



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:	29 May 2023
Centre ID:	OSV-0000381
Fieldwork ID:	MON-0040259

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 29 May 2023	10:30hrs to 17:50hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Overall, the feedback from residents was positive. Residents told the inspector that they were satisfied with the activities held and that there was choice on how to pass the day. Residents were also happy with the length of time it took to have their call bells answered. The inspector observed a positive atmosphere in the centre. A lot of good practice was observed during this inspection, with good regulatory compliance in many areas.

Residents were kept informed about changes occurring in the centre through resident meetings. Residents told the inspector that they were provided with the opportunity to meet the management, and provide feedback on the quality of the service they received. This was done through resident and family surveys that were completed in 2022. Activities were discussed at resident meetings, and the minutes highlighted that residents were looking for outings to be arranged. This request has been ongoing. Due to a recent gastrointestinal outbreak within the centre, planned outings had been cancelled. However, the provider committed to review this request, that is ongoing, from the current residents.

Staff engagements with residents were kind. The inspector observed that staff engaged respectfully with residents when attending to their needs, and chatted with residents. The communal sitting room in use by the residents, was supervised. Throughout the day, residents were observed moving freely around the centre, interacting with each other and staff. Residents had open access to internal gardens. The inspector observed that personal care and grooming was attended to a good standard. Residents were familiar with the team that were supporting them. This familiarity with the care staff positively impacted on the lived experience of residents in the centre.

Friends and families were facilitated to visit residents, and the inspector observed visits occurring throughout the day.

The inspector walked the premises. There was an on-going maintenance programme in place. For example, the centre had been recently painted. All of the carpets had been removed and replaced with more appropriate flooring that was easily cleaned. New resident beds and armchairs had been purchased. Resident bedrooms were personalised and residents had placed items of importance to them on display. The inspector visited a sample of bedrooms, and chatted with the residents. Resident were happy with the bedroom sizes. Notwithstanding the positive findings, on the day of inspection, the residents oratory, and the residents' visitors room were uninviting. The rooms were both cluttered with equipment and continence wear.

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 one day unannounced risk inspection was 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 governance and management systems in place to ensure records were managed in line with regulation requirements was not in place. The inspector followed up on the application made by the registered provider to renew the registration, and the actions taken by the provider to address areas of non-compliance found on the last inspection in September 2022. The inspector found that the provider had taken insufficient action to bring the centre into compliance with Regulation 21: Records, Regulation 23: Governance and Management, Regulation 28: Fire precautions, and Regulation 27: Infection control.

Rushmany Nursing Home Limited is the registered provider of Rushmore Nursing Home. While there was a clearly defined management structure in place, with identified lines of authority and accountability, the structure was not sufficiently robust and adequately resourced. Following the last inspection, the provider had committed to the allocation of eight hours a week of supervisory support for the person in charge. This resource was not consistently in place. The centre had recently recovered from a significant gastroenteritis outbreak in the centre. There was no documentation in place as to what instruction, guidance and support was given to the staff during the outbreak. The inspector reviewed the resident care documentation in place at the time of the outbreak. Care assessments and care plans for the effected residents were not in place. During this outbreak, the person in charge was not available. The clinical nurse manager did not have any additional supervisory hours. The requirement of the clinical nurse manager to deliver the direct care impacted on their role and responsibility in terms of management supervision and oversight. This meant that there was insufficient oversight and monitoring of the outbreak. In addition, the provider had not completed any review of the outbreak, or completed any analyses of the action taken to control or limit the outbreak, therefore, no recommendations or lessons learnt had been identified.

