



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

## Issued by the Chief Inspector

Name of designated centre:	Rushmore Nursing Home
Name of provider:	Rushmany Nursing Home Limited
Address of centre:	Knocknacarra, Galway
Type of inspection:	Unannounced
Date of inspection:	14 September 2022
Centre ID:	OSV-0000381
Fieldwork ID:	MON-0037379

## 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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## How we inspect

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 14 September 2022	10:15hrs to 18:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents spoken with on the day of the inspection were satisfied with the provision of care. Residents told the inspector that they felt safe, and were happy with the length of time it took to have their call bells answered. Residents reported that the staff knew them well, and treated them with kindness. Notwithstanding this positive feedback, when asked how they spend the day comments included that the days were "boring", "same old, same old" and that there was "absolutely nothing" to do.

On the day of inspection, the inspector did not observe any group activity in the centre. There was no member of staff allocated to the provision of activities. The inspector attended the communal room that was occupied by residents on seven occasions. On three of these occasions there was no staff in attendance. The residents were sitting in a circle with no engagement. When staff were in attendance they were observed to be task driven. For example, giving out drinks. Residents told the inspector that when the activities staff are on duty they enjoy the exercise programme.

Residents reported that the quality of food was good and that there was always choice available. Staff were observed to facilitate residents who required assistance with their meals in a kind and respectful manner.

The provider and person in charge accompanied the inspector on a walk around the centre. The inspector observed that the premises was clean. Resident bedrooms were observed to be decorated in a person-centred manner, using family pictures and items of importance to them. The provider informed the inspector that there was a plan in place to replace carpeted bedrooms with a more appropriate flooring that could be easily cleaned.

Where able, residents were observed mobilising independently around and without restriction. There was two enclosed external courtyards which residents could access independently.

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 provided.

## Capacity and capability

The inspector found that residents received a good standard of direct care that met

their assessed needs. The governance and management of the centre had changes to the staffing with the appointment of a new person in charge. However, findings were that the centre was insufficiently resourced. The systems in place that ensure effective oversight of monitoring of the service did not provide adequate assurances that the centre was appropriately monitored. The provider had not taken appropriate action to ensure that the centre had come into compliance with the findings from the last inspection. Four of the regulations reviewed are a repeated non-compliance.

- Regulation 21 Records - Recruitment practices to ensure all staff have a Garda Vetting disclosure on file prior to commencing in the centre.
- Regulation 23: Governance and management - the systems in place monitoring the service. The annual review of the service had not been completed.
- Regulation 28: Fire precautions - the frequency of fire drills and assurances that staff were aware of the procedures to follow in the event of a fire were not compliant
- Regulation 29: Medication management - no action had been taken to address poor practice found on the last inspection.

Rushmany Nursing Home Limited is the registered provider of the centre. This was an unannounced risk inspection to monitor the centre's compliance with the regulations. The centre is registered to accommodate 24 residents in both single and double-occupancy bedrooms. The registered provider had reduced the occupancy of one double bedroom to single occupancy and installed an ensuite. This had resulted in an overall reduction in registered bed capacity to 23. The inspector acknowledges the change had enhanced the service provided to residents. However, an application to vary a condition of registration had not been submitted. This is a repeated non compliance found from the last inspection.

The provider had committed to an allocation of eight hours, per week, of a senior nurse working in a supervisory role to support the person in charge. However, due to planned leave, the hours were no longer in place. This meant that the person in charge had no clinical support to complete the monitoring of the direct provision of care. There were 23 residents accommodated in the centre. The inspector reviewed the staffing rosters and found that the number and skill mix of staff on duty was insufficient to ensure that the needs of the residents were consistently met. This was evident in the lack of any meaningful social interaction for residents.

Staff were provided with ongoing training and development relevant to their role and responsibilities. The inspector reviewed the training records for staff and observed that, with the exception of training relating to the management of responsive behaviours, all staff had received training in safeguarding, fire safety, manual handling and infection prevention and control.

The person representing the provider had a daily presence in the centre. The provider and person in charge worked closely and informed the inspector that they communicate daily on a range of issues. Formal governance and management

meetings were held. The last meeting recorded was in July 2022.

The complaints procedure was displayed at the reception area in the centre. In addition, there was a suggestion box placed at the main entrance. However, the inspector was not assured that complaints were managed in line with the requirements of the regulations or the centre's complaints policy. The complaints log evidenced gaps in the recording of all complaints received.

### Regulation 15: Staffing

On the day of inspection, the number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge confirmed that staff had not attended training on the management of behaviour that is challenging. The person in charge was aware of the gap and confirmed that a plan was in place to address same. This will be addressed in the compliance plan response.

