



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Riverside Nursing Home
Name of provider:	Riverside Care Centre Limited
Address of centre:	Milltown, Abbeydorney, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	16 and 17 October 2018
Centre ID:	OSV-0000274
Fieldwork ID:	MON-0022228

About the designated centre

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

Riverside nursing home is a 27-bedded nursing home located close to the village of Abberdorney, Co. Kerry. All residents are accommodated on the ground floor in 12 twin and three single bedrooms. The centre provides 24-hour nursing care to both female and male residents with a range of diagnoses, including dementia. Communal space comprises a large combined sitting and dining room, a sitting room and a smaller room that can be used for residents to meet with visitors in private. There is also secure outdoor space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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How we inspect

To prepare for this inspection the inspector or 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
16 October 2018	10:15hrs to 17:30hrs	John Greaney	Lead
17 October 2018	08:45hrs to 15:30hrs	John Greaney	Lead

Views of people who use the service

The inspector met and spoke with residents throughout the inspection in various locations of the centre, including residents' bedrooms, sitting rooms and dining room. Residents were generally complimentary of the staff and of the care they provided. Residents were happy with the choice of food available and stated that they could order whatever they wished. A number of residents stated that they were very happy with the programme of activities.

Capacity and capability

Overall, the inspector found that services were delivered to residents to a good standard. There was an effective governance and management system in place to provide assurances that the service provided was safe, appropriate, consistent and effectively monitored. Systems were in place to monitor the quality and safety of the service but this could be enhanced through the expansion of the audit programme.

Personnel involved in the governance and management of the centre changed in early 2018 and there was a seamless transition to the new management. The provider and person in charge were present in the centre each day from Monday to Friday. Observations of the inspector indicated that residents were familiar with management and they confirmed that management were approachable if they had any concerns.

Staffing levels were kept under regular review and on the days of the inspection staffing levels were adequate to meet the needs of residents. Staff interactions with residents were observed to be conducted in a kind and caring manner. Residents spoken with by the inspector were complimentary of staff and of their responsiveness to their needs. Staff were adequately supervised and were facilitated to attend training to enable them to provide safe and effective care to residents.

Quality and safety was monitored through a programme of audits. Some of the audits, such as the medication management audit, an audit of residents' meetings and care plan audits, were comprehensive and contributed to the quality improvement process. Other audits, however, required review to ensure that the data collected was used for quality improvement purposes. The audit process could also be enhanced by the addition of other high risk areas to the programme, such as accidents and incidents and complaints. There was an annual review of the quality and safety of care and copy of this was available to residents and visitors at reception.

There were adequate procedures in place in relation to the management of complaints. From a review of the complaints log it was evident that complaints were welcomed and were usually addressed to the satisfaction of the complainant.

Regulation 14: Persons in charge

The person in charge was a registered nurse and had the required experience in care of the older person. Residents were familiar with the person in charge and she was involved in the day-to-day management and operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training and all staff had attended up-to-date training in mandatory areas, such as safeguarding residents from abuse, manual and people handling, fire safety and responsive behaviour.

Judgment: Compliant

Regulation 22: Insurance

A certificate of insurance was available demonstrating that residents were insured against injury and loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

While there were audits conducted on a regular basis, the programme of audits could be enhanced through the inclusion of audits on other areas such as accidents and incidents and complaints.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract that outlined the fees to be charged and identified the bedroom to be occupied by the resident. The contract required review as there was insufficient detail on the social programme, for which there was an additional charge.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written Statement of Purpose that contained most of the information set out in Schedule 1 of the regulations. Some additional detail was required to be included, such as the sanitary facilities available to residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of records indicated that notifications required to be submitted to the Office of the Chief Inspector were submitted within the required time frame.

Judgment: Compliant

Regulation 32: Notification of absence

In instances where the person in charge was absent from the centre for a period in excess of 28 days, the required notification was submitted, including arrangements for the management of the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a written complaints procedure that was on prominent display in the centre. The complaints procedure included an independent appeals process should the complainant be dissatisfied with the judgement of the complaints officer. Records indicated that all complaints were recorded, investigated and the satisfaction or otherwise of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre. These were reviewed at a minimum of every three years and staff had attached their signatures to indicate that they had read and understood them.

