



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

Issued by the Chief Inspector

Name of designated centre:	Rosemount House Nursing Home
Name of provider:	Rosemount Nursing Home Limited
Address of centre:	Garrabeg Road, Church Street, Gort, Galway
Type of inspection:	Unannounced
Date of inspection:	30 October 2024
Centre ID:	OSV-0004583
Fieldwork ID:	MON-0044649

About the designated centre

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

Rosemount House provides 24 hour nursing home care for adults ranging in age from 18 to 65 and older, both male and female, in a comfortable, relaxed and homely environment. Residents who require convalescent, respite, short and long term care with low, medium, high and maximum dependencies can be accommodated. The facilities include the single storey purpose-built nursing home and secure garden/courtyards.

The centre provides accommodation for 40 residents in single and twin bedrooms, a number of which are ensuite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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 30 October 2024	10:00hrs to 18:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector found that residents living in this centre were well cared for and well supported to live a good quality of life by staff who were kind and caring. Residents were complimentary about staff and the care they provided. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

Rosemount House Nursing Home was situated in Gort, County Galway. The centre was a single-storey, purpose-built facility which provided accommodation for 40 residents. This unannounced inspection was carried out over one day. There were 34 residents in the centre and six vacancies on the day of the inspection.

On arrival to the centre, the inspector met with the person in charge and the general manager. Following an introductory meeting, the inspector spent time walking through the centre, giving an opportunity to review the living environment, and to meet with residents and staff. Residents were observed spending their day in the various areas of the centre. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance with their personal care needs from staff .

The premises was laid out to meet the needs of residents. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was bright, warm, and well ventilated throughout. Call-bells were available in all areas and answered in a timely manner.

Bedroom accommodation comprised of single and twin bedrooms, a number of which were en-suite. Residents' bedrooms were suitably styled with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. Residents had access to communal spaces including days rooms, a dining room, a conservatory and a sun room. There was sufficient space available for residents to meet with friends and relatives in private. All areas of the centre were designed and furnished to create a homely and accessible living environment for residents.

The centre was found to be visibly clean and tidy. Overall, the building was maintained to a satisfactory standard. However, this inspection found a number of repeated maintenance issues which were identified on previous inspections, including visibly damaged flooring, walls, doors, and items of furniture.

An enclosed garden was available which provided access to outdoor space for residents. This area included a variety of suitable garden furnishings and seasonal plants.

There was a designated smoking area located beside the conservatory. This room was adequate in size and there were measures in place to ensure the residents' safety when using this facility, including access to suitable fire-fighting equipment. However, this room did not have adequate ventilation as there was a strong smell of tobacco smoke evident in the conservatory on the day.

As the inspector walked through the centre, residents were observed to be content as they went about their daily lives. The inspector spent time observing staff and residents' interaction. Some residents sat together in the communal rooms watching television, listening to music, reading or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. One resident told the inspector that staff were always passing by their room and 'popping in' to see them. The inspector observed that personal care needs were met to a very good standard. Staff who spoke with the inspector were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. Throughout the day, the inspector observed staff engaging in kind and meaningful interactions with residents. There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspector chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident said 'I cannot find fault with the place' and that 'the staff are great, every one of them'. Another resident told the inspector 'life is good'. A number of residents explained their reasons for moving to the centre and told the inspector that they were very happy with their decision. A small number of residents explained that they preferred to spend their day in their bedrooms reading, watching television or relaxing. One resident told the inspector, 'as long as I have my books, I'm fine'. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. Visitors who spoke with the inspector were very happy with the care and support their loved ones received.

A range of recreational activities were available to residents, seven days a week, which included exercise, ball games, movies, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day.

Residents told the inspector that they were free to choose whether or not they participated. On the day of the inspection, the inspector observed residents enjoying a lively music session. The inspector observed that staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio, newspapers and books.

The residents had access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes, those and residents who required help were provided with assistance in a respectful and dignified manner. Residents were very complimentary about the catering staff and the quality of the food provided in the centre.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the provider to support the service and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced monitoring inspection, carried out by an inspector of social services, to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

An inspection of the centre in March 2024 found a number of non-compliances with regulations. The compliance plan response submitted to the Office of the Chief Inspector by the provider following the inspection did not provide adequate assurance that the proposed actions would result in compliance with regulations. This inspection found that there was evidence of significant improvements in relation to the governance and management arrangements in place which demonstrated a commitment to ongoing quality improvement that would enhance the daily lives of residents. Overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard. The provider had addressed a number of the non-compliances found on the previous inspection in respect of governance and management, policies and protection. Notwithstanding the improvements made, the system of oversight in relation to premises and record keeping was not fully in line with the requirements of the regulations.

The registered provider of Rosemount House Nursing Home is Rosemount Nursing Home Limited, a company that consists of four directors. The provider had a clear governance structure in place with identified lines of authority and accountability. There was an established management team within the centre which consisted of a person in charge and a general manager, who was new in post since the previous inspection. Both the person in charge and the general manager were present throughout the inspection, and were observed to be a very strong presence in the centre. The management of the centre was further supported by a full complement of staff, including nursing and care staff, housekeeping, catering, administrative,

activity and maintenance staff. The person in charge demonstrated a very good understanding of their role and responsibility. However, the overall governance of the centre was not robust as the responsibility for the oversight of the clinical aspect of the care was limited to the person in charge. There was no clinical management support available for the person in charge, to allow for consistent oversight and monitoring of the service. In addition, there were no systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge. The post of clinical nurse manager was vacant on the day of the inspection. The inspector was informed that the recruitment of a new clinical nurse manager was in progress.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. Staff had the required skills, competencies, and experience to fulfil their roles and, demonstrated an understanding of their roles and responsibilities. Staff were observed working together as a team to ensure residents' needs were addressed and, were observed to be interacting in a positive and supportive way with residents. The person in charge provided clinical supervision and support to all staff.