Judgment: Substantially compliant

### Regulation 21: Records

Staff files did not contain all of the information required under schedule 2 of the regulations. This is a repeated non-compliance from the last inspection. For example,

- two staff had commenced induction in the centre in advance of having a valid Garda vetting disclosure on file.
- one file had one written reference
- two files had no photographic identification and evidence of accredited training was not available.

Judgment: Not compliant

## Regulation 23: Governance and management

The inspector found that the provider had failed to ensure that the centre was sufficiently resourced. Firstly, the provider had committed to ensure that an additional eight hours of supervisory support would be made available to the person in charge to ensure sufficient monitoring and oversight of the service. The additional hours had been implemented for a short period only. Due to a planned absence these additional hours were no longer in place. Secondly, there was no resources available to cover the planned leave of staff who had responsibility to ensure that meaningful recreation occurred for the residents. This meant that the days were long with no social care provided for the residents.

The management systems in place to ensure that the services in place was safe, appropriate, consistent and effectively monitored did not meet regulatory requirements. For example;

- the recruitment system of ensuring that the requirements of schedule 2 were met
- the medication management systems in place were not safe
- the system of recording and following up of resident complaints

Following the last inspection the provider had committed to complete an annual review of the service to include resident and staff input with a completion date of October 2021. On the day of inspection, this provider confirmed to the inspector this annual review was not available for review. Therefore, this is a repeated non-compliance.

The provider had further reduced the bed occupancy in the centre. A double bedroom had been reduced to single occupancy with the installation of an ensuite facility. The provider had not submitted an application to vary the conditions of registration.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with regulation requirements.

Judgment: Compliant



## Regulation 34: Complaints procedure

Residents were aware of the complaints procedure and told the inspector that they had recently made a complaint and were awaiting a response from the provider. A review of the complaints register found that the complaint was not logged. The person in charge confirmed that they were aware of the complaint. At the time of inspection, the complaint was not resolved.

The provider had failed to ensure that complaints made by residents were recorded and appropriately responded too. On the day of inspection, the inspector found four complaints made by residents that were not logged in the complaints book. In addition, the inspector was not assured that all reasonable measures had been taken to address the complaints.

Judgment: Not compliant

## Quality and safety

Overall, residents in Rushmore Nursing Home were supported and encouraged to enjoy a satisfactory quality of life. Residents indicated that they felt safe living in the centre and knew the staff well. Arrangements in place for the safe administration of medications and for the provisions of meaningful activities for residents was inadequate. In addition, the inspector found that insufficient progress had been made with the management of fire precautions.

A review of residents care records evidenced that residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. Care plans were sufficiently detailed to guide the staff in the provision of person-centred care to residents. Care plan reviews were carried out at intervals not exceeding four months and residents and their relatives were involved in the review process. Residents' medical needs were met through timely access to their general practitioner (GP) and, where necessary, onward referral to allied health and social care professionals for further expertise and assessment. Notwithstanding the positive findings, the inspector found that the poor medication management practices found on the last inspection had not been addressed. This detail of the finding is discussed below.

The provider had ensured effective infection prevention and control (IPC) measures were in place in the centre. This included audits with quality improvement plans. Staff demonstrated an understanding of the cleaning procedure and personal protective equipment was observed to be appropriately worn. While part of the premises and some items of resident equipment were in a poor state, plans were in

place to progress refurbishment and replace carpets in resident bedrooms.

The provider was proactive in managing some aspects of the fire safety risks in the centre. A review of compartment sizes had been completed and as a result the largest compartment had been reduced from eight down to four. Procedures and fire drills to ensure the safe and timely evacuation of residents in the event of a fire had not been completed. This is a repeated non-compliance. Action was required to comply with Regulation 28, Fire precautions.

Resident meetings held identified that residents had requested outings. A commitment was given that outings would be organised for the summer. No outings had occurred. The inspector was informed that a live music session had occurred in the centre.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. The inspector spoke with visitors and all were very complimentary of the care provided to their relatives.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

### Regulation 18: Food and nutrition

Communication between clinical staff and catering staff to ensure that all kitchen staff were aware of resident individual needs was not adequate. While there was a system in place, the information was not always communicated between the two teams. In addition, the menu displayed on the notice board did not align with what was on offer to the residents on the day of inspection. Records reviewed that this occurs on a regular basis.