Judgment: Compliant

Quality and safety

Overall care was provided to residents to a good standard. Appropriate support was offered to residents to maintain their independence. A review of fire safety was required to ensure that there were adequate containment measures in place in the event of a fire and to ensure there were adequate processes in place to support the safe placement of residents.

The inspector found that staff demonstrated good knowledge and understanding of the needs of residents and this information was reflected in individual care plans. Overall, residents received a good standard of care and access to medical resources. Residents were reviewed regularly by their general practitioner (GP). Where it was identified that residents could benefit from the input of allied and specialist health services, appropriate referrals were made and advice also incorporated into care plans.

Pre-admission assessments were completed by the person in charge. Care plans were then developed for each resident and these were seen to be comprehensive and personalised and provided good guidance on the care to be delivered to each

resident on an individual basis. Care plans were then reviewed on a regular basis to incorporate any changes to a resident's needs or wishes.

There was a comprehensive programme of activities and a variety of activities were facilitated in-house. The programme of activities could be enhanced through developing stronger links with the local community by facilitating increased access for residents to activities outside of the centre. Religious and cultural preferences were facilitated and arrangements were in place for residents to vote in the forthcoming presidential election and referendum. The services of an independent advocate were also available to residents.

All staff had attended up-to-date training in fire safety. Fire drills were conducted regularly and it was evident that all staff were conscious of the need to be fire safety aware. Significant improvements were required in fire safety to ensure that there were adequate processes in place to contain fire in the event of a fire and also in progressive horizontal evacuation to ensure that residents could be evacuated to a place of relative safety in the event of a fire. These issues were identified to the provider and person in charge on the days of the inspection and an urgent action plan was issued to the provider on the day following the inspection.

Regulation 13: End of life

There were no residents at active end of life stage on the days of the inspection. A sample of care plans reviewed indicated that end of life preferences were discussed with residents. There was good access to palliative care services. Families and friends of residents were facilitated to remain with residents as they approached end of life, should they wish to do so.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were complimentary of the quality and quantity of food provided. Choice of food was offered at mealtimes. Residents nutritional status was monitored through regular weighing and the use of a screening tool to assess for the risk of malnutrition. There was good access to speech and language therapy and dietetics and residents were regularly reviewed. Catering staff were knowledgeable of the likes and dislikes of residents and also of their prescribed diets.

Judgment: Compliant

Regulation 26: Risk management

There was a safety statement dated February 2017. The statement was not signed and required review, as it made reference to former members of the management team, who no longer worked in the centre. There was an emergency plan that addressed emergencies such as loss of water and loss of power. The plan also identified temporary placement of residents in the event of a prolonged evacuation. The plan also required review in the context of contact personnel that included former members of management.

There was a risk management policy that addressed the requirements of the regulations. There was a risk register that addressed clinical and non-clinical risks. While the register quantified risks in terms of low, medium and high, it was not clear what process was used to determine the level of risk. It was also not clear if the risk measurement was based on the risk prior to the implementation of control measures or after the control measures were in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Significant improvements were required in relation to fire safety. The registered provider representative was requested to have a fire safety risk assessment completed by a person that was suitably qualified and experienced in the area of fire safety. Issues found on inspection included:

- there were not adequate procedures in place to ensure that all exits could be opened in a timely manner in the event of a fire
- there was not adequate provision of emergency lighting throughout the designated centre
- not all emergency exit signage was adequately lit
- while there was evidence that the fire alarm was serviced on a quarterly basis, certification was not available in the centre to indicate that the maintenance schedule was in accordance with relevant standards
- emergency lighting was not serviced quarterly and certification was not available in the centre to indicate that maintenance was in accordance with relevant standards
- while fire drills were conducted frequently and staff demonstrated a good awareness of fire safety, the fire drills did not include the simulation of the evacuation of an entire fire compartment. It was therefore not possible to ascertain if all residents in the centre could be evacuated to a place of relative safety in a timely manner in the event of a fire
- staff were not familiar with the boundary lines of each fire compartment
- fire safety zones did not match the fire compartments, which could cause confusion in the event of a fire

