

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riverside Nursing Home
Centre ID:	OSV-0000154
Centre address:	Toberburr Road, St Margarets, Co. Dublin.
Telephone number:	01 840 8329
Email address:	noeline@harveyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Willoway Nursing Home Limited
Provider Nominee:	Denis Shaw
Lead inspector:	Michael Keating
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	6

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:
21 January 2015 09:30	21 January 2015 17:00
22 January 2015 09:30	22 January 2015 14:30

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 report sets out the findings of an 18 outcome inspection, which took place following an application to the Health Information and Quality Authority (the Authority) to renew registration of this centre. As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, accidents and incidents forms, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority prior to and during the inspection. These questionnaires all spoke positively of the service provided, and were highly complementary of the input of staff as well the support provided to the family during the admissions process.

Overall, the inspector found that the provider and the person in charge met 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. They promoted the safety of the residents, and monitored closely the quality of the service provided to residents.

Evidence of good practice was found across all outcomes with 15 out of 18 outcomes inspected against deemed to be in compliance with the Regulations. Outcomes judged to be fully compliant included the protection of residents' rights, dignity and consultation, health and social care needs, safeguarding and safety, end of life care, medication management and food and nutrition. Two outcomes were found to be moderately noncompliant relating to documentation and the recording of fire drills. The remaining outcome of safe and suitable premises was found to be in substantial compliance.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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:

The inspector found that the statement of purpose met the requirements of the Regulations, containing all of the information as listed within Schedule 1. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents. Staff were found to be familiar with the statement of purpose.

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:

Overall it was found that the quality of care and experience of the residents were monitored and assessed on an ongoing basis and that there were adequate resources to provide for the effective delivery of care. There was a clearly defined management structure that identified the lines of authority and accountability.

The provider and the person in charge worked together to address the needs of residents and together held the autonomy and authority to implement change in accordance with the assessed needs of residents. For example, recruitment was currently taking place to employ additional nurses to meet the changing needs of residents. The person in charge also highlighted occasions where she was afforded the autonomy to increase staffing levels to meet changing needs of residents, such as to provide additional supports to residents and their relatives during end of life care.

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:

A resident's guide was provided to all residents'. Each resident also had an agreed contract of provision of service, which included the fees charged for stay in the nursing home, as well as reference to the additional fees to be charged for activities provided within the nursing home.

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 person in charge was a registered nurse and worked full time within the centre. The

person in charge had experience in the area of nursing older people as well as postgraduate qualifications in management. She had been working as director of nursing within the centre for a number of years and was well known to all residents.

The person in charge had been involved in developing policies as well as revising policies in line with best practice or the changing needs of residents. During the inspection she demonstrated her knowledge of the revised Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors were not satisfied that some the records as listed in Part 6 of the Regulations were well maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Evidence was found in care plans and presented to the person in charge and the assistant directors of nursing that some health care records pertinent to individual care needs had not been filled out. In some cases 'two-hourly checks' had not been signed off as having been completed and in other cases suggested that signatures of 'checks' were not completed at the time of the event.

Eight staff files were checked and were found to contain all documentation as required in Schedule 2 of the Regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under Regulation 19.

The designated centre had all of the written operational policies which had been recently reviewed as required by Schedule 5 of the Regulations.

Judgment:

Non Compliant - Moderate

***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 his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary. The person in charge was supported in her role by deputising persons in charge (assistant directors of nursing).

The authority had received notification relating to one of these persons applying to be registered as a person participating in management. This person was interviewed during this inspection. Both assistant directors of nursing provided guidance to the inspectors throughout the inspection and were deemed to meet the requirements of the regulations and deemed to be fit to carry out their roles.

The roster identified a nurse as in charge at all times if any of the persons in charge were not on duty.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. The inspector viewed training records and saw that all staff had received training on identifying and responding to elder abuse. The inspector found that staff were able to identify the different categories of abuse and what their responsibilities were if they suspected abuse or were uncomfortable with how a resident was being treated by a staff member.

The person in charge assisted residents with the management of their finances, and arrangements were in place to safeguard residents from the risk of financial abuse. The inspector saw that money was stored in a locked cabinet and was satisfied that resident's finances were managed in a safe and transparent way.

Residents spoken with confirmed that they felt safe in the centre and primarily attributed this to being familiar with the staff on duty, and that staff supported them as necessary in a very sensitive and professional manner.

