



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

Issued by the Chief Inspector

Name of designated centre:	Roselodge Nursing Home
Name of provider:	Killucan Nursing Centre Limited
Address of centre:	Killucan, Westmeath
Type of inspection:	Announced
Date of inspection:	26 March 2024
Centre ID:	OSV-0000088
Fieldwork ID:	MON-0040600

About the designated centre

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

Killucan Nursing Centre Limited is the registered provider of Roselodge nursing home. Accommodation and full-time nursing care is provided for 50 residents, both male and female over the age of 18 years. General nursing care for people who require long-term care and short-term respite care including residents with dementia.

The centre was purpose-built close to the centre of the rural village of Killucan, Co Westmeath. There is close access to local shops, pubs and churches. All facilities including bedroom accommodation is located on the ground floor. Residents have access to a central landscaped courtyard. The modern building has a number of communal spaces used as sitting rooms and a separate dining area. A bright reception space is well furnished and facilities include a hairdressing room and spacious visitor's room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Tuesday 26 March 2024	09:00hrs to 17:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and that staff looked after them very well, one of the residents' who expressed a view told the inspector that this was a "great place".

This was an announced inspection carried out over one day. On arrival the inspector met with the person in charge and the registered provider. Following an introductory meeting the inspector did a walk around of the centre with the person in charge. The inspector observed that residents were supported and assisted by staff with their morning routines. The inspector met and spoke with many residents, staff and some relatives during the day of inspection.

Residents told the inspector that they were happy living in the centre and that staff were "very good" and "help me when i ask". The inspector observed staff interactions with residents during the day that were respectful, kind and unhurried. It was evident from observing these interactions that management and staff knew the residents well and were familiar with each residents daily routine and preferences.

The inspector observed that residents were well-dressed and were found to be wearing well-fitting clothes and footwear. Residents appeared comfortable asking for assistance and staff were attentive and caring in their approach. Residents told the inspector they felt safe living in the centre and that they enjoyed the various activities and outings that take place.

There were a range of activities available in the centre which were displayed on a notice board clearly for residents and visitors to see. Inspectors found that residents were encouraged and provided with support to attend group activities or on a one to one basis if that was their preference. Activities available on the weekly schedule included mass, bingo, quizzes, card playing, ball games, group exercise, music sessions and pet therapy.

In the afternoon the inspector observed a music session and observed residents and staff dancing with each other to the music. The atmosphere was lively and residents appeared to enjoy the music and observing the dancing. One resident mentioned that "the only thing missing is a bar".

Roselodge Nursing Home is a purpose built centre in the rural village of Killucan, County Westmeath. There was a homely feel to the centre, and care was taken to decorate communal spaces with ornaments and art work completed by residents. The centre has generous day rooms available for residents to relax in and enjoy. All bedrooms in the centre were of single occupancy and many rooms have en suite

facilities. Residents bedrooms were spacious and provided a range of storage facilities for residents to store their personal belongings. Many bedrooms had been personalised by residents with their own furniture and personal belongings which added to a homely environment.

The centre was exceptionally clean and all areas were maintained to a good standard. The centre was warm and comfortable throughout. The enclosed courtyard garden area was well maintained and there was a display of flowers, ornaments and shrubbery. There were chickens in the garden and they were housed in a safe and secure chicken coup and they provided interest for residents and visitors to look at. Residents could access the garden area freely and there was suitable pathways and garden furniture provided so residents could mobilise safely and sit and enjoy their outside space.

Mealtimes were observed to be a social time with many residents choosing to attend the dining room for their meals. The inspector sat with residents at lunchtime and observed residents enjoying their meals and that they were supported with eating and drinking by staff. Residents were offered choice at mealtimes and were given adequate time to enjoy and savour their meals. Menu's were clearly displayed in the dining area and staff also told residents what meals were available. The food looked and smelt appetising and the inspector observed residents finishing their meals.

There was visiting happening throughout the day with no restrictions in place. Visitors who spoke with the inspector gave positive feedback regarding the care their relatives were receiving.

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

The centre was well managed for the benefit of the residents who lived there. There was an experienced management team in place who worked hard to ensure that safe and appropriate care and services were provided for the residents and that residents rights were upheld. As a result this inspection found high levels of satisfaction reported by residents and their visitors and good compliance with the regulations.

This was an announced inspection to monitor compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres fo Older People) Regulations 2013 as amended 2023.

The registered provider is Killucan Nursing Centre Limited. The centre has an experienced registered provider representative and person in charge in place. They are supported by a team of clinical nurse managers, nurses, health care assistants,

activity staff, housekeeping, catering and maintenance.

The provider ensured that resources were made available to provide care and services in line with the statement of purpose against which the centre was registered. There were enough skilled and knowledgeable staff to provide safe and appropriate care for the 47 residents that were living in Roselodge Nursing Home on the day of the inspection.