Judgment: Substantially compliant

### Regulation 27: Infection control

Action was required to ensure compliance with Regulation 27:

- commode chairs and items of equipment were heavily rusted and not amenable to cleaning
- there was an infection prevention and control risk in carpeted resident bedrooms. The provider had a plan in place to replace the carpets in resident bedrooms. This will be outlined in the compliance plan response.
- Items of personal belonging used by residents such as razors were not clearly identified and so this was a risk to residents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

On the day on inspection, there was no documentation available on the completion of fire drills in the centre. The person in charge confirmed that since their appointment no fire drill had been completed with staff outside of the annual fire training delivered. This meant that drills were not scheduled at suitable intervals. This also meant that with no drills occurring, there was inadequate assurances that all staff would be aware of the procedure to be followed, or that residents could be safely evacuated, in the event of a fire. This is a repeated non-compliance found from the last inspection.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of resident's medication charts and medication administration records, and observed that medication management practices did not comply with regulatory requirements, professional guidelines or the centres own policies. This is a repeated non compliance found on the last inspection. For example;

- the transcription of medication by nurses were not signed by a general practitioner
- medications were administered without a valid prescription.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. Care

plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of discussion and consultation with the resident in relation to care plans.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with access to health and social care professional services. There was good evidence that advice received was followed which had a positive impact on resident outcomes. For example; resident that were assessed as having lost weight were assessed by a dietitian. Intervention management steps taken resulted in stabilisation of the resident's weight.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had failed to ensure that residents had an opportunity to participate in activities in accordance with their interests and capacities. On the day of inspection, there was no social activities held in the centre. The main communal room was occupied by small groups of residents, varying from five to ten residents. Staff attended the room to check on the residents and were seen providing drinks. Residents told the inspector that they were bored and had nothing to do. This meant that for the residents the day was long and uneventful.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Rushmore Nursing Home OSV-0000381

Inspection ID: MON-0037379

Date of inspection: 14/09/2022

## 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:            All staff will be given an account on social care tv which is an online platform for training.            To be completed by 30/10/2022.</p> <p>All staff will be advised to complete the management of behavior that is challenging by the end of November.            To be completed by : 30/11/2022.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            All staff employed at Rushmore Nursing Home have a valid garda vetting in place. All staffs vetting certificate are kept in folder and induction will only be started once vetting is received.            Completed : 14/09/2022.</p> <p>All staff files had been checked and have 2 written references in their folder. All the references which were in the system are kept in their respective folders. All staff files have photographic identification and evidence of accredited training.            Completed : 14/09/2022</p>	

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>Annual review of service to include resident and staff input for 2022 will be completed</p> <p>To be completed by : 31/01/2023</p> <p>Senior staff nurse will assist with governance and management for 8 hours a week. To be completed by : 30/10/2022.</p> <p>Application to vary the condition of registration i.e the reduction of bed occupancy from 24 to 23 is done.</p> <p>Completed : 06/10/2022.</p> <p>All new staff induction will only commence after a valid garda vetting.</p> <p>Completed : 14/09/2022.</p> <p>All resident Kardex has a valid and electronically signed script .</p> <p>Completed : 28/09/2022.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints made by a resident has been logged in to the complaint register and has been resolved.</p> <p>Completed : 27/09/2022.</p> <p>The four complaints made by the residents which were kept in the disciplinary folder for disciplinary meeting has been logged in to the complaint book.</p> <p>Completed : 14/09/2022</p>	



Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:  Kitchen staff will be given a detailed diet sheet for all residents as recommended by dietician</p> <p>To be completed : 21/10/2022</p> <p>Kitchen staff are advised to follow the menu and staff nurse on duty and management will oversight the meal times and ensure menu is followed as per the menu plan</p> <p>Completed : 16/09/2022</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  An engineer has reviewed the area to replace to the carpets and a quote has been received from the company.</p> <p>To be completed by : 28/02/2023.</p> <p>Commode chairs and heavily rusted items of equipment will be either replaced or cleaned as per the infection control standards.</p> <p>To be completed by 31/12/2022.</p> <p>All personal items including razors are clearly labelled and kept in their respective lockers or wash bags.</p> <p>Completed : 16/09/2022</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A new system for fire evacuation ( ski sheets under bed) will put in place</p> <p>To be completed by: 15/11/2022.</p> <p>Evacuation drills for all staff including with lowest staffing level will be completed</p> <p>To be completed : 31/12/2022.</p> <p>Last evacuation drill was done as a part of the fire training on 29/08/2022.</p> <p>Weekly fire alarm and daily check list is up to date</p> <p>Completed : 14/09/2022.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All resident drug Kardex has a valid script which is electronically signed by their G.P</p> <p>Completed : 28/09/2022</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A plan is in place to ensure an activity co-ordinator in on duty</p> <p>Completed : 15/09/2022.</p> <p>An indoor party for residents conducted .</p> <p>Completed : 05/10/22.</p>	

Music session/ Live music for the residents at nursing home.

Completed : 06/10/2022.

An outing for residents as planned will be completed .

To be completed : 31/12/2022

## 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	30/10/2022
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	21/10/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and	Not Compliant	Orange	14/09/2022

	4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/09/2022
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	30/10/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of	Substantially Compliant	Yellow	31/01/2023

	the Act.			
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	28/02/2023
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist	Not Compliant	Orange	28/09/2022

	regarding the appropriate use of the product.			
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	14/09/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Orange	27/09/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	15/09/2022

