



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

## Issued by the Chief Inspector

Name of designated centre:	Rush Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Kenure, Skerries Road, Rush, Co. Dublin
Type of inspection:	Announced
Date of inspection:	06 December 2023
Centre ID:	OSV-0000155
Fieldwork ID:	MON-0033162

## About the designated centre

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

Rush Nursing Home is a purpose-built two storey facility which can accommodate a maximum of 56 residents. It is a mixed-gender facility providing 24 hours nursing care for people aged 18 years and over with a range of needs including low, medium, high and maximum dependency. The service provides long-term residential care, respite, convalescence, dementia and palliative care. Accommodation is provided in 50 single bedrooms and three twin bedrooms. Each bedroom has its own en-suite facility. In addition there are a range of rooms for social gatherings. Residents have access to two internal courtyards and the gardens surrounding the centre. The designated centre is located in the village of Rush, within walking distance from shops and public amenities. Public parking facilities are available.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	50
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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
Wednesday 6 December 2023	10:00hrs to 16:45hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

The inspector observed that residents appeared relaxed and those spoken with were satisfied with the care they received.

The inspector walked around the centre with the director of nursing and spoke with several residents on each floor. Residents said the staff were respectful and kind with one resident describing the staff as 'marvelous'.

The inspector observed respectful interactions between residents and staff and saw staff knocking on resident bedroom doors and waiting for a reply prior to entering. However, the inspector observed that a number of bedroom and bathroom doors did not have privacy locks in place.

There were enough staff on duty to meet the needs of residents. Call bells were answered in a prompt manner. Residents had their call bell by their side when alone in their bedroom. Residents told the inspector that they were having visitors and could meet them either in their bedroom or in the sitting rooms. They said that the staff were very welcoming to their visitors which was important to them.

The inspector noted that residents had access to a jug of fresh drinking water in their bedroom and at lunch there were different choices of meals on offer. Residents said the food was very good, they were very happy with the choice of food served and it was always hot when served to them. Lunch was a relaxed affair and, residents were observed enjoying the dining experience. Staff were available to assist residents with their meals in their bedrooms and in the dining rooms.

The internal environment was going through some upgrading. Environmental upgrades had taken place since the last inspection, and the final areas for upgrading were in the process of being completed. For example, the inspector observed that walls, wooden doors, door frames and skirting boards had been repaired in some units and the others were in progress or planned but not yet complete.

Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleanliness. Clinical wash hand sink had been installed and the inspector found that infection prevention and control practices had improved. However, the wash hand sinks in the sluice rooms did not meet the required standard. The inspector observed the level of cleanliness throughout the centre, particularly in store rooms, had improved.

Residents had access to and were seen enjoying both one-to-one and group activities throughout the day. Residents described the activities as great. They said there was a great variety and those spoken with said they loved the live music sessions. Others said they just loved going out into the courtyard or for a walk around the centre and one resident said they loved going out to the shops.

Residents told the inspector it was a nice place to live, with one resident describing it as 'home from home'.

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 governance of this centre was good. This was an announced inspection during which the compliance plan from the previous two inspections were reviewed. The inspector found that most of the compliance plan responses had been implemented and the remaining were in the process of being implemented. The inspector found that further improvements were required in relation to the premises and infection prevention and control and resident rights.

Mowlam Healthcare Services Unlimited is the registered provider of Rush Nursing home. The centre is part of the Mowlam Healthcare Group. The registered provider representative, the director of quality and the operations manager joined the person in charge and assistant director of nursing at the feedback meeting. The inspector found that the staff met were aware of the lines of authority and accountability and they demonstrated a clear understanding of their roles and responsibilities.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The inspector observed that the audits completed since the last inspection provided assurance that the oversight of practices had been strengthened and the management team had a clear vision of what needed to be done to bring the centre into compliance. They had worked and continued to progress the improvement plan for 2023 to ensure it was implemented in full.

The centre was appropriately resourced with adequate staffing numbers across all disciplines to meet the needs of the residents. Staff vacancies were low and vacant posts were being filled in a prompt manner.

Complaints were well-managed. The complaints policy was reflected in practice and the inspector was assured that complaints were addressed promptly.

An Garda Síochána vetting reports, identification, full employment history together with all the required documentation were present in all of the staff files inspected. Other records, such as the statement of purpose, certificate of insurance, contracts of care, directory of residents and the residents guide were available for review.

## Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre was made. The application was received in a timely manner. Both the floor plans and statement of purpose required review to ensure they included the two storage units situated to the rear of the centre.

Judgment: Substantially compliant

### Regulation 15: Staffing

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

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their roles.

Judgment: Compliant

### Regulation 19: Directory of residents

The residents directory was reviewed and it was found to contain all of the required information outlined in part 3 of Schedule 3.

Judgment: Compliant

### Regulation 21: Records

The actual and planned staff rosters were available and they reflected the actual staff on duty.