There was a clearly defined management structure in place. The person in charge (P.I.C) works full time in the centre and reports to the registered provider representative. The P.I.C is supported in their role in the centre by a clinical nurse manager who also deputises for the P.I.C in their absence. Staff working in the centre told the inspector that the management team were actively involved in the day to day operations of the centre and frequently spoke with staff, residents and families. This was validated by the inspectors' observations on the day. Residents and families were familiar with the person in charge and the provider representative and said that they were available and approachable if they wanted to speak with them.

There was a well-established audit schedule in place to monitor the standards of care provided. Results of audits confirmed high levels of compliance and where improvements were identified there were action plans in place address the issues identified. Records reviewed on inspection confirmed that quality and safety meetings which provided oversight of the service were held on a monthly basis and staff meetings at quarterly intervals. Although the provider had completed a comprehensive review of the quality and safety of care provided for 2023 it did not include resident feedback on their views of the service. This was a lost opportunity as the improvements identified for 2023 may not be incorporate residents views. This is also a requirement of Regulation 23; Governance and Management.

A review of the centre's rosters confirmed that there were sufficient numbers of staff available to meet the assessed needs of residents both during the day and at night. The registered provider had maintained staff numbers in line with the centre's statement of purpose. There was a full complement of staff in the centre on the day of the inspection.

Staff had good access to training and development opportunities in their work and demonstrated appropriate knowledge and skills for their roles. Staff were provided with an adequate induction period and training when they commenced employment in the designated centre. There was a schedule of mandatory training available to ensure staff kept up to date with their training requirements.

The inspector reviewed a sample of residents' contracts for the provision of services and found that contracts accurately described the service provided and clearly set out the charges for the service.

The provider had updated their statement of purpose however further amendments were required to include recent legislative changes to Regulation 23; Complaints. The provider updated and submitted the amended document on the following day

of inspection.

The registered provider maintained a log of complaints received from residents and from family members. A review of these records indicated that the provider was handling complaints in line with their complaints policy and procedure. The provider was keen to learn from complaints received in order to improve the quality of the service delivered to the residents.

Regulation 14: Persons in charge

There was a person in charge of the designated centre who met the requirements of the regulations. They are an experienced registered nurse with previous management experience of being a person in charge in another designated centre.

The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and of their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of the residents. The inspector reviewed rosters and was assured that appropriate staffing resources were consistently in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had good access to training. A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual

The inspector found that staff were appropriately supported and supervised in their work. As a result staff practices were in line with the centre's policies and procedures and ensured that good standards were maintained in key areas such as infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities. Both the provider and person in charge were present and involved in the day to day running of the centre and were well known by residents and their families.

There were effective management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

A comprehensive annual review of the quality of the service in 2023 had been completed but the provider had not included residents feedback as part of the review.

Comprehensive audits were completed and included a result, learning and action plan if the need for improvement was identified. There was regular management and staff meetings held.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of four contracts for the provision of services confirmed that residents had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. All contracts of care reviewed had been appropriately signed and included the residents room number.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information set out in Schedule 1, which included the conditions of registration. Information regarding the services and facilities was also provided. The process for complaints needed to be updated in the statement of purpose to reflect the 2023 amendments and be in line with their complaints procedure. This was completed by the provider and submitted to the

inspector on the following day of the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints received by the provider and this policy and procedure had been updated to incorporate amendments made to this regulation by recent statutory legislation.

The inspector reviewed the complaints log and confirmed that the provider had received some complaints since the last inspection. Of the four complaints reviewed by the inspector it was clear that each complaint had been managed in a timely manner and had recorded the outcomes of the complaint and the satisfaction of the complainant and closed off in line with their policy.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and were supported by staff who were caring and knowledgeable of each resident. Residents were encouraged and reassured with their activities of daily living and inspectors observed that residents were consulted and offered choice in relation to the care provided. Their health and social care needs were met by timely access to health care and an activities schedule which was varied and interesting. Residents were encouraged to participate in the running of the centre by frequently attending resident meetings.

Many works of art made by the residents living in the centre were displayed along the corridors which added to the homely feeling and provided points of interest as you walked around the centre. Many of the bedrooms and communal areas overlooked views of the courtyard garden.

Residents had unrestricted access to all areas of the centre including the internal courtyard. It was inviting and the pathways for residents to mobilise were safe and well maintained. The centre was bright and maintained to a high standard. Visitors were welcomed to the centre and there was an open visiting policy. Visitors and residents could choose from several areas in the centre where they could meet with residents and in private if preferred. There was a sign in register in place for all visitors to complete.

The centre is a one storey building with 50 beds. Overall bedrooms are well

proportioned with ease of access for residents. Inspectors observed that some residents had brought in personal items and photographs from home to decorate their bedrooms. Rooms can accommodate moving and handling equipment if required and the rooms were warm and bright. The layout of these bedrooms allowed sufficient space to have a bedside chair so they could sit beside their bed if they wished and residents had access and control over their personal possessions.

