

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Riada House Community Nursing Unit
<b>Centre ID:</b>	OSV-0000529
<b>Centre address:</b>	Arden Road, Tullamore, Offaly.
<b>Telephone number:</b>	057 935 9985
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<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Joseph Ruane
<b>Lead inspector:</b>	Gary Kiernan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	31
<b>Number of vacancies on the date of inspection:</b>	4

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
16 December 2014 10:30	16 December 2014 19:00
17 December 2014 10:30	17 December 2014 15:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This monitoring inspection was carried out in response to an application from the provider to renew the registration of the centre. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Survey questionnaires submitted to the Authority by residents and relatives were also reviewed and showed that residents and relatives were very satisfied overall with the care provided.

The inspector found that there continued to be a high level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated

Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector observed examples of good practice in a range of areas which resulted in positive outcomes for residents. Care practices were overseen by the person in charge who demonstrated professionalism and a commitment to continually improving the service for residents.

The healthcare needs of residents were met to a high standard and residents had prompt access to general practitioner (GP) services and to a range of other allied health professionals. However, some improvements were required in the care planning process. Improvement was also required in the management of restraint. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

A risk management process was in place for all areas of the centre. The centre's policies and procedures for medication management protected residents. Residents' nutritional needs were met to a high standard and the dining experience was well managed.

While many aspects of the physical environment met the needs of the residents, a satisfactory plan had not been put in place to address a number of multi-occupancy bedrooms.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose in place which met with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided in detail. The statement of purpose accurately reflected services and facilities provided.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure in place and the person in charge had systems in place to monitor and review the quality and safety of care on an ongoing

basis.

The management structure was clearly set out and reporting relationships were understood by the staff. The person in charge and the clinical nurse managers (CNMs) monitored performance indicators and areas of risk closely. There was a robust auditing system in place and action plans were implemented in response to any areas for improvement which were identified. For example, the inspector read a number of medication management audits which demonstrated a high level of compliance with the centre's policies and procedures. The results of these audits as well as accidents and incidents were reviewed by the person in charge and her clinical team at regular clinical governance meetings.

The inspector found that the centre was appropriately resourced in order to deliver care in accordance with the aims and objectives set out in the statement of purpose. There was appropriate equipment and staffing to meet the needs of residents. The person in charge had the authority and autonomy to make decisions in relation to the allocation of additional resources when needed.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents were provided with contracts of care which had been drawn up in line with the requirements of the Regulations.

The inspector read a sample of completed contracts and saw that they provided residents with a satisfactory level of information about the services which they could expect to receive and the fees payable. The contracts reviewed by the inspector had been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated.

The provider and person in charge had developed user friendly guide to the centre which was available to all residents. This guide was written in an easily-understood way and included information on the accommodation provided, the fire safety measures in the centre and complaints process.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider had taken steps to ensure that arrangements for the role of person in charge had been fully met.

The person in charge demonstrated a professional and proactive approach to meeting the needs of the residents throughout both days of inspection. She was fully prepared for inspection and all information and documentation requirements were readily provided.

An interview was held with the person in charge where she demonstrated a thorough knowledge of her roles and responsibilities under the Regulations and Standards. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a commitment to continually improving service provided and outcomes for residents. Staff members, residents and relatives stated that she was readily available to them for support and advice. The inspector observed the person in charge on floor actively engaging with residents and overseeing the quality and safety of care delivered.

The person in charge had maintained her continued professional development and had attended a number of pertinent short courses in areas such as nutrition, clinical audit and end of life care. The person in charge demonstrated strong clinical knowledge throughout the inspection with regard to the care of older persons.

The person in charge was supported in her role by four clinical nurse managers, all of whom were available to deputise in the absence of the person in charge. An additional CNM was employed in the day centre which was run from a separate part of the centre. Four of the clinical nurse managers were present and participated fully in the inspection process and were interviewed by the inspector. All of these staff members demonstrated very good clinical knowledge and continued professional development. One of the CNMs had recently completed a nurse prescriber course while two others had completed advanced training in the management of percutaneous endoscopic gastrostomy (PEG) tube feeding. The CNMs knew the residents very well and demonstrated a strong knowledge of their roles and responsibilities under the Regulations.

