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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Rosenalee Care Centre
Name of provider:	Rosenalee Care Centre Limited
Address of centre:	Poulavone, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	25 August 2021
Centre ID:	OSV-0000277
Fieldwork ID:	MON-0033112

## About the designated centre

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

Rosenalee Nursing Home is a family run designated centre and is located within the urban setting of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 66 residents. It is a two-storey facility with two lifts, chair stairs lift and separate stairs to enable access to the upstairs accommodation. 24 residents are accommodated upstairs and 42 residents reside downstairs. Bedroom accommodation comprises single and twin rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas included dining rooms both upstairs and downstairs, day rooms, library quiet room, oratory, conservatory sitting room. There are additional seating areas at both entrances to the centre, by the corridor near the main entrance and at the nurses' station upstairs. Residents have access to an expansive paved enclosed courtyard with seating, parasols, garden furniture, raised flowerbeds and large bandstand. Rosenalee Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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

Number of residents on the date of inspection:	56
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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 25 August 2021	08:45hrs to 18:45hrs	Breeda Desmond	Lead
Wednesday 25 August 2021	08:45hrs to 18:45hrs	Siobhan Bourke	Support

## What residents told us and what inspectors observed

During the inspection, inspectors met with the majority of the 56 residents who were living in the centre and met with three family members who were visiting the centre. Inspectors spoke with twelve residents in more detail to gain insight into their experience of living there. From what residents told the inspectors and from what the inspectors observed on the day of inspection, residents were supported by staff to have a good quality of life in the centre. There was a rights-based approach to care in the centre and residents reported choice in their care and living arrangements.

On arrival for this unannounced inspection, the inspectors were guided through the centre's infection prevention and control procedures by a staff member. Following this, inspectors together with the person in charge, went on a walk around the centre. During the walk around it was evident to inspectors that the person in charge was well known to residents and that she engaged with their care and support, with residents stopping to chat to her on both floors.

The centre was a large two storey building located in the suburban town of Ballincollig and could accommodate 66 residents. Inspectors observed that the provider had undertaken numerous renovations and improvements since the last inspection. The entrance hall was clean, brightly painted and decorated with floral arrangements, plants and homely furnishings such as comfortable seating. There were several communal rooms or spaces for residents to enjoy on the ground floor, with two of these rooms assigned as dining rooms. The ground floor had a recently renovated café-style seating area with book shelves and paintings for residents to enjoy. The person in charge told inspectors that this room could facilitate family parties and as private space for residents to be with visitors and relatives. One of the day rooms on the ground floor had also been recently renovated with new flooring, warm muted paint colours and plants. The day rooms had lots of comfortable seating for residents and smart TVs enabled mass to be live streamed daily at the centre. Residents were observed in day rooms upstairs and downstairs watching mass during the morning. The 'old fashioned' sitting room had not been upgraded as some residents requested this and preferred the ambiance of this room. It had a fireplace, a dresser full of books and comfortable couches and chairs; the sun room was accessible via a patio door from the sitting room and this room was a lovely suntrap with comfortable armchairs for residents to relax and enjoy. One of the dining rooms was located in the newer part of the building alongside one of the day rooms and was a bright spacious room, with plenty comfortable seating and space for residents. This room had patio door access onto the courtyard. The day room in the older part of the building opened into another dining room. The provider had plans to renovate this dining room in the next phase of building works for the centre. A lot of refurbishment was completed with new flooring in most of the older part of the building, painting and decorating. As part of the second phase of refurbishment, the remained flooring will be replaced; the shower and bathroom downstairs will be totally upgraded as surfaces were worn and effective cleaning

could not be ensured. Two hand-wash hubs were installed at different locations in line with infection control best practice guidelines.

On the morning of inspection, a number of residents were up and dressed and watching an Andre Rieu concert. Other residents were having their breakfast by their bedside or in bed, all in a relaxed manner. Morning care was being delivered in bedrooms and lovely banter and chat was observed. Staff introduced themselves to residents and said good morning to residents in a respectful manner. Residents were well groomed and dressed in accordance with their wishes and preferences.

All the dining rooms' tables were decorated with table cloths, flower posies and condiments. The lunch time menu choice was displayed in the dining room with pictures beside each choice to support residents with cognitive impairment. Medications were administered after meals ensuring that the dining experience was protected for residents. Residents told inspectors that they had access to snacks throughout the day. Inspectors observed the lunch time meal in two of the dining rooms and observed it was a social experience with residents chatting together or with staff during the meal. Both dining rooms had easy access to the courtyard garden. The first floor had a large communal room that adjoined a large dining room which had beautiful views of the courtyard garden. Residents could choose where and how to spend their day, with a number of residents choosing to eat either in the dining rooms or their bedrooms. Both new dining rooms had a fully equipped kitchenette and servery with tea and coffee making facilities; and dumb-waiters to the main kitchen, one for clean items and the second for used delft.