The inspector found the centre was visibly clean throughout. Health care equipment and furniture was clean, well maintained and appropriately stored in the centre. There were sufficient cleaning staff on duty and equipment and supplies of personal protective equipment (P.P.E) were readily available. Cleaning staff spoken with demonstrated a good knowledge of their cleaning schedules, cleaning products and appropriate infection prevention and control systems in place. There was appropriate separation of clean and unclean items during cleaning and laundry processes. The inspector noted that staff had a good working knowledge of infection, prevention and control.

The laundry facility was clearly segregated into clean and dirty zones and clean items were stored separately. Cleaning schedules were updated daily and there was adequate staffing resources daily to maintain a consistent service. The laundering of clothes was of a high standard and residents were very satisfied with this service. Residents could choose to send their clothes home to be laundered by family members if that was their preference.

Comprehensive assessments had been completed for all residents on admission and person centred care plans were in place to reflect the information obtained from each assessment. Residents families were consulted as part of the care planning process especially when obtaining information in relation to the key to me section. Care plans had been formally updated at the required intervals and also when there was a change in the residents condition.

The inspector observed staff and resident interactions and found that where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical or psychological discomfort with their social or physical environment) that these situations were well managed by the staff team present, and a review of care records indicated that there was adequate recording of techniques in how to manage these behaviours. This meant that residents had effective interventions in place to address their identified need and to guide staff in supporting residents with these behaviours.

There were clear procedures in place to protect vulnerable residents, for example all staff had a Garda vetting disclosure in place. Residents told the inspector that they felt safe living in the centre and would be comfortable speaking with any member of staff if they had any particular concerns. Residents were clearly comfortable in the presence of staff and staff and resident interactions were respectful and empathetic. Staff were able to tell the inspector what they would do in the event of a safeguarding concern being disclosed to them and the appropriate steps to take in maintaining resident safety. The provider maintained and updated their safeguarding policy in line with national guidance and facilitated staff attend regular

training on safeguarding.

Residents that had been assessed and identified as having communication difficulties had been referred to and were facilitated to access specialist health care professionals such as an audiologist, an optician and dental services. These care needs were recorded in each residents care plan accordingly.

Regulation 12: Personal possessions

The inspector was assured that residents had access to and as far as possible retained control of their personal property, possessions and finances. Every bedroom had sufficient storage and a lockable space for residents to safely keep their personal belongings.

The laundering of personal clothing was sufficient and there was positive feedback received from residents on the day regarding this service provided.

Judgment: Compliant

Regulation 17: Premises

The registered provider having regard to the need of the residents has provided premises which conform to the matters set out in Schedule 6.

The premises was very well maintained throughout and had an ongoing schedule of works in progress to maintain its upkeep.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured effective procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. The inspector observed staff performing hand hygiene appropriately and the designated centre had sufficient hand washing and sluicing facilities available. Housekeeping systems in place were effective and the housekeeping staff on duty were knowledgeable of their daily cleaning responsibilities and procedures.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning were found to be of a high standard which ensured each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspector reviewed a sample of five residents' care plan documentation and found the following;

All residents had a comprehensive assessment of their needs prior to or on admission to ensure that the centre was able to provide care that met residents assessed needs.

Care plans were reviewed at four monthly intervals, or as and when required. Residents were consulted about their preferences for care interventions and where residents were unable to provide this information records confirmed that family members were consulted.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. Staff were familiar with the residents and were knowledgeable on the triggers that may cause distress or anxiety. The inspector observed staff interactions with a resident displaying a responsive behaviour and was assured that staff engaged and de-escalated concerns expressed by the resident in a kind and dignified manner.

The centre had a low level of restrictive practice in place and were working well towards a restraint free environment. Residents were encouraged to move freely throughout the centre in a non-restrictive way.

Judgment: Compliant

Regulation 8: Protection

All staff were up to date with their mandatory training requirements in protecting vulnerable adults from abuse and could tell the inspector what they would do if a safeguarding concern was disclosed to them. Garda vetting was in place for all staff before they commenced working in the designated centre.

Judgment: Compliant

Regulation 10: Communication difficulties

The registered provider had ensured that residents with communication difficulties were provided with further assessment and support as required. The inspector observed an audiologist on site testing residents hearing to assess if residents had any specialist communication needs. Residents hearing test results were recorded and documented in each residents care plan and any residents identified as having a hearing loss were provided with a follow up appointment to discuss treatment options.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 10: Communication difficulties	Compliant

Compliance Plan for Roselodge Nursing Home OSV-0000088

Inspection ID: MON-0040600

Date of inspection: 26/03/2024

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Feedback from Residents / Family Survey’s will be included in the Annual review of Quality going forward.	

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 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	27/03/2024