A restraint free environment was promoted with relevant policies and procedures in place. Physical restraint was not used in the centre and there was a number of enabling restraints in operation within the centre. Bed-rails were used for eighteen residents. The use of these had been appropriately assessed and had involved multi-disciplinary input as well as the assessment of the capacity of the residents in question to be involved in the decision. There were also clear efforts since previous inspections to reduce the number of practices which could be considered restrictive. For example, the use of all in one 'body-suits' was no longer used in the centre, and the use of low-low beds had reduced the numbers of residents requiring bed-rails.

Efforts were made to identify and alleviate the underlying causes of behaviour that is challenging. The inspector noted that there were comprehensive multi-disciplinary supports meetings taking place, where considerable efforts were made to identify the cause of increased patterns of behaviour for a very small number of residents who present with such challenges. Overall, this approach focused upon identifying the behaviour as a form of communication, finding ways in which to identify the cause of frustration for the individual concerned.

Judgment:

Compliant

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:

The inspector found that the health and safety of residents, visitors and staff was sufficiently promoted and protected. However, improvement was required to ensure that fire drills were being recoded and that all staff were participating in a drill on a regular basis.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire extinguishers and the fire alarm system were serviced regularly. The inspector noted that the fire panels were in order, and the many fire exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. However, there were no records of fire drill taking place and staff reported that they had not taken part in a fire drill in a number of years.

During discussions with the person in charge it was stated that fire training happens about eight times a year in the centre and that the evacuation procedures (including staged evacuation) were discussed as part of this training. Training records also indicated that there had been training sessions eight times in 2014. However, there were no records of drills taking place or of attempts to inform residents of what to do in the event of a fire. Ski-sheets were provided for a number of residents assessed as requiring one in the event of an emergency evacuation. However, the evacuation plan for the centre did not identify any specific issues relating to the evacuation procedures such as which residents were likely to refuse, or the order in which the centre should be evacuated.

The inspector noted that there was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as environmental hazards. A risk management policy was in place and met the requirements of the Regulations. Satisfactory procedures consistent with the standards published by the Authority were in place for the prevention and control of healthcare associated infections.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat or any other possible emergency. The emergency plan included a contingency plan for the total evacuation of residents to a local community hall in the event of an emergency.

A review of the training records evidenced that all staff had attended mandatory training in patient moving and handling. There was sufficient equipment provided for the safe moving and handling of residents such as hoists and electric beds, and the service records were viewed which confirmed they had been serviced as require. Staff were observed supporting residents to mobilise in a safe and consistent fashion, in accordance with individual moving and handling care plans.

Judgment:

Non Compliant - Moderate

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:

There were written operational policies in place relating to the ordering, prescribing, storing and administration of medicines to residents.

Medication was supplied to the centre using pre-packed 'blister packs'. A system had been put in place to ensure there were additional measures taken to check each blister pack as it was delivered to the centre to ensure it contained the medication as prescribed. Regular audits and reviews to monitor safe medication management practices were also taking place.

A full medication review took place every three months for each resident and this involved nursing staff, the general practitioner (G.P) and the pharmacist. Medication reviews viewed by the inspector included reductions in the dose of medications, and changes to the type or frequency of pain medication, such as the introduction of transdermal patches for the management of severe pain.

From observing staff members administering medication it was found that they adhered to safe medication management practices. Staff were guided with a clear and up to date administration sheet, and all medication were signed for appropriately.

Medications that required strict control measures (MDA's) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of controlled drugs. The stock balance was checked and signed by two nurses at the handover of each shift. This register was viewed by the inspector.

A locked fridge was provided for medication which required temperature control and the inspector noted from the daily record sheet that the temperatures were within acceptable limits. There were appropriate procedures for the handling and disposal of unused and out of date medication.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that a record of all incidents occurring in the designated centre was maintained and where required notified to the Chief Inspector.

The person in charge was aware of the legal requirements to notify the chief inspector regarding accidents and incidents. The inspector read the accidents and incidents log and saw that all relevant details of each incident were recorded together with actions taken.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied healthcare. There were also opportunities for residents' to engage in meaningful activity.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident involvement at development and review.

The inspector reviewed a sample of residents' health care plans which considered assessed need in relation to areas such as dental care, cognitive deficit, sleep patterns,

short term medical interventions, skin care and wound management. Residents could access medical specialists as required, for example plans evidenced recent visits to or by cardiac specialists, dieticians, physiotherapist, speech and language therapy, and psychologists. Residents had access to a GP as required, with a community GP attending the centre on average twice a week. Residents were also supported to maintain their own GP as requested.

Assessors used validated tools to assess levels of risk of deterioration, for example vulnerability to falls, dependency levels, nutritional care, cognitive impairment. There was evidence that care plans were reviewed every three months or more frequently if required.