The provider had an auditing schedule in place to monitor and review the quality of the direct care service provided for residents. A range of clinical audits had been completed. A sample of completed audits were reviewed. The audits informed the development of improvement action plans, and records showed that the action plans from these audits were communicated to the relevant staff. Where areas for improvement were identified, action plans were developed and completed. The provider ensured that notifications to the Chief Inspector were submitted in accordance with regulation requirements. There was an annual review of the quality of the service provided for 2022, which included input from residents. However, the governance systems in place did not always ensure that the service provided was

consistent and safe. The inspector found that the management systems in place were not always used effectively. This was evidenced by the system in place to meet Regulation 21: Records. For example;

- the inspector reviewed staff files and found that all of the information required under Schedule 2 of the regulations was not available.
- the system in place that captures the training completed by staff was not accurate.

There were 23 residents accommodated in the centre on the day of the inspection with no vacancies. Staffing and skill mix, on the day of inspection, were appropriate to meet the assessed care needs of the residents. The team providing direct care to residents, consisted of at least one registered nurse on duty at all times. Communal areas were appropriately supervised. Staff were observed to be interacting in a positive and meaningful way with the residents. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities.

There was an appropriate training and development programme in place for all grades of staff. Staff had completed mandatory training in fire safety, safeguarding of vulnerable people, and manual handling practices. Staff demonstrated an appropriate awareness of their training with regard to their role and responsibility in recognising and responding to allegations of abuse.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of

inspection staff were appropriately trained.

Judgment: Compliant

Regulation 21: Records

The provider had failed to ensure adequate oversight of records management. For example:

- A staff file was not made available for the inspector to review.
- A Garda vetting disclosure was not available for review.
- The records that capture the training given to staff were not accurate.
- The electronic documentation system in place did not reflect the resident current assessment. For example; multiple residents nutritional assessment identified that residents were at high risk of malnutrition. In three files reviewed by the inspector, this was inaccurate and the residents were gaining weight.
- Assessment of need and development of care plans based on additional care needs had not been completed for residents during a recent gastroenteritis outbreak in the centre. The care notes did not guide staff and did not identify the needs of residents.

Judgment: Not compliant

Regulation 22: Insurance

The provider had ensured that a contract of insurance, against injury to residents, was in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to ensure there was sufficient resources in place to ensure safe and appropriate staffing levels could be maintained. For example, there was inadequate clinical nurse supervisory hours and registered nurse hours in place to support the person in charge. The statement of purpose and the last compliance plan response submitted by the provider to the Chief Inspector had committed to

providing a minimum of eight hours of supervisory support for the person in charge. Records reviewed evidence that, firstly, the eight hours was not consistently in place, and secondly, when the person in charge was on leave there was no senior nurse available to deputise for the person in charge, as identified in the statement of purpose. This lack of staffing resource resulted in the requirement of the clinical nurse manager filling vacant nursing shifts, impacting on their role and responsibility in terms of management supervision and oversight.

The inspector found that the management systems in place to ensure that the service delivered to residents is safe and effectively monitored were inadequate and that insufficient action had been taken by the provider following the last inspection in September 2022. This was evidenced by;

- the recruitment system did not ensure that all staff had a staff file containing all the information required under Schedule 2 of the regulations, and was available for review.
- poor oversight of the quality of nursing documentation. The inspector reviewed a sample of the resident care documentation in place at the time of the outbreak. Care assessments and care plans for the effected residents were not in place.
- repeated non-compliance was found from the last inspection. For example; the transcription of medication by nurses was not in line with the centres own policy and procedure.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Residents living in this centre received a good standard of care and support, which ensured that they were safe and that they could enjoy a good quality of life. Visiting was observed to be unrestricted, and residents could receive visitors in either their private accommodation or in one of the visitors' rooms. Residents' assessments and care plans reflected the current needs of the residents and provided guidance to staff on the provision of person-centred care and support. Repeated non-compliance was found under Regulation 28: Fire precautions, and Regulations 27: Infection

control.

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 relatives. This information informed the development of person-centred care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. Care plans detailed the interventions in place to manage identified risks such as those associated with residents impaired skin integrity, risk of malnutrition, and falls.

Residents were provided with access to a general practitioner (GP), as required or requested. Where residents were identified as requiring additional health and social care professional expertise, there was a system of referral in place. A review of the residents' care records found that recommendations made by health and social care professionals were implemented and updated into the resident's plan of care. For example, the implementation of advice received from a tissue viability nurse specialist had ensured the healing of wounds.