A secure courtyard garden was in the middle of the centre and was easily accessible for residents through the communal rooms. The courtyard garden was beautifully maintained with raised flower beds and mature plants and was full of colour and scent from plants such as lavender. The middle of the courtyard was fitted with a large bandstand and staff and residents were excited about a RTE musical event that was scheduled the week after the inspection. There were ample well maintained tables, chairs and umbrellas in the courtyard to facilitate residents to enjoy the outdoor space. On the morning of inspection, a number of residents were seen walking in the courtyard and enjoying the sunshine. A family from overseas were visiting their relative. They enjoyed the fresh air and ambiance under the band-stand out of the sunshine. The activities co-ordinator welcomed them and brought a tray of refreshments for them to enjoy with their visitor. On the afternoon of the inspection, a live music session was held in the courtyard and inspectors observed residents enjoying the songs in the sunshine and relatives attended the music session as well. Residents donned sun hats and staff applied sun tan lotion for residents and ensure they had refreshments as the day was so warm. An activities schedule was displayed on the notice boards through out the centre with activities scheduled over seven days. Photographs of residents enjoying social activities were displayed in the dining room.

New comfortable seating was available at the new reception and the nurses station upstairs. Residents were observed relaxing in the seating area downstairs. They said they liked to sit here after breakfast as it was a quiet space following their breakfast. Following this, they went to the courtyard to enjoy the warmth of the sunshine and

usually had a nap in the sunshine. They said this was an excellent service, all the staff were really good and attentive; they said they absolutely love the centre and the beautiful outdoor space.

The majority of bedrooms on both floors were spacious with plenty of space for clothing belongings and were seen to be decorated with residents personal possessions photographs, and in some rooms, their own furniture.

Inspectors observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Residents described person-centred and compassionate care and told the inspector they were listened to and respected by the staff.

Inspectors observed a number of visitors coming and going to the centre on the day of inspection in line with national guidance. Visitors and residents confirmed with inspectors that they were happy with the arrangements in place.

The new laundry was designed and laid out in line with infection prevention and control best practice guidelines, whereby the room was divided into dirty and clean rooms and laundry will be delivered via laundry shoot to the dirty laundry room. Residents' clothing was labelled for ease of identification.

All areas requiring security were locked appropriately and staff had swipe-card access to these areas. There were three new secure clinical rooms to enable appropriate storage of clinical equipment including medications. However, inspectors observed that additional precautions were necessary for controlled drug security. New dirty utility sluicing rooms were available both upstairs and downstairs. However, the sluice room downstairs had inappropriate storage around the sluicing sink with a selection of vases; on the floor, unwrapped paper towels and five-litre drums of chemicals were seen on the ground; red alginate bags were draped over pipes. Other infection control issues identified while walking around included washbasins stored on the ground of en suites, toiletries stored on a window sill in one en suite and denture carton on the cistern of the toilet. Some furniture and pressure relieving equipment was seen to be worn so effective cleaning was not assured. While the centre was visibly clean throughout, inspectors observed cleaning practices that were not in line with best practice. This will be addressed under Regulation 27.

During the walk-around, Inspectors observed disposable plastic aprons hanging on a handrail on one of the corridors, this was a potential risk and they were removed immediately by the person in charge.

Inspectors observed that storage at the centre required review. A commode was inappropriately stored in a shared bathroom. Two hoist for residents were stored on the corridor and may pose a risk should evacuation be required during a fire. Furthermore, inspectors observed storage of bags and furniture, such as a chair and a locker near an emergency exit. These were removed during the inspection.

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

This was a good service with effective governance to enable care to be delivered in accordance with the statement of purpose. However, an urgent action plan was issued during the inspection in relation to fire evacuations and some governance systems required review.

Rosenalee Care Centre was operated by Rosenalee Care Centre Limited, the registered provider. There were two company directors, one of the directors acted as the representative of the provider. The general manager was a person participating in management (PPIM) and he supported the governance structure of the service. The person in charge and general manager were supported by the assistant director of nursing, office manager, senior nurses and healthcare assistants, catering and household staff.

The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life.