Each resident had opportunities to participate in meaningful activity and the activity programme was based upon the residents' interests and hobbies. Activity coordinators were employed and residents were observed enjoying various activities during the inspection, including playing music and singing, 'sonas' sessions, and one to one activity for some residents who could not avail of group activities. In addition, other therapists were brought in to support the activities programme, this included exercise and stretching programmes. There was an activities planner displayed on the wall, highlighting the week's activity.

Judgment:

Compliant

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:

Overall it was found that location, design and layout of the centre was suited to its stated purpose and met the individual and collective needs of residents. Many parts of the centre had been decorated since the previous inspection, and it was found to be clean and homely throughout. A minor adaptation to one room was required in order to meet the specific needs of its occupants. The temperature of hot water was checked at a number of outlets accessible to residents and was found to be a safe temperature.

The centre was purpose built with services provided within a single story building. The

centre combines of single and shared occupancy accommodation. A large extension was added to the premises in 2013 and there are plans to change the interior layout of some of the older part of the premises as confirmed by the provider. This is in order to further enhance communal areas such as to provide a larger dining and reception area. There were 38 bedrooms, eight of which were twin and two or which are triple occupancy. There was access to a lot of outside space with large well maintained grounds and access to many smaller garden and courtyard areas. Many residents had access to these courtyards directly from their own rooms.

This inspection found that the bedroom accommodation met the needs of all residents currently residing in the centre. There were only two residents being accommodated in the smaller of the triple bedrooms. The person in charge reported that the third bed in this room was rarely used (reportedly one week in past year) and that it was only for someone with minimal or mild support requirements. She also stated that she maintains the authority to govern admissions to the centre and that she is never put under any pressure to fill this room. She has determined that as the two current occupants of the room have significant support requirements that she plans to maintain it at its current levels unless the support needs of the occupants change. In addition, she had demonstrated the autonomy to move residents' to more suitable rooms as their support needs change. There were current examples of this reviewed by the inspector relating to moving residents to single rooms who required one man who required end of life care and for another whose' manual handling supports had increased.

The plan of renovation referred to above incorporates reducing this room to a twin room, although there is no specific date for when these renovations are due to take place. However, it was found that this room (Room 1) required some immediate alterations to meet the needs of its current occupants, such as improving hoist access and altering the positioning of a privacy curtain.

The centre was also found to have adequate laundry and sluicing facilities available. Accessible baths were available to residents should they be required. It was found that there were an adequate number of toilets and bathrooms for the numbers accommodated. There was also a visitors room which also provided overnight facilities for a family member should they need to stay in the centre.

The kitchen was well equipped with ample storage for refrigerated and dry goods. The layout of the kitchen had recently been altered to improve efficiency and reduce the need for care staff to be entering the kitchen.

Resident's bedrooms were personalised in accordance with the preferences of each resident, and there was ample storage available for resident's belongings. There were televisions and radios available to all residents, and photographs and paintings were on display throughout bedrooms. Photographs of events and occasions, as well as poetry and writings compiled by residents during the weekly writing group were also framed and on display in communal areas such as corridors and sitting rooms.

Judgment:
Substantially Compliant

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:

The complaints policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display within the reception area. Residents, relatives and staff spoken with were aware of the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. For example, seven complaints had been logged over the last 12 months. These complaints related to issues such as the personal care of residents and issues relating to staff performance. In all cases, complaints were followed up with a 'family meeting' with any agreed actions and outcomes recorded. This approach appeared to work in dealing with the issue raised and the satisfaction levels of the families concerned were also recorded. Where relevant, any follow up relating to staff performance were also documented and dealt with.

Residents were also supported to influence service delivery and raise issues of concern. The person in charge and the deputising persons in charge promoted a culture of openness in this regard. Persons in charge spent time with each resident on regular basis and visited the bedrooms of residents. In this way they felt they could engage residents more in discussion in relation to their satisfaction with the service provided. It was evident from review of documentation and from discussion with staff that all staff had an in-depth knowledge of all residents.

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 that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. This was evidenced by the detail provided within individual end of life care plans, and through discussion with relatives who were involved in the care planning meetings. The practice was informed by the centre's policy on end of life care which in turn was informed by national policy such as hospice friendly initiatives. The policy also referred to the use of specialist palliative care and on the use of subcutaneous fluids. The end of life care plans in place for all residents clearly documented residents' preferences.

A number of residents were accommodated in shared rooms. However, for those residents who were considered to be approaching end of life, a single room was provided in recognition of maintaining the dignity and privacy of both parties previously sharing. End of life plans also referenced the maintaining of dignity of residents should one resident suffer an unexpected death.

The policy on end of life care addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. Residents were able to engage with the inspector about their individual end of life care plans. One relative also spoke about the