



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

## Issued by the Chief Inspector

Name of designated centre:	Roseville Nursing Home
Name of provider:	Roseville Nursing Home Limited
Address of centre:	49 Meath Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	20 August 2024
Centre ID:	OSV-0000089
Fieldwork ID:	MON-0044599

## About the designated centre

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

Roseville Nursing Home is a 30 bed centre conveniently located in a residential area between the seafront and Bray town centre with easy access to local amenities including shops, bank, church, local transport and the promenade. Accommodation includes single and twin bedrooms spread over two main floors which are accessed by stairs, a stair lift and a platform lift. The building is a Georgian house which has been renovated and extended over time and still contains some of its original features. Residents have access to a secure garden to the side and rear of the centre which contains a covered and heated smoking area. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to older persons with dementia, or who have physical, neurological and sensory impairments and end of life care. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral. Roseville Nursing Home is a family owned and operated centre which employs approximately 28 staff.

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

Number of residents on the date of inspection:	27
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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
Tuesday 20 August 2024	08:00hrs to 16:00hrs	Yvonne O'Loughlin	Lead

## What residents told us and what inspectors observed

The Inspector spoke with a number of residents living in the centre, as well as some visitors that were visiting on the day. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents felt that they enjoyed a good quality of life in the centre, with one resident telling inspections that " I love being near the sea ".

This was an unannounced inspection. On arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the person in charge completed a walkabout of the centre with the inspector. Residents were observed waiting for their breakfast in the day room or getting ready for the day ahead. Staff were responsive and prompt when attending to the residents' requests and needs. There was a relaxed and friendly atmosphere in the centre. Through walking around the centre, the inspector observed that the majority of residents had personalised their bedrooms with photographs and personal items and the hall going up the stairs had framed photographs of older famous artists.

The centre was originally a period building which had been adapted, extended and refurbished to accommodate 29 residents. The building was a two storey premises and an ongoing maintenance programme had ensured that the centre was well maintained and nicely decorated. There were 22 rooms in the centre, seven rooms were shared and 14 rooms were single occupancy of which 12 had an ensuite. In the shared rooms there was a clear distinction between the ownership of toiletries, towels and personal belongings.

While the centre generally provided a homely environment for residents, some of the décor and finishes in the original house and a small number of bedrooms were showing signs of minor wear and tear. However, the provider was endeavouring to continuously improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting.

The residents had access to an enclosed garden and the inspector observed that the residents had unrestricted access to this space as the doors were unlocked throughout the day. There was an additional external walk way at the side of the centre that residents used as a path to exercise.

The main kitchen was clean and adequate in size to cater for the resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff. Toilets for catering staff were in addition to and separate from toilets for other staff.

There was an information notice board for residents and visitors near reception. This was to inform residents of the services available to them while residing in the

centre. Advocacy and other supports services were available and their contact details were displayed.

There was a good variety of activities for residents to choose from. All activities available were displayed on notice boards around the centre. On the day of inspection it was Nursing Home Week 2024, the theme of the week was "celebrating life through pictures". There was a poster displayed of the activities to celebrate this week. A relative of one of the residents said that the activity staff went for "walks with the residents by the sea which was very enjoyable".

The ancillary facilities generally supported effective infection prevention and control but some improvements were required. For example, staff had access to a dedicated housekeeping room for storage and preparation of the cleaning trolley and house keeping equipment, this room was shared with the kitchen staff which may pose a risk of cross contamination and is discussed under Regulation 27. The centre had a treatment room for the storage and preparation of medications, clean and sterile supplies. A sluice room was available for the reprocessing of bed pans and urinals. All of these rooms were organised, clean and tidy.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

## Capacity and capability

This unannounced inspection focused on the infection prevention and control related aspects of Regulation 5: Individualised assessment and care planning, Regulation 6: Healthcare, Regulation 9: Residents rights, Regulation 11: Visits, Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 17: Premises, Regulation 23: Governance and management, Regulation 25: Temporary absence and discharge, Regulation 27: Infection control and Regulation 31: Notification of incidents.

