



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

Issued by the Chief Inspector

Name of designated centre:	Roseville House Nursing Home
Name of provider:	DSPD Limited
Address of centre:	Killonan, Ballysimon, Limerick
Type of inspection:	Announced
Date of inspection:	16 October 2024
Centre ID:	OSV-0000427
Fieldwork ID:	MON-0036650

About the designated centre

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

Roseville House Nursing Home is a designated centre located in a rural setting a short distance from Limerick city. It is registered to accommodate a maximum of 39 residents. It is a single-storey facility set on a large mature site. Residents' bedroom accommodation is set out in two wings, the old wing, and the new wing which has two corridors. There are single, twin and one three bedded rooms, some with en suite facilities. Communal areas comprise a dining room, two day rooms and a seating area along the bright wide corridor in the new wing. Residents have access to a secure paved courtyard with garden furniture and raised flowerbeds. There are well maintained unsecured gardens around the centre. Roseville House 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:	39
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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 16 October 2024	09:30hrs to 18:15hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents, it was evident that residents were supported to enjoy a good quality of life in the centre. Residents' feedback was positive in relation to the care and attention they received from staff.

Roseville House Nursing Home accommodates up to 39 residents in single rooms, twin rooms and one triple room. On the day of the inspection, the nursing home was fully occupied. Some bedrooms had ensuite toilet facilities and there were communal shower rooms and toilets located throughout the building. A number of day rooms and an external courtyard were available for use by residents.

On arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the inspector and person in charge completed a walk around the centre. There was a busy atmosphere in the centre throughout the morning of the inspection. Some residents were observed enjoying each other's company in a large day room. Other residents were observed sitting in their bedroom, listening to the radio or watching television while awaiting staff to attend to them.

The inspector observed a residents' mealtime. Residents enjoyed their meals in a relaxed manner and were complimentary about the food served to them. They stated that they were provided with a number of choices for each meal but could also request an alternative if they so wished. Residents who chose to have their meals in their bedroom were provided with assistance and support from staff. Residents confirmed that they were provided with drinks and snacks throughout the day.

Residents' bedrooms were clean and personalised with items such as pictures, ornaments and furniture. While many parts of the centre were in a good state of repair, some surfaces were observed to be in poor condition and could not be adequately cleaned.

A programme of activities was carried out by an activity co-ordinator. On the afternoon of the inspection, a band played live music for a number of hours. Residents were observed to thoroughly enjoy the music, with a number of residents performing songs with the band. One resident was celebrating their birthday on the day of the inspection. This resident and their visitors were welcomed into the day room where "Happy Birthday" was played by the band.

Visitors attending the centre throughout the day of the inspection were seen to be welcomed by staff. Residents who spoke with the inspector confirmed that visiting arrangements were flexible and that they were satisfied with the arrangements in place. Residents told the inspector that they could spend time with visitors in

communal areas or in the privacy of their bedroom.

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 on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that this centre was well managed and delivered a service that was generally compliant across most regulations review on this inspection. However, the inspection found that the residents' contracts of care were not fully aligned to the requirements of the regulations.

This was a one day announced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). The inspector followed up on the provider's compliance plan response to the previous inspection in August 2023. The inspector also reviewed the detail of an application to renew the registration of the centre, which had recently been submitted to the Chief Inspector.

The registered provider for Roseville House Nursing Home is DSPD Limited. A company director represented the provider entity and was present in the centre on the day of the inspection. The person in charge worked full-time in the centre. They were supported in their role by a clinical nurse manager (CNM), as well as a team of nurses, healthcare assistants, catering, housekeeping, activity and maintenance staff.

While there were contracts of care in place for the majority of residents, the inspector found that contracts were not provided to some residents that were being accommodated on a short-term basis.

There were established systems of management and oversight in place in the centre. The management structure was clearly defined, as were the lines of authority and accountability of the respective management team members. Meeting records indicated that the team met on a monthly basis to discuss key areas of the service. Any actions arising from these meetings were assigned to a person responsible for completion within an agreed time frame. There was evidence that progress with completing these actions was reviewed regularly.

A programme of audits was in place, which included assessing compliance in areas such as clinical care, environmental hygiene, health and safety, medication management, fire safety and call bell response times. Action plans were developed for any areas of quality improvement identified and were reviewed by the management team.

The annual review of the quality and safety of the service for 2023 had been completed, which had been informed by feedback from residents and their representatives. It contained an overview of key clinical and operation areas of the service as well as a quality improvement plan for 2024. There was evidence that actions outlined in this plan were in progress at the time of the inspection.