There were a number of management systems in place to monitor the quality and safety of the service. There was a schedule of audits which evaluated practices such as, care planning, falls management and infection prevention and control. Action plans were developed and completed where areas for improvement were identified. In addition, the person in charge reviewed key clinical information on a monthly basis which further supported the monitoring of the quality of care delivered to residents. This included information in relation to medication management, wound management, activities and weight loss. Staff meetings were held where various issues were discussed including staffing, working practices, training, suggestions for improvements and other relevant management issues.

While the provider had systems in place to ensure the records set out in the regulations were available, safe and accessible, the inspector found that a small number of staff files were incomplete.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff.

Staff were facilitated to attend training, appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training.

There was an effective system of risk management in the centre. The centre had a risk register in place which identified clinical and environmental risks to the safety and welfare of residents, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The record management system in place did not always ensure that records were maintained in line with the requirements set out in Schedule 2 of the regulations. For example;

- two staff records did not include evidence of the person's identity,
- one staff record did not include evidence of relevant qualifications,
- two staff records did not include current professional registration details,
- three staff records did not contain the required up-to-date employment history.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management structure did not fully ensure that there was robust oversight of the clinical aspects of the service. There was no clinical nurse manager working in the centre to support the person in charge. This lack of clinical supervision and support posed a potential risk to the delivery of a high quality service.

The management systems in place to ensure effective oversight of the care environment were inadequate. For example, actions committed to in a compliance plan submitted to the Chief Inspector in relation to premises were not fully addressed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place, which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in Rosemount House Nursing Home received a good standard of care and support, which ensured that they were safe, and that they could enjoy a good quality of life. Residents spoke positively about the care and support they received, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted.

The design and layout of the centre was appropriate for the number and needs of the residents. However, a number of areas of the care environment were poorly maintained and in a state of disrepair. The inspector was informed that there were a number of measures under consideration to improve the living environment. Nonetheless, the finding of this inspection was that the provider had failed to address areas of non-compliance found on previous inspections in respect of Regulation 17: Premises. This is discussed further under Regulation 17: Premises.

A sample of four residents' files were reviewed by the inspector. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and malnutrition. The care plans reviewed contained the necessary information to guide care delivery. Care plans were updated every four months, or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

Residents had access to medical and health care services. Residents had regular reviews with a general practitioner. Systems were in place for residents to access the expertise of health and social care professionals, when required.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments and care plans were in place.

The registered provider had put measures in place to safeguard residents from abuse. There were policies and procedures available which provided staff with guidance with regards to protecting vulnerable adults. Training records identified that staff had participated in training in adult protection.

Residents' rights and choices were respected and upheld, and their independence was promoted. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities in line with residents' choice and ability were provided. Residents had the opportunity to meet together and discuss relevant

management issues in the centre. There were arrangements in place for residents to access advocacy services.

Resident's nutritional care needs were appropriately assessed to inform nutritional care plans. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition.

There was an up-to-date residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and the arrangements for visits.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises was not fully in compliance with Schedule 6 of the regulations. This was evidenced by;

- the flooring was very worn and damaged throughout the centre
- paintwork was peeling in a number of areas, and walls, door frames and skirting boards were observed to be damaged.
- numerous of items of residents' furniture showed visible signs of damage and wear and tear, including beds, bed tables, wardrobes and bedside lockers

This is a repeated non-compliance

Judgment: Not compliant

Regulation 18: Food and nutrition

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated

daily. Food was properly and safely prepared, cooked and served including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements, as set out in Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor restrictive practices to ensure that they were appropriate.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre and their privacy and dignity was respected. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	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 Rosemount House Nursing Home OSV-0004583

Inspection ID: MON-0044649

Date of inspection: 30/10/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff files are currently under review to ensure that all the relevant documentation is in place to include proof of identity, right to work (where appropriate), relevant qualifications, current professional registration details (where applicable), full employment history, Garda vetting and references are all in place. This process will be completed by 28th February 2025.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A new Clinical Nurse Manager has been recruited and commenced working for the home on 7th November 2024 and comes to us with a wealth of experience. The CNM will be supporting the Person In Charge on a daily basis. There is a schedule in place where the PIC/CNM carry out a daily inspection of the floor. During this period any guidance needed by the staff is given and any adaptations to practice are discussed so that any changes required can be carried out. This evidences any gaps in knowledge and training requirements and provides good clinical supervision on the floor thus ensuring that a high quality of service is provided to our residents.</p>	

Regulation 17: Premises	Not Compliant
<p data-bbox="172 208 1385 315">Outline how you are going to come into compliance with Regulation 17: Premises: Qualified flooring contractor to replace flooring throughout nursing home to meet the Regulation.</p> <p data-bbox="172 360 1437 432">Redecoration of rooms has commenced. Redecoration of communal areas will take place thereafter.</p> <p data-bbox="172 477 1203 510">Replacement / repair of furniture will take place during room decoration.</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.	Not Compliant	Orange	31/05/2025
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.	Substantially Compliant	Yellow	28/02/2025
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and	Substantially Compliant	Yellow	07/11/2024

	details responsibilities for all areas of care provision.			
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	07/11/2024