**Judgment:**  
Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The inspector found that there were systems in place to maintain complete and accurate records and the required policies were in place. However, the directory of residents did not contain all of the required information. The risk management policy required review.

Residents' records were maintained up-to-date and were stored securely. These records were retained for at least seven years and there was a policy in place to guide staff on the creation of, access to and retention of records.

Written operational policies, which were centre specific, were in place to inform practice. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. However, as noted under outcome 8 (Health and Safety) the risk management policy did not address the risks specified in the Regulations.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. Evidence of satisfactory insurance cover was seen by the inspector.

The directory of residents was maintained up-to-date. However, this document did not address all of the data requirements specified in the Regulations. For example, the date, time and cause of death were not recorded where appropriate.

**Judgment:**  
Non Compliant - Minor



***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

**Judgment:**  
Compliant

***Outcome 07: Safeguarding and Safety***  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse. All residents spoken to said that they felt safe and secure in the centre and said they could speak openly to the staff if they had any concerns. However, it was not demonstrated that the use of PRN "as required" chemical restraint was in line with evidence based practice.

The inspector noted that some residents were prescribed PRN psychotropic medications in relation to behavioural support needs which they presented with such as agitation and aggressive behaviour. Staff members, spoken to by the inspector, were aware of the requirement to use this medication, only in controlled circumstances. Medication administration records showed that the use of these PRN medications had greatly reduced in recent months. For example, staff told the inspector that they frequently found that the sensory stimulation room was an effective alternative to medication for

some residents. However, it was not demonstrated that PRN chemical restraint was consistently administered in line with evidence based practice and in line with the national policy on restraint. For example, multi-disciplinary restraint assessments were not carried out where these medications were used as restraint. There was also insufficient documentation of the alternatives offered prior to the use of PRN medication.

In response to the previous inspection, progress had been made to improve the assessment and documentation in use for residents who used physical restraint such as bedrails. Good quality risk assessments were carried out, the safety of bed rails was checked on a frequent basis and the consideration of alternatives was documented. However, despite these improved procedures the use of bedrails remained unacceptably high with 29 out of 31 residents using this bedrails on the day of inspection. The person in charge undertook to address this matter and discussed plans to involve a multi disciplinary approach to the assessment process.

A policy relating to the prevention and detection of elder abuse was in place to guide staff. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge and nursing staff demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event of any suspicions or that any allegation of abuse was made. Staff spoken to by the inspector demonstrated good knowledge and awareness in this area, including their duty to report any suspected form of abuse. Staff had up to date training in the protection of vulnerable adults.

Staff in the centre were not responsible for holding any money on behalf of residents. Documentation was in place to monitor and record any valuables which were deposited with the administration staff for safe keeping. Clear and accountable records were maintained in relation to charges made to residents and the inspector read an independent audit of accounts which had been carried out by an external auditor. This document indicated that residents' interests were protected.

**Judgment:**  
Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Procedures were in place to promote the health and safety of residents, staff and visitors.

There was a centre-specific risk management policy which described the procedure for identifying and managing risk in the centre. Staff in the centre had received risk management training and there was evidence of frequent risk assessments and action plan in the event that any risks were identified. However, the risk management policy did not address all the risks specified in the Regulations, for example in relation to self harm, violence and aggression.

The inspector was shown the safety statement and risk register for the centre. These documents had been reviewed and updated in November 2014. Risks associated with the centre, such as the smoking area, and the corresponding control measures were detailed in the risk register.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed, fire exits were unobstructed. Staff members, spoken to by the inspector, were knowledgeable with regard to fire safety prevention and evacuation procedures. The inspector reviewed the fire safety training records and found that staff had attended formal training in fire safety at regular intervals. There was a system in place to carry out biannual fire drills. The inspector saw that good detail was maintained in relation to these events and any areas for improvement were followed up and addressed by the person in charge. The inspector was present in the centre during the weekly fire alarm and fire panel check and noted that staff reacted very promptly and made their way to the fire panel on hearing the alarm in accordance with procedure in the centre.