There was a defined management structure in place and this inspection identified it was a well-run centre with a culture which promoted person-centred care. The director of nursing was supported in her role by an assistant director of nursing, a general manager and the registered provider who is very involved in the running of the centre. Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of governance and management and quality and safety which is further discussed within this report. On the day of the inspection there were 27 residents living in Roseville Nursing Home.

The director of nursing had overall responsibility for infection prevention and control and antimicrobial stewardship. The provider had nominated the assistant director of nursing as well as the director of nursing to the role of infection prevention and

control link practitioner, both of which were booked to start the national infection prevention and control link practitioner course in September of this year.

The centre had one staff member employed to clean the centre. This housekeeper worked 08:30 to 14:30 six days per week. On a Saturday the provider was rostered to clean the centre. The person in charge was satisfied with this arrangement and had a plan in place to cover holidays and any other absences.

Infection prevention and control policies were available to guide staff, some of the guidance needed to be up-dated to reflect the new national policy *National Clinical Guideline No.30-(IPC) 2023* and the *HSE Antimicrobial Stewardship guidance for Healthcare settings (2022)*.

An annual review was available and reported the standard of services delivered throughout 2023 which included IPC.

The inspector was not assured that water safety was managed effectively within the centre to prevent the risk of *Legionella* developing. For example, there were no checklists to flush infrequently used water outlets and no routine monitoring for *Legionella* in the water systems was undertaken. This is discussed further under Regulation 23.

The centre had a schedule for conducting infection prevention and control audits, carried out by the management team. The audits covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. The audit scores were high which reflected what the inspector found on the day.

The centre had recently managed a small outbreak of COVID-19. There was good support systems in place with the local community support team. An outbreak management plan was available to guide staff during the outbreak and was up to-date and comprehensive. There was a good vaccination uptake of the residents within the centre.

## Regulation 15: Staffing

On the day of this unannounced inspection there were sufficient numbers of staff to meet the needs of the residents. There was one housekeeper on duty to clean the premises.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to IPC training that was relevant to their role. There was a blended approach to training with a combination of on-line and face to face training.

Judgment: Compliant

## Regulation 23: Governance and management

Notwithstanding the good systems in place to maintain oversight of the service, the arrangements and monitoring of infection prevention and control and antimicrobial stewardship governance required improvement to be fully compliant. For example;

- The monitoring and oversight systems of a key area of the service, such as water safety did not ensure the safety and well-being of the residents. For example, there was no documentation to ensure that systems were in place to prevent *Legionella* bacteria developing in the water systems.
- On the day of inspection there was no available safety data sheets for all the products that were used to clean the premises. This information is important to give information for the handling, storage and emergency measures in case of an accident.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

## Quality and safety



Residents were receiving a high standard of care in an environment which supported and encouraged them to enjoy a good quality of life. Residents were found to be receiving care and support in line with their needs and preferences. However, further improvements were required in relation to infection prevention and control which will be discussed under Regulation 27.

The provider had substituted traditional needles with safety engineered sharps devices to minimise the risk of needle stick injury. Waste and used linen and laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen.

The inspector viewed a sample of residents electronic nursing notes and care plans. There was evidence that residents were assessed prior to admission, to ensure the centre could meet residents' needs. Based on a sample of nine care plans viewed, plans were sufficiently detailed to guide staff in the management of urinary catheters and the residents that were identified as having an infection or colonised with an infection.

Hand hygiene facilities were available for staff to wash their hands. While the sinks did not comply with the recommended specifications of a clinical hand hygiene sinks, the sinks were clean and in good repair and designated for staff use only. Conveniently located alcohol hand rub was available for staff to sanitise their hands but improvements were required to be in line with best practice guidelines. For example, alcohol hand gel was topped up by a larger container. This is discussed further under Regulation 27.

The National Transfer Document and Health Profile for Residential Care Facilities was used when transferring residents to hospital. The assessment of residents before admission to the centre had a section to capture if any resident was colonised with a multi-drug resistant organism.

The inspector identified some examples of good antimicrobial stewardship (AMS) practice. The volume of antibiotic use was monitored each month which enabled easy trending. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff were engaging with the national "Skip the Dip" campaign. This national campaign is aimed at reducing the use of urine dipsticks as a marker for urinary tract infections (UTI's) which may cause antibiotics to be prescribed unnecessarily.