The service was subject to a COVID-19 outbreak which was declared over by Public Health in February 2021; all residents and staff affected had made a full recovery. A post COVID-19 outbreak review was discussed and this demonstrated that a review of the management of the outbreak had occurred. However, this needed to be formalised as a report in line with HPSC guidance to ensure that areas of improvement were documented for reference, to inform future outbreak management. The inspectors recognised that residents, relatives and staff had come through a difficult and challenging time following the COVID-19 outbreak in the centre. Inspectors acknowledged the efforts made by management to ensure that residents, relatives and staff were kept informed of the changing panorama of service provision due to COVID-19.

While clinical and non-clinical audits were undertaken, a schedule of audits was not in place to ensure a consistent approach to monitoring the service. Nonetheless, the audits seen had detailed information to inform improvement to the service. The person in charge explained that results of audits were discussed at staff handover at change of shift as well as during staff meetings. Medication error forms reviewed demonstrated thorough investigation and follow up as part of staff education and mitigate recurrences.

Health and Safety meetings were previously convened on a quarterly basis, and while the general manager and person in charge worked full time in the centre and met on a daily basis, health and safety meetings had not convened in some time.

Written policies and procedure as set out in Schedule 5 of the regulations were in



place and in date. The risk management policy was updated at the time of inspection to include the specified risk of aggression and violence. Notifications to the chief inspector were appropriately and timely submitted.

Staffing levels were discussed with the person in charge who gave assurances that there was ongoing monitoring of staff levels in conjunction with the changing needs of residents. The programme of recruitment was ongoing to ensure staffing levels were maintained. Staff training matrix showed that staff training was up-to-date with additional training scheduled for the months following the inspection.

Residents gave positive feedback about their ability to raise issues and that they would be dealt with in a timely manner. The complaints log was examined and assurances were provided that they were addressed and followed up in line with regulatory requirements. The complaints procedure required updating to include the nominated person to ensure that complaints were appropriately recorded and addressed.

Overall, this was a good service where a rights-based approach to care delivery was promoted, however, better oversight of the service was required to ensure effective and consistent monitoring as described in the regulation.

#### Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. She demonstrated good knowledge regarding her role and responsibility and was articulate regarding governance and management of the service. She was knowledgeable of residents, their care needs and preferences and promoted a rights-based approach to care delivery.

Judgment: Compliant

#### Regulation 15: Staffing

The staff roster was reviewed and discussed and assurances provided that the roster was constantly under review in line with the changing needs of residents, and increased numbers of residents accommodated in the centre. Recruitment of staff was ongoing to ensure adequate numbers and skill mix of staff to the new size and new layout of the centre. At the time of inspection there were adequate staff levels and skill mix in place.

Judgment: Compliant

## Regulation 16: Training and staff development

The I.T. system in place enabled oversight of training needs with alerts when training was due. Training records demonstrated that most training was up-to-date and further training was scheduled for the weeks following the inspection.

An induction programme outlined the topics covered on the first day of employment which included dementia care, challenging behaviour, hand hygiene, fire safety, and the suite of policies to be read within six months of commencement of employment.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents was updated at the time of inspection to ensure it was fully compliant with regulatory requirements.

Judgment: Compliant

## Regulation 23: Governance and management

A urgent compliance plan was issued on inspection relating to fire safety precautions. This was further detailed under Regulation 28, Fire precautions.

While some audits were completed, a schedule of audits was not in place to ensure the service was consistently and effectively monitored. While there were several audits of the cleanliness of the centre, audit of practice had not been undertaken to ensure that household staff adhered with infection prevention and control guidelines.

The system of storage of controlled drugs required review to ensure they were stored in a secure manner.

Clinical sharps bins were routinely maintained underneath the nurses' stations. Inspectors requested these be removed and stored appropriately and these were immediately removed by the person in charge. A review of this practice was requested to ensure residents did not have access to such items.

Judgment: Substantially compliant

<b>Regulation 24: Contract for the provision of services</b>
Residents had contracts of care with the room and occupancy included, and additional fees to be changed where relevant.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
Notifications were timely submitted in line with regulatory requirements.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The complaints procedure required updating to identify the nominated person appointed to ensure complaints were appropriately recorded and investigated.
Judgment: Substantially compliant
<b>Regulation 4: Written policies and procedures</b>
Policies as listed in Schedule 5 of the regulations were available.
Judgment: Compliant
<b>Quality and safety</b>
Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Activity provision was good and visiting was ongoing in line with the national guidance. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. However, improvements were required in relation to infection prevention and control and fire safety. These will be addressed in Regulation 27 and

28.

