing Home
Name of provider:	Rosemount Nursing Home Limited
Address of centre:	Garrabeg Road, Church Street, Gort, Galway
Type of inspection:	Announced
Date of inspection:	04 March 2024
Centre ID:	OSV-0004583
Fieldwork ID:	MON-0034027

About the designated centre

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

Rosemount House provides 24 hour nursing home care for adults ranging in age from 18 to 65 and older, both male and female, in a comfortable, relaxed and homely environment. Residents who require convalescent, respite, short and long term care with low, medium, high and maximum dependencies can be accommodated. The facilities include the single storey purpose-built nursing home and secure garden/courtyards.

The centre provides accommodation for 40 residents in single and twin bedrooms, a number of which are ensuite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Monday 4 March 2024	10:00hrs to 18:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received a good standard of care and support. Feedback from residents was that this was a good place to live, and that they were well cared for by staff. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs. The atmosphere was calm and relaxed throughout the centre.

This announced inspection took place over one day. There were 32 residents in the centre and eight vacancies on the day of the inspection.

On the morning of the inspection, the inspector completed a walk through the designated centre with person in charge. Residents were observed to be up and about in the various areas of the centre. Some residents were relaxing in the communal areas or their bedrooms, while others were having their care needs attended to by staff.

Rosemount House Nursing Home was a single-storey, purpose-built facility located in Gort, County Galway. Accommodation was provided for 40 residents, and comprised of single and twin bedrooms, a number of which had ensuite bathroom facilities. Resident bedrooms were a suitable size and provided adequate space to store personal belongings. There were an adequate number of communal spaces available for residents to use including a day room, dining room, a sun room and conservatory. Residents had unrestricted access to safe, secure outdoor spaces. All areas of the centre were found to be appropriately decorated and suitably furnished.

There was a designated smoking area which was adequate in size, well ventilated and contained appropriate safety measures.

The centre was bright, warm, and well ventilated throughout. There were appropriate handrails available and corridors were unobstructed to allow residents with walking aids to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. Call bells were available in all areas and answered in a timely manner. There were appropriate sluicing facilities and laundry facilities in the centre. Overall, the premises was laid out to meet the needs of the residents. However, this inspection found a number of repeated maintenance issues which were identified on the last four inspections, including visibly damaged walls, doors, flooring and items of furniture.

As the day progressed, the inspector spent time interacting with residents and staff, and observing staff provide care and support to residents. Residents sat together in the communal areas watching TV, reading newspapers and chatting to one another and staff. Other residents were observed relaxing in their bedrooms, or mobilising freely throughout the centre and outdoor area. Communal areas were appropriately supervised and residents who wished to remain in their bedrooms were supported to do so by staff. Staff who spoke with the inspector were knowledgeable about

residents' individual care needs. The inspector observed that personal care needs were attended to a satisfactory standard.

Residents' feedback provided an insight of their lived experience in the centre. The inspector spoke in detail with a total of 10 residents. Residents told the inspector that staff were kind and provided them with assistance when it was needed. One resident said that 'I feel safe and I get everything I need'. Residents told the inspector that they were happy with their bedrooms. One resident told the inspector that they were happy with their shared room as they enjoyed the company. A number of residents who were unable to speak with the inspector were observed to be happy and relaxed in their surroundings.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

Residents were provided with opportunities to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms, seven days a week. The inspector observed residents taking part and enjoying a game of bingo in the afternoon. Residents were also provided with access to television, radio, newspapers and books.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre.

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

Capacity and capability

This was an inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address areas of non-compliance found on the previous inspection in August 2023.

Overall, the inspector observed that, on the day of the inspection, this was a well-managed centre, where the quality and safety of the services provided to residents were of a good standard. The findings of this inspection were that the provider had taken some action to address the issues found on the last inspection in relation to staffing, training, records and fire precautions. Notwithstanding the improvements made, further action was now required in relation to the governance and

management of the centre to ensure full compliance with the regulations, as there were a number of areas of repeated non-compliance in policies and procedures, and premises.

Rosemount Nursing Home Limited was the registered provider of this designated centre. The company had four company directors. The inspector found that the management arrangements in the centre had improved since the previous inspection. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The management team consisted of a general manager and a person in charge, both of whom were a visible presence in the centre and were well known to residents and staff. The person in charge demonstrated a good understanding of their role and responsibility. There was a new senior nurse role in place to provide support to the person in charge in the clinical leadership and management of the centre. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge. The service was supported by a full complement of staff, including nursing and care staff, housekeeping, activity, catering, administration and maintenance staff.

On the day of the inspection, the number and skill-mix of staff was appropriate to meet the assessed needs of residents. The team providing direct care to the residents consisted of one registered nurse on duty at all times and a team of health care assistants. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive way with residents. Staff demonstrated an understanding of their roles and responsibilities and teamwork was evident throughout the day. A review of the staffing roster found that there were improvements in the staffing levels, in particular housekeeping staff since the previous inspection.

There was evidence that there were improved communication systems in the centre. Various staff meetings were held frequently including general staff meetings and management meetings. Minutes reviewed by the inspector showed that a range of topics were discussed such as, resident issues, health and safety, training, staffing, infection control, finances and other relevant management issues.

There were policies and procedures available to guide and support staff in the safe delivery of care. However, not all policies were reviewed and up to date, in line with regulatory requirements. This is a repeated non-compliance.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The provider had systems of monitoring and oversight of the service in place. A range of clinical and environmental audits were carried out by the person in charge which reviewed practices such as care planning, falls management, and environmental cleaning. Action plans were developed from audit findings and included allocation of responsibility to staff members and appropriate time frames. The person in charge also reviewed key aspects of the quality of the service on a regular basis. This included information in relation to accidents, medication,

pressure ulcers, residents' weights, restraints, complaints and other significant events. The person in charge had completed an annual review of the quality and safety of care in the centre for 2023.