On the day of inspection the centre was clean and tidy. For example, residents equipment and facilities were in good repair and well organised. Notwithstanding the cleanliness of the centre further improvements to housekeeping practices was identified. For example, cleaning products and their reconstitution were not in line with best practice guidance and this is discussed under Regulation 27.

The Inspector noted that the provider had made many improvements to the centre which addressed the premises issues highlighted on the previous inspection in 2023. Ongoing refurbishment plans were in place. For example, the replacement of the floor in the laundry room and some areas of lino were lifting on the stairs.

The premises were of a suitable size and layout to support the number and needs of residents that were living in the centre at the time of the inspection. However, the temperature of water in bedrooms twenty and twenty one did not reach a sufficient temperature for one resident to comfortably wash. One resident said that on one occasion they had to go upstairs for a shower as the water was not warm in their room. The director of nursing said that staff could turn on the boiler if necessary, but this did not give choice to the residents that they can wash when they choose to do so.

There were no visiting restrictions in place at the time of the inspection. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection.

### Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspector were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

### Regulation 17: Premises

The registered provider did not ensure that, having regard to the number of residents in the designated centre provide premises which conform to the matters set out in Schedule 6. For example:

- Sufficient supply of piped hot water to all areas of the centre. There was no hot water in the taps of the sinks in the sluice room or in bedrooms 20 and 21.

Judgment: Substantially compliant

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

A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information. The transfer document and the pre assessment document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. This was evidenced by;

- Some of the alcohol gel dispensers were topped up/refilled. Dispensers should be of a disposable single-cartridge design to prevent contamination.
- The disinfection product used for the floors was not a product suitable for use in a healthcare environment with bactericidal (EN16615), sporicidal (17126) and virucidal (EN14476) activity as required and be CE marked. This increased the risk of the spread of infection during an outbreak.
- The disinfection used to clean the floors was made up with no measurements to ensure the right dosage was added to the water. This was also not freshly made up at the start of the day. That meant that the product was not used according to the manufacturers instructions and may result in the centre not being cleaned properly to prevent the spread of infection.
- The kitchen did not have its own designated cleaning store room. This meant that kitchen cleaning equipment was stored alongside the housekeeping equipment for the rest of the centre, this increased the risk of infection spread in the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals such as physiotherapy, dietitian and speech and language therapy, as required. The inspector identified some examples of good antimicrobial stewardship. Antibiotic consumption data was analysed each month and used to inform infection prevention practices.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Roseville Nursing Home OSV-0000089

Inspection ID: MON-0044599

Date of inspection: 20/08/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>After the inspection, we have implemented a new system whereby the housekeeper regular monitors the water safety checks as per your recommendation. This documentation is completed as part of her daily/ weekly checks. This includes running the water taps and flushing toilets from water outlets that are not regularly used to prevent Legionella bacteria developing in these water systems. Completion date: 21st August 2024</p> <p>We have reviewed and updated our safety data safety to include all cleaning products currently been used in the home. Going forward if any new products are used, this will be updated immediately to reflect the new changes. All cleaning products used on site meet the European standards and are BS EN 1276 Certified. Completion date: 22nd August 2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Our plumber was able to resolve the issue with the heating for the hot water in the two rooms in the extension area and there is now sufficient supply of hot water in these bedroom areas. Completion date: 21st August 2024.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have reviewed all alcohol dispensers in the home and will ensure going forward that they are not topped up. The dispenser units will be fitted with single cartridge disposal alcohol gel bags to prevent the risk of contamination. Completion date: 28th August 2024.</p> <p>The housekeeper has been advised to only mix cleaning solution that will be used on that particular day. She has also been advised to only use certified cleaning products and not to make her own concoction. New colour coded spray bottles that show the correct measurements have been bought to mix the cleaning solutions to the correct dosage as is required. Completion date: 28th August 2024.</p> <p>We have been in contact with a local carpenter who will build a new storage press for holding only the kitchen cleaning equipment. This will be build away from the cleaning room but easily accessible to kitchen staff to prevent the risk of cross infection. Completion date: 30th September 2024.</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	21/08/2024
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	22/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/09/2024

	associated infections published by the Authority are implemented by staff.			
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