The inspector also reviewed the records with regard to servicing of fire safety equipment. The records showed that there was regular servicing by external consultants of the fire detection and alarm system, emergency lighting and of fire fighting equipment. A documented system of in-house checks on fire exits and the fire detection system was also in place.

Systems were in place for the recording and learning from accidents, incidents and near misses. Detailed records of all accidents were maintained and the form included a section on learning outcomes and interventions to prevent reoccurrence. All accidents and incidents were reviewed by the person in charge and she had conducted a trend analysis for 2014 in order to identify any patterns of concern.

The inspector saw that there was a proactive system of falls management system in place. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds, sensor alarms, and hip protectors were provided as appropriate. Neurological observations were carried out in the event that a resident had un-witnessed fall or possible injury to the head. The inspector reviewed the falls data from the trend analysis for 2014 and found that overall there was a low number of falls in the centre. The person in charge and nursing staff in discussions with the inspector demonstrated a good understanding of the importance of facilitating residents to maintain their independence and take risks where appropriate.

There was an infection control procedure in place. Nursing staff and care assistants were observed following correct hand hygiene and all staff had access to gloves, hand gels and aprons. Staff members had received training in infection control and were

knowledgeable about the procedures to follow to prevent the spread of infection. Appropriate infection control procedures were available in the laundry area. No residents in the centre were smokers at the time of inspection. The person in charge demonstrated knowledge of the required precautions in the event that any were admitted.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

**Judgment:**  
Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration and procedures for the management of medications that required strict controls, the inspector was satisfied that appropriate medication management practices were in place guided by a comprehensive policy.

Staff had received training and monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that three-monthly reviews were carried out. The previous inspection identified the need to ensure that crushed medications were appropriately prescribed. The inspector found that this matter had been addressed.

**Judgment:**  
Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Some on-going improvement was required in the area of care planning.

The arrangements to meet each resident's assessed needs were set out in an individual care plan with evidence of resident or relative involvement at development and review. However, a number of the care plans were not sufficiently detailed in order to guide the care of the resident. For example, in the case of a number of residents who had been seen by allied health care professionals such as the dietician, the care plans had not been updated further to recommendations being made by these professionals. While the inspector observed that staff were aware of these instructions and they were being carried out, there was a potential for negative outcomes for residents due to the lack of

detail in some of the plans. Care plans were also not consistently updated when there was a change in the condition of the resident. For example, the care plan had not been updated in relation to a resident who was identified as being at an increased risk of falling. The person in charge undertook to address this.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management, dementia care including the management of behaviours that challenge and found they were in accordance with evidence based practices and guided by robust policies. There was very good access to appropriate medical and allied health care services for residents.

There was a varied and interesting activities programme. Each resident had opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities. One on one activities and specialist communication activities were organised for residents who had dementia. Residents told the inspector that staff took time to converse with them.

**Judgment:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that the physical environment was purpose built and met the needs of residents in many areas; however some improvements were required.

The majority of bedrooms were either single or double rooms and met the requirements of the Regulations and Standards. The inspector visited a number of these bed rooms and found that they were comfortable, well decorated and had been personalised with residents' possessions such as family pictures. An integrated hoist system was provided. Call bells were provided and were within easy reach of beds.

However, there were three multi-occupancy bedrooms for three residents. The inspector found that while appropriate screening had been provided there was potential for residents' privacy and dignity to be compromised in these rooms as the screens did not

prevent odours and noise from travelling. The provider had drawn up a draft plan of building works to address this issue, however, this draft plan did not provide a date for the commencement of works or a costing for the works. The inspector found that this was not satisfactory having regard to the timeframe of July 2015 as set out in the Authority's Standards. The inspector also noted that there was ample space, including vacant bedrooms, available within the centre to facilitate these works. However, to date this issue had not been addressed.

The inspector was satisfied that there was suitable and sufficient communal space for residents. There were two large and comfortably furnished sitting rooms, one of which, incorporated the dining area. A number of residents also liked to sit in the bright seating area in the lobby which had a fire place and large colourful Christmas tree. An oratory was provided where residents could be alone and pray. A sensory stimulation room with colourful light installations and relaxing music was also provided and it was evident that many residents used this facility on a regular basis. Grab rails and hand rails were provided in all communal areas.