However, some of the known risks in the centre had not been appropriately addressed by the provider. For example, out of date policies and poor oversight of premises had not been addressed to ensure compliance with the regulations.

The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

A complaints log was maintained with a record of complaints received, the outcome of complaints received and the satisfaction level of the complainant.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill-mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to training appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records set out in Schedules 2, 3 and 4 were kept in

the centre, and that they were available for inspection on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure effective oversight of the service were inadequate. For example, issues in relation to policies and procedures and premises were not fully addressed to ensure compliance with the regulations.

This is a repeated non-compliance.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A number of policies required by Schedule 5 of the regulations were not updated in line with the regulatory requirements. For example;

- Fire safety management
- Complaints management

This is a repeated non-compliance.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents living in this designated centre received care and support that was of an appropriate standard. Residents who spoke with the inspector said that they were well cared for by staff in the centre. Staff were observed to be respectful and courteous with residents.

While the centre was clean and tidy on the day of the inspection, some areas of the centre were found to be a poor state of repair and action was required to ensure the designated centre conformed to all matters, as set out in Schedule 6 of the regulations. The provider's failure to address this repeated non-compliance found on previous inspections with regard to Regulation 17: Premises meant that residents continued to live in a care environment that did not meet regulatory requirements or

the expected standard for a designated centre.

Care delivered to the residents was of a good standard, and staff were knowledgeable about residents' care needs. Following admission, a range of validated clinical assessment tools were used to identify the needs of residents including skin integrity, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of five residents' files. Care plans were person-centred and contained the necessary information to guide care delivery. Care plans were reviewed every four months or as changes occurred, in line with regulatory requirements.

Residents were reviewed by their doctor, as required or requested. Referral systems were in place to ensure residents had timely access to allied health and social care professionals for additional professional expertise.

There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

There was a schedule of activities in place and there were sufficient staff available to support residents in their recreation of choice. Residents were provided with opportunities to consult with management and staff on how the centre was run. The inspector looked at minutes of recent residents' meetings and a range of issues were discussed including staffing, menus, activities, the management team, safeguarding and advocacy. Resident satisfaction surveys were carried out and feedback was acted upon. Residents had access to an independent advocacy service.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were documented and known to staff. Appropriate referral pathways were established to ensure residents, identified as at risk of malnutrition, were referred for further assessment by an appropriate health professional.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal emergency evacuation plans were in place for each resident. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire-fighting equipment was available, and serviced, as required. There were regular in-house fire safety checks completed and recorded. Staff were knowledgeable about what to do in the event of a fire.

The inspector found that the system to protect residents' finances was not robust and that action was required with regard to residents' finances to ensure full compliance with Regulation 8: Protection.

Regulation 11: Visits

The registered provider had ensured that arrangements were in place for residents to receive visitors. Residents who spoke with the inspector confirmed that visiting was unrestricted.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises was not in compliance with Schedule 6 of the regulations. This was evidenced by;

- the flooring on all corridors was in a state of disrepair
- a review of the building found that paintwork was peeling in a number of areas, and tiles, door frames and skirting boards were observed to be damaged.
- numerous of items of residents' furniture showed visible signs of damage and wear and tear, including beds, bed tables, wardrobes and bedside lockers
- the bath in one bathroom did not have any taps and there was no evidence that there was a system in place to reduce the risks relating to water contamination. For example, records of a flushing regime to remove stagnant water.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by a medical practitioner.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had not taken all reasonable measures to protect residents from potential abuse. For example, the arrangements in place for residents for whom the provider acts as a pension agent were not in line with best

practice guidelines.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre and their privacy and dignity was respected. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	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	Compliant

Compliance Plan for Rosemount House Nursing Home OSV-0004583

Inspection ID: MON-0034027

Date of inspection: 04/03/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>We acknowledge the judgement of Substantially Compliance on Regulation 23; Governance and management. We aim to provide a more robust oversight of the service. We will thrive to update our policies and procedures to be in line with the current regulations.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>We acknowledge the judgement of Substantially Compliance on Regulation 4; Written policies and procedures.</p>	

<p>We aim to update our Fire Safety Management Policy and our Complaints Management Policy required by Schedule 5 of the regulations.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>We acknowledge the judgement of Non – compliance with regulation 17; Premises.</p> <p>We are progressing to carry out more painting work, in the bedrooms throughout the Nursing Home.</p> <p>In relation to resident’s furniture, we will carry out an audit of the premises to determine which areas need to be replaced and progress from there to replace any items such as beds, bed tables, wardrobes and beside lockers.</p> <p>In relation to the bath in the bathroom that had no taps on it, there will be new taps fitted on the bath. These taps will be checked by maintenance to make sure that the water runs freely with hot and cold water available.</p> <p>In relation to the flooring of the premises, we are hoping to replace the entire floor throughout the Nursing Home.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p> <p>We acknowledge the Judgement of Substantially Compliance on regulation 8; Protection.</p>	

We aim to remove ourselves from acting as a pension agent for residents. We will contact the Social Welfare Office and ask that the resident's pension should be paid into the local Post Office. The resident will be fully protected this way and have full access to their own pension on a weekly basis. We trust that this will be acceptable.

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.	Not Compliant	Orange	16/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any	Substantially Compliant	Yellow	16/07/2024

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	16/05/2024