The provider had reviewed their staffing levels as part of a compliance plan response from the previous inspection. Increased staffing levels had been maintained, and, on the day of this inspection, there was sufficient staff on duty to meet the assessed needs of the residents. The inspector reviewed a sample of staff files and found that these contained all of the information required by the regulations, including evidence vetting by An Garda Síochána and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

A review of the staff training records found that there was a training schedule in place to ensure that all staff received training that was appropriate to their role. Staff had up-to-date training in areas such as fire safety and moving and handling procedures. There were systems in place to supervise staff, including an induction programme and competency assessments for incoming staff and annual appraisals thereafter.

The inspector reviewed the suite of policies and procedures required by Schedule 5 of the regulations. The policies had been updated at intervals not exceeding three years and there was evidence that they had been made available to staff for review.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A review of the record of all complaints that was maintained by the person in charge demonstrated that complaints were managed promptly and in line with the requirements of the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. They had submitted the prescribed information to the Chief Inspector.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was sufficient nursing and care staff on duty, with appropriate knowledge and skills to meet the needs of residents, and taking into account the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety and safeguarding of residents from abuse. Arrangements were in place to ensure that staff were given opportunities to update their skills and knowledge, as required.

Staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place to support the provision of a safe and appropriate service to residents. There was a clearly defined management structure in the centre and sufficient resources to ensure the effective delivery of care. The registered provider carried out an annual review of the quality and safety of care in 2023 which included a quality improvement plan for 2024.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were not available for some residents that were accommodated on a short term basis.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies required by Schedule 5 of the regulations had been updated in the last 3 years and were made available to staff.

Judgment: Compliant

Quality and safety

Overall, residents were provided with a good standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. This inspection found that Regulation 17, Premises was not fully in line with the requirements of the regulations.

Some aspects of the premises were in a poor state of repair and did not support effective infection prevention and control management. While there was a programme of maintenance in place to support the repair and replacement of surfaces, the inspector found that additional attention was required to meet the requirements of Schedule 6 of the regulations. For example, chipping and rust was visible on a number of surfaces of the premises, equipment and furniture. Additionally, some floor coverings were damaged and required repair.

Additionally, there was inadequate storage for some residents' personal possessions. It was noted that in a number of ensuite facilities, residents were storing personal hygiene products and other items in mugs or loosely on sinks and windowsills as more appropriate storage wasn't available.

The inspector found that action had been taken following the previous inspection in relation to infection prevention and control. For example, two clinical handwash sinks had been installed in the nurses' station and sluice room. Additionally, a dedicated room for the storage of cleaning equipment and preparation of cleaning solutions was now in operation.

Residents were provided with appropriate and timely access to general practitioner (GP) services. They were supported to retain their GP on admission to the centre, if they so wished. There were arrangements in place to ensure that residents were referred to allied health and social care professionals as needed, such as speech and language and physiotherapy services.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care that supported their physical, psychological, and social care needs.

The provider had systems in place to ensure that residents were protected from the risk of abuse. The provider didn't act as pension agent for any residents. There were arrangements to ensure the secure management of any money that was held on behalf of residents.

Regulation 11: Visits

There were flexible arrangements in place to ensure that residents could receive visitors.

Judgment: Compliant

Regulation 17: Premises

Some floor coverings and surfaces did not meet the requirements of Schedule 6 of the regulations as they were not in a good state of repair. For example, rust was observed on radiators, and metal surfaces on equipment such as shower chairs. Additionally, the surfaces of some residents' furniture such as bedside lockers and tables were damaged.

Some residents did not have sufficient space in their ensuite facilities to appropriately store their belongings. Lockers or shelves were not in place in many residents' toilets and therefore personal hygiene items had to be stored on top of sinks, windowsills or in their bedrooms.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available, which contained the information required by the

regulations, including the arrangements for managing complaints.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. The care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to General Practitioners (GP) of their choice as well as a range of health and social care professionals, such as physiotherapy and dietitians.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours.

The implementation of restrictive practices was informed by risk assessments, which were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse. Staff had up-to-date training in the prevention, detection and response to abuse.

Residents' monies were managed appropriately by the provider.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services if they so wished.

Residents' rights and choices were promoted and respected by staff. There were arrangements in place to ensure that their privacy and dignity was maintained at all times.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	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 Roseville House Nursing Home OSV-0000427

Inspection ID: MON-0036650

Date of inspection: 16/10/2024

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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contract for the provision of services: Going forward all Short term residents will have contract of care in place	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We have conducted an audit of the flooring and equipment. Radiators will be repainted where required. Any damaged equipment has been repaired / replaced. Damaged flooring will be replaced over a period of time depending when the room is unoccupied. Shelves are in place to store personal toiletries in residents’ bathrooms.	

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	01/08/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	27/12/2024