Staff files reviewed contained all the required documents.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
A contract of insurance was available for review. The certificate included cover for against injury to residents and other risks, including damage of residents' property.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.
The annual review for 2023 was reviewed and it met the regulatory requirements.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
There were contracts for the provision of service available for the inspector to view. These were in line with the regulations.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.



Judgment: Compliant

#### Regulation 4: Written policies and procedures

Schedule 5 policies were available to staff and all were updated at a minimum of every three years and as required.

Judgment: Compliant

#### Quality and safety

The quality of service and quality of nursing care delivered to residents was of a good standard and many improvements had been made across all areas. The inspector found that the overall condition of the premises, infection prevention and control practices had improved since the last inspection. Notwithstanding this, further improvements were required under some areas including the premises, infection prevention and control together with practices that had the potential to infringe on resident rights

Residents had access to an inter-disciplinary team through the acute sector and the inspector saw evidence that they had access to their general practitioner (GP) including a medical review every four months. Residents now had access to a dental services.

There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents living with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

The medication administration was in line with current best practice and in line with the prescriptions signed by their general practitioner (GP).

The premises was going through a period of upgrading. Several areas had been repaired, however further upgrading such as repainting was required across both floors. Storage facilities were meeting the needs of the service with the provision of appropriate safe storage.

The inspector found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Improvements were implemented further to the last inspection notably with the installation of a clinical wash hand sink in the treatment room and a number on each floor making them accessible to staff thus enabling them to prevent

the spread of infection. However, the sinks in the sluice rooms did not meet the required standard for clinical wash hand sinks.

All current residents had their rights to privacy respected and staff were observed respecting the rights and protecting the dignity of residents throughout this inspection. However, some bedrooms and communal bathroom doors did not have privacy locks insitu, which required review to ensure it did not have adverse impact on residents' privacy rights.

Residents had access to storage for their personal possessions. A key was available to all residents to facilitate the secure storage of personal belongings.

### Regulation 11: Visits

There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

### Regulation 17: Premises

The following issues were identified, which were not in line with Schedule 6 requirements:

The centre required some refurbishment to ensure it was kept in a good state of repair inside, for example;

- Wooden doors leading into communal rooms and bedrooms, door frames and skirting boards were chipped with paint missing and inner wood exposed in some areas.
- A number of bedroom and corridor walls were heavily marked and required repair and/or re-painting.
- The clinical wash hand sink in the sluice rooms did not meet the required specifications for clinical wash hand sinks.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents had access to a good choice of food and they confirmed they had can

access to a variety of food, snacks and drinks whenever they wanted. The quantity and quality of food served to them met their needs.

Judgment: Compliant

### Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

### Regulation 27: Infection control

The inspector found that processes were in place to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks on the delivery of care. Improvements were implemented further to the last inspection to ensure all staff were aware of the level of precautions to be taken prior to entering the bedroom of a resident with a transmissible infection. The inspector observed some examples of good hand hygiene practices. Appropriate systems were in place to ensure the regular cleaning and/or decontamination of communal equipment between each use.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The medication administration was in line with current best practice. Medication was stored and dispensed in line with the regulations.

Judgment: Compliant

### Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, residents had access to a GP service. There was evidence of appropriate referrals to health and social care professionals.

Judgment: Compliant

### Regulation 8: Protection

The safeguarding policy had been reviewed within a three year time frame. Staff had received refresher training in safeguarding vulnerable adults.

Evidence that residents pensions were being paid into a residents account was available on request. As a result the inspector was assured that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' right to privacy required improvement to ensure they could ensure their privacy at all times:

- There were no privacy locks on a number of bedroom and communal bathroom doors therefore, residents could not assure their privacy when using these rooms.
- The screening in one twin bedroom did not maximise the amount of private space available to each resident, for example, the screens available went a round the bed only. This did not negatively impact the current occupants as they were husband and wife.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Rush Nursing Home OSV-0000155

Inspection ID: MON-0033162

Date of inspection: 06/12/2023

## 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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <ul style="list-style-type: none"> <li>• The Statement of Purpose has been reviewed and the outside storage container and shed have been added to the floor plan of the Centre (this has been submitted to the Authority).</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The PIC and Facilities Manager will review the décor and woodwork within the Centre and, develop a planned programme of decorative upgrades. The decorative upgrades will address any areas of damage on doors, paintwork, woodwork and wall surfaces.</li> <li>• Clinical wash hand sinks that meet the required specifications will be installed in the sluice rooms.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The PIC will consult with the Facilities Manager to install privacy locks where required</li> </ul>	

throughout the Centre.

- A review will be completed of the privacy screen in the identified twin bedroom and the privacy screens will be reconfigured to maximize the amount of private space available to each resident.



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered	Substantially Compliant	Yellow	08/01/2024

	provider.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2024