A safe and secure garden was available and was directly accessible to residents. Garden furniture was provided and a number of residents stated that they enjoyed sitting in this area which was attractively designed and well maintained. Raised planting beds were provided and residents described how they had enjoyed growing vegetables and salad leaves during the summer.

Appropriate assistive equipment was provided to meet residents' needs such as wheel chairs, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date. The centre was all on the ground floor level.

Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. Satisfactory sluice facilities were provided. A good standard of hygiene and cleanliness was maintained in the centre. Cleaning equipment was appropriately stored.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Practice in relation to complaints management was satisfactory.

The procedure for complaints was displayed for residents and it clearly identified the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and the staff demonstrated a positive attitude towards complaints. The complaints log recorded details of any complaints made. The complainant's level of satisfaction with the outcome of a complaint investigation was recorded in accordance with the requirements of the Regulation. Residents and relatives said that they felt comfortable making a complaint and stated that they were encouraged to give their feedback.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found evidence that end of life care was well managed.

A substantial number of staff from all grades and departments had attended end of life training in 2014. Staff spoken to by the inspector, stated that they found this very beneficial and stated that it aided them to understand residents' needs at this time of life.

The inspector found, that staff members were very knowledgeable regarding end of life needs and how to meet these needs in a sensitive way. There was a comprehensive policy on end-of-life care which was detailed and centre specific. Residents' preferences with regard to end of life were recorded by the nursing staff. The inspector reviewed the records of a deceased resident and found evidence of good practice including pain management and provision for meeting the resident's emotional and spiritual needs. However, care plans were not developed to guide end of life care. The person in charge stated that she was in the process of identifying suitable templates and documentation for developing end of life care plans. This had not yet been implemented at the time of inspection. Improvements required in care planning are addressed under outcome 11 (Health and Social Care Needs).



The nursing staff stated that the centre maintained strong links with the local palliative care team and all were very aware of how to initiate contact with the service. There was an emphasis on making contact with the service at the earliest possible stage in order to maximise the comfort of the residents.

The person in charge stated that the residents had access to a priest or other religious ministers as required and residents spoken to by the inspector confirmed this. There were facilities for families to stay overnight if required.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents received a varied and nutritious diet that offered choice.

The inspector observed the main meal and spoke to residents who stated they were very happy with the food on offer. Tables were attractively set with a festive centre piece on each table. The food provided was nutritious, hot and attractively presented. Residents had a choice at each meal time and individual preferences were readily accommodated. The person in charge together with the nursing staff monitored the meal times closely. The inspector found that this was a social and unhurried experience.

The inspector saw residents being offered a variety of drinks throughout the day. Residents stated that they could request additional snacks or drinks if they were feeling hungry and could also request this for their visitors.

Regular nutritional assessments were carried out by the nursing staff in order to identify any resident who was at risk of poor nutrition or losing weight. Appropriate care plans were drawn up for residents who were identified as being at risk. There was good access to the dietician and the SALT for those residents who required this and some residents had been seen on a number of occasions in 2014.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. A documented system was in place to communicate residents' dietary requirements and preferences to catering staff. The inspector found that the chef was very aware of and knowledgeable about all residents' preferences, likes and dislikes as well as those requiring modified diets. Food fortification was carried out for those residents who required this. Residents who required assistance with their meals were aided in a respectful manner.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There was evidence that staff respected the resident's privacy and dignity and residents were consulted with regard to the operation of the centre.

Residents' religious and spiritual beliefs were respected. Weekly mass took place in the centre and the ministers from other faiths also visited the centre as requested. Daily prayers took place for those residents who requested to participate.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name throughout the inspection.

A residents' forum met on regular basis. The inspector spoke to a number of residents who regularly attended and was informed that staff addressed issues which were raised. For example, a recent successful outing had taken place in response to resident's requests and a mobile shop was available to residents further to their recommendations. The person in charge was not invited to attend and meetings were facilitated by the CNM as per the request of the residents.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many residents were supported

to leave the centre independently and visit family and friends. Residents had access to news papers and television. The inspector observed pupils from a local school singing carols in the centre on the day of inspection. A large number of residents commented how much they enjoyed this occasion.