Oversight of residents' health care needs was good. Residents' health care needs were promoted by ongoing on-site access to their GP, health and social care professionals when required, and other specialist care such as psychiatry of old age. Health care needs were assessed using validated tools which informed appropriate care planning. Based on a sample reviewed, care plans were person-centred and had been updated to include residents changing and potential needs.

From speaking with staff it was evident that the necessary information to support a safe transfer was provided to acute care services when a resident was transferred. However, when inspectors reviewed two resident's files, a copy of this information was not saved in the residents' files as required in the centre's own temporary absence and discharge of residents' policy.

Inspectors observed that medication was administered and controlled drugs were checked and counted at each shift changed in line with professional guidelines. However, while controlled drugs were stored in a locked safe, the safe required better security.

Observation on inspection showed that staff had good insight into responding to and managing communication needs and provided support to residents in a respectful manner. Care documentation seen by inspectors included behavioural support plans and observational tools to help identify reasons for anxiety or distress and controls to mitigate recurrence.

Resident meetings were held in the centre every two months and residents were encouraged to make suggestions about the organisation of the service. These minutes were displayed on the notice boards on the corridors so that residents who did not attend the meetings had access to them. Residents could undertake activities in private and there were appropriate facilities for occupation and opportunities for residents to participate in accordance with their abilities.

The service was subject to a COVID-19 outbreak where five residents and two staff had contracted the virus; all those affected had made a full recovery. The centre had put in place a contingency plan which assisted them to manage during the outbreak. They had engaged with and were guided by Public Health experts during the outbreak. Correct procedures appeared to have been followed with regard to isolating and cohorting residents within the centre. The layout of the premises allowed for sections of the centre to be safely divided to prevent cross-contamination. Prior to the outbreak the centre had conducted a COVID-19 drill where practices around donning and doffing of PPE, implementation of a buddy system were practiced and learning was shared with staff at handover. Inspectors were told that this drill had helped them greatly when the outbreak did occur. On the day of inspection, protocols remained in place for surveillance of COVID-19.

However, on the day of inspection inspectors found that increased oversight of infection control practices were required. Inspectors observed that while a colour-coded cleaning system was in place for cloths used in the centre, mop heads were not being changed in line with the centre's own policy. While training records

indicated that staff were up to date with hand hygiene training, two staff members were wearing wrist watches and therefore could not effectively practice hand hygiene. The placement of hand hygiene products and hand hygiene signage required review. A risk assessment was requested regarding the placement of alcohol dispensers over hand-wash sinks.

The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. While fire safety drills were undertaken, evacuations of compartments were not completed to be assured that all staff could complete an evacuation in a timely and safe manner. An urgent compliance plan was issued on inspection requesting evacuations of compartment cognisant of night duty staff levels.

### Regulation 10: Communication difficulties

Observation on inspection showed that staff communicated and interacted effectively and in a respectful way with residents with communication difficulties. Care plans demonstrated that residents communication needs and requirements were documented and evaluated.

Judgment: Compliant

### Regulation 11: Visits

Visitors were observed calling to the centre throughout the day; visitors were welcomed and residents and family members stated that they were made feel welcome, offered refreshments and had access to tea and coffee making facilities. COVID-19 precautions were adhered with when visitors came to the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents' rooms had adequate storage for personal belongings and included a locked storage unit for safe keeping of valuables or money. Residents' rooms were seen to be decorated with their personal possessions, photographs and in some rooms residents had brought their own furniture from home to decorate their rooms. The centre had a system in place to ensure clothes were returned safely to residents from the laundry.

Judgment: Compliant

### Regulation 13: End of life

A sample of care plans reviewed showed that staff had actively engaged with residents to elicit their end-of-life care wishes. Details included psychological support including support of families. End of life care documentation showed that residents had timely access to palliative care specialist, GP services and other allied health professional support.

Judgment: Compliant

### Regulation 17: Premises

Significant improvement was noted throughout the centre. The registered provider was in the process of working through their project plan for phase two of the building refurbishment to upgrade parts of the centre such as the conservatory dining room. Areas such as the bathroom downstairs and some flooring required upgrading to be in compliance with Schedule 6.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The nutritional status of residents was monitored through regular weights and nutritional assessments. Residents were enabled to choose where to dine and this choice was respected. Choice was offered to residents at meal times and meals viewed by inspectors appeared wholesome and nutritious. Regular drinks and snacks were available between meals. Meal time was protected as medications were administered after meals to ensure residents enjoyed their dining experience uninterrupted.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide was reviewed and found to include all the required information.