The design and layout of the premises met with the current residents' needs. Residents were satisfied with the design and layout of their private bedroom space. On the day of inspection, the building was found to be clean. However, the inspector observed a lack of availability of hand hygiene products and a poor standard of cleaning of resident individual equipment.

The provider had made some progress on fire safety precautions and procedures within the centre. Annual fire training had taken place in 2023. Fire drills had been completed. Records documented the scenarios created and how staff responded. However, assurances could not be given that safe evacuation would occur in a timely manner in the event of an emergency. While daily and weekly checks on fire safety management were completed, the checks had failed to identify that a fire door did not close fully. This meant that the door may not be effective in containing smoke, in the event of a fire in the centre.

There were opportunities for residents to meet with the provider and the nurse management team. Resident meetings were held and a resident satisfaction survey was carried out. Residents had access to an independent advocacy service. Residents were provided with access to daily newspapers, radio and television.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with appropriate storage in their bedrooms for personal possessions, and were encouraged to personalise their private space with items of significance to each resident.

Residents clothing was laundered on-site. The laundry system in place minimised the risk of items of clothing becoming damaged or misplaced. Residents were satisfied with the service provided.

Judgment: Compliant

Regulation 17: Premises

The premises were in a good state of repair with an ongoing maintenance programme in place. The provider had ensured that the premises met with regulation requirements as are set out in Schedule 6.

Judgment: Compliant

Regulation 27: Infection control

Action was required to ensure compliance with Regulation 27. For example;

- The hand hygiene sink at the entrance to the kitchens was in a poor state. In addition, there was no hand gel or hand hygiene products readily available to facilitate good hand hygiene practices.
- a specialised seat stored in a communal day room was ripped and torn and visibly unclean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While a range of simulated fire drills had taken place, the scenarios created did not provide adequate assurances. For example; a simulated drill of the largest compartment taking in to consideration staffing levels and residents needs was not completed. This would provide assurance that the evacuation strategy could be

managed in a timely manner.

Weekly and daily fire safety checks were completed. However, the checks had failed to identify that a fire door on the ground floor did not close. In addition, the emergency lighting certificate to confirm compliance was not available for review on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Residents had up-to-date assessments and care plans in place.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their general practitioners. 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, and palliative care. There was good evidence that advice was followed that ensured positive outcomes for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after, and that they had a choice about how they spent their day.

Residents had access to independent advocacy services.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rushmore Nursing Home OSV-0000381

Inspection ID: MON-0040259

Date of inspection: 29/05/2023

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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Staff file is retrieved(including a copy of garda vetting) and is kept in office along with other staff records. Completed :10/06/2023</p> <p>Training records has been updated and is accurate Completed :31/05/2023</p> <p>Discussed the error with electronic documentation provider. Assured that the error will be sorted by the end of August 2023 or before.</p> <p>Governance and management hours will be implemented when manager is not available to provide oversight for care plans and assessments.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Staff file retrieved with all the relevant information under schedule 2. Completed 10/06/2023.</p> <p>Governance and management hours will be implemented when manager is not available to provide oversight for care plans and assessments.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Hand gel or hygiene products are made available at the entrance to the kitchen.</p> <p>Completed 30.05.2023</p> <p>The cup board of hand hygiene sink will be replaced with a new door. Measurements taken.</p> <p>Will be completed by 31/07/2023</p> <p>Specialized seat stored in communal room moved to storage and upholstered.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Simulated fire drill of the largest compartment conducted with the least staffing .</p> <p>Completed on 31.05.2023.</p> <p>Emergency light technician visiting on 28/06/2023.</p> <p>Fire door on the ground floor is closing properly.</p>	

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	10/06/2023
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	10/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	10/07/2023

	consistent and effectively monitored.			
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	30/05/2023
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	31/05/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/06/2023