- fire doors required review as they did not appear to be capable of adequately containing smoke and fire
- some fire doors were held open by mechanisms that did not automatically release in the event of the activation of the fire alarm
- the procedures to be followed in the event of a fire were not on prominent display throughout the centre, so that residents, staff and visitors were aware of what to do in the event of a fire, were aware of the nearest place of relative safety or the nearest emergency exit.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration practices were observed to be in accordance with recommended guidance. Medication was stored and disposed in accordance with guidance and legislation

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were assessed prior to admission to ascertain if the centre could meet their needs. Further assessments were completed following admission and these formed the basis for developing care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical care and were reviewed regularly by their GP. Records indicated that where specialist review and care was required, this was facilitated. Residents has good access to services such as speech and language therapy, dietetics, physiotherapy and opticians.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All staff had attended training in relation to responsive behaviour. Staff were seen to interact with residents in an appropriate manner and it was obvious that they had adequate knowledge of individual resident's needs. The provider and person in charge were requested to review the training programme to ensure that it was quality assured and provided staff with up-to-date knowledge and skills.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had attended up-to-date training in safeguarding residents from abuse. Staff were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. All residents spoken with stated that they felt safe in the centre. There were adequate records in place in relation to the management of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted about how the centre was planned and run through residents meetings. These meetings were held regularly and indicated that residents' views contributed to the day to day operation of the centre. Breakfast commenced at 07:45hrs and most residents had their breakfast at this time. From discussions with staff, it was evident that further consultation with residents, on an individual basis, was required to ensure that breakfast was served in accordance with their expressed preferences and routine prior to admission to the centre. While there was secure outdoor space available in the centre, the door to the outdoor area was locked and was not readily accessible to residents.

There was a varied programme of activities that were predominantly facilitated by an activities coordinator. On both days of the inspection residents were seen to be enthusiastically participating in the scheduled activities. The inspector was informed that local groups visited the centre on special occasions such as Christmas to provide entertainment. The programme of activities could be enhanced by increasing links with the local community and also by the facilitation of excursions to local attractions and amenities.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Riverside Nursing Home OSV-0000274

Inspection ID: MON-0022228

Date of inspection: 16 and 17/10/2018

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: We are revising our Audits to identify areas of improvement that will enable us to analyse beneficial information.	
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: The contracts have been revised to include information on the activities program.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been updated to include all the required information	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The Health and safety statement and the emergency plan have been reviewed and now contain the correct information.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A fire risk audit was completed on the 19/10/2018 and highlighted areas of concern. Immediate action was taken where necessary and possible to rectify areas of concern. Daily checks of break glass units for keys for emergency exits were put in place to ensure timely exit from the building if required. Staff training was and continues to be provided. Emergency exit signage has been replaced. Fire alarm maintenance records are in place. The emergency lighting was tested on the day of inspection and the certification has been forwarded to HIQA. A quarterly service schedule is in place for the emergency lighting. At present, the building is divided into 4 fire zones, we are in the process of installing a new addressable fire panel that will eliminate the zones. We are in the process of installing more emergency lighting throughout the building as specified in the fire audit. All Fire Doors are being reviewed and necessary work will be completed. All doors will be connected to the fire panel and appropriate fire door retainers will be fitted. Procedures to be followed in the event of fire are displayed in every bedroom and in sitting room and dining areas, this has been expanded to incorporate the reception area as well.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing</p>	

behaviour that is challenging:

Our training program is under review and all staff will complete appropriate challenging behavior training provided by an external company on 27/11/2018.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

All residents have been consulted with regarding excursions and access to local community, residents that wish to attend events outside of the nursing home are facilitated to do so as they always have been.

We are constantly reviewing our practices to ensure our residents are not isolated from local community.

Local events are streamed to ensure residents who do not wish to attend in person have the choice to view from the comfort of their home.

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 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	31/12/2018
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	21/11/2018
Regulation 26(1)(a)	The registered provider shall	Substantially Compliant	Yellow	30/11/2018

	ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.			
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.	Substantially Compliant	Yellow	21/11/2018
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	19/10/2018
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	19/10/2018
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	Not Compliant	Red	19/10/2018

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	19/10/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	21/11/2018
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	27/11/2018
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	21/11/2018
Regulation 9(3)(c)(iv)	A registered provider shall, in so far as is	Not Compliant	Orange	21/11/2018

	reasonably practical, ensure that a resident voluntary groups, community resources and events.			
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