Inspectors saw that the guide was available in residents' bedrooms.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Records of two residents, who had been transferred to acute services, did not include a copy of the transfer letters detailing the information provided as required in the centre's own temporary absence and discharge of residents' policy.

Judgment: Substantially compliant

### Regulation 26: Risk management

The risk management policy was updated at the time of inspection to include the specified risk of aggression and violence.

Judgment: Compliant

### Regulation 27: Infection control

Inspectors found that the registered provider had not ensured that all procedures consistent with the standards for the prevention and control of healthcare associated infections were implemented by staff in the centre. This presented a risk of cross infection in the centre. For example:

- inspectors observed that mop heads were not changed between rooms in line with the centre's policy
- staff cleaning and catering duties were not always segregated
- two staff were observed to be wearing wrist watches so could not effectively perform hand hygiene
- hand hygiene signage required improvement to remind staff to practice hand hygiene effectively
- alcohol gel was located at hand wash sinks, which had the potential risk that this may be inappropriately used instead of liquid soap for hand washing
- there was inappropriate storage of clean supplies such as paper towels and a vacuum cleaner in the centre's utility room
- vases and other glass was stored on the sluice sink
- the temporary closing mechanism on two sharps buckets in the medication room were open

- a commode was inappropriately stored in a shared bathroom.

Judgment: Not compliant

### Regulation 28: Fire precautions

Simulations of evacuations of compartments were not completed to be assured that all staff could complete an evacuation in a timely and safe manner. An urgent compliance plan was issued on inspection requesting evacuations of compartment cognisant of night duty staff levels. However, the response issued by the provider did not provide assurance to inspectors that the evacuations could be undertaken in a timely manner, or give details of staff responses or lessons learned to drive improvement following the simulation. Further simulations of compartment evacuations were requested to be completed by all staff, and the drills repeated until such time as the registered provider was assured of their fire safety practices.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Controlled drugs and medication administration records were maintained in line with regulations and professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Based on a sample of seven care plans viewed, appropriate interventions were in place for residents' assessed needs. The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Judgment: Compliant

### Regulation 6: Health care



Residents' health care needs were regularly reviewed by their general practitioner(GP) and records showed that residents were appropriately referred to allied health and social care professionals to promote their health and well-being. A medical consultant specialising in psychiatry of old age also attended the centre to review residents if required.

Residents had access to physiotherapy, speech and language therapy, occupational therapy and dietetic services. Residents were reviewed by tissue viability specialist where required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Inspectors saw that Antecedent Behaviour and Consequence (ABC) assessment charts were completed for residents if residents had responsive behaviours (how people with dementia or other conditions may communicate or express their physical comfort, or discomfort with their social or physical environment).

Judgment: Compliant

### Regulation 8: Protection

All staff had safeguarding training and staff who spoke with inspectors were aware of the procedure to follow in they suspected, witnessed or received a report of abuse.

The centre was not a pension agent for any resident. Residents' petty cash at the centre was managed in line with best practice.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were consulted about how the centre was planned and run through residents' meetings and through consultation with residents. The centre had a programme of activities that was facilitated by the activities coordinators seven days a week.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Rosenalee Care Centre OSV-0000277

Inspection ID: MON-0033112

Date of inspection: 25/08/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Audits of practice are being implemented and auditing personnel have been nominated from the nurse, care assistant and housekeeping groups.</p> <p>The CD safe is being replaced with a new safe which will be permanently fixed to the drug room.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The clinical nurse manager has been appointed to oversee if the complaints procedure has been recorded and investigated in line with current policy</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Plans are in place to update the main bathroom in the nursing wing and the main conservatory.</p>	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:  All nurses have been informed at a nurse meeting that all transfer letters are to be copied and one copy saved in their file.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  All staff have been reminded of our uniform and jewelry wearing policy</p> <p>Housekeeping staff have been reminded that mop heads are one room use only. A senior housekeeping role has been established, this person is now taking on the role of auditing and overseeing housekeeping duties. They are also ensuring sluice rooms and cleaning cupboards are kept in line with our infection control policy.</p> <p>All nurses have been reminded to use the temporary closing mechanism when not using the sharps bin.</p> <p>Alcohol gel will be removed from sink areas</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  We are running unannounced drills in different compartments in both day and night scenarios.</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 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	01/09/2022
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	08/09/2021
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	30/09/2021



	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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.	Not Compliant	Orange	01/11/2021
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.	Not Compliant	Red	31/08/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than	Substantially Compliant	Yellow	30/09/2021

	the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).			
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