**Judgment:**  
Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspector found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and appropriate equipment was provided. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing***  
***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

The inspector observed staffing levels and skill mix on the day of the inspection and referred to the rosters. The person in charge based staffing levels on the assessed dependencies of the residents and changes to the roster were made in response to changes in residents' needs. The level and staffing and skill mix met the needs of the residents at the time of inspection.

There was a comprehensive written operational staff recruitment policy in place. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff members were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. The records showed that training had been recently provided for staff and this included nutrition, infection control, medication management, restraint and end of life care. Staff appraisals were carried out on a regular basis and used to identify training needs and support staff.

One volunteer was attending the centre at the time of inspection. The person in charge had attended to the requirement for Garda vetting and the required documentation checks including references.

**Judgment:**  
Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Gary Kiernan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Riada House Community Nursing Unit
<b>Centre ID:</b>	OSV-0000529
<b>Date of inspection:</b>	16/12/2014
<b>Date of response:</b>	14/01/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 05: Documentation to be kept at a designated centre

**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not address all the risk specified in the Regulations.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Please state the actions you have taken or are planning to take:**

PIC has Prepared in writing and implemented policy and procedure at local level on the matters set out in schedule 5 following review of local risk management policy.

**Proposed Timescale:** 14/01/2015

**Theme:**

Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The directory of residents did not address all of the information requirements set out in the Regulations.

**Action Required:**

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

**Please state the actions you have taken or are planning to take:**

Directory format corrected to include the omitted information specified in Paragraph (3) of Schedule 3

**Proposed Timescale:** 14/01/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

It was not demonstrated that physical and chemical restraint was consistently used in line with evidence based principles and national policy.

**Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**

Restraint register amended to identify and record the number of bedrails used as enablers and the alternatives offered during daily review. Initiative to actively reduce Residents dependency in use of bedrails undertaken, in keeping with the wishes of the Residents. Current triple assessment and Individualised Risk Assessment documentation to reflect the specific wishes of the Individual Resident. Assessment and documentation to be carried out and signed by Resident, GP, CNM and PIC. A number of ultra low, profiling beds have recently been purchased and Residents will be assessed for usage,

as an alternative to utilising bedrails as enablers. Psychotropic medication use is documented by Nursing Staff and monitored and reviewed daily by the PIC. The documentation tool utilised has been amended to list all the alternatives offered and considered by the Nursing Staff prior to administration of 'PRN' prescribed psychotropic / night time sedative medications. This document will be Resident specific and maintained in the Individual Residents CarePlan.

**Proposed Timescale:** 27/02/2015

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Care plans were not consistently reviewed and updated when there was a change in the condition of the resident or when recommendations were made by allied health professionals.

**Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

**Please state the actions you have taken or are planning to take:**

Collaborative approach to Resident CarePlan review initiated, in keeping with the wishes of the Individual Resident. Consultation process and Individual named persons involved documented directly into the Information Notes of the Nursing Section within the Multi Disciplinary Care Plan. Review dates identified quarterly and auto generation of invitation letter to initiate Family involvement.

Training and continued education for Nursing Staff in relation to Care Planning process and Documentation to be undertaken following a learning needs analysis to ensure correct and concise documentation of recommendations made by allied health professional colleagues into the Information Notes of the Nursing Section of the Multi Disciplinary Care Plan. CarePlan audit and review is now an agenda item for the Governance Meetings at ward and Unit level.

**Proposed Timescale:** 28/02/2015



## Outcome 12: Safe and Suitable Premises

### Theme:

Effective care and support

### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were three multi occupancy bedrooms for more than two persons which did not meet the residents' needs for privacy and dignity.

### Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

### Please state the actions you have taken or are planning to take:

Draft Plan of building works include the following timelines and approximate costings:  
Tender Documents were Issued December 2014 for Appointment of Design Team;  
Appointment of Design Team to be scheduled to be completed end March 2015.

Timelines for Project Stages from Design Team Appointment;

o Preliminary Design, Statutory Applications,

Full Design & Tender;            16 months

o Construction; Phase 1;        12 months

o Handover ; Phase 1;        1.5 months

Total;                            29.5 months

Estimated Project cost current: € 1.477 m.

**Proposed Timescale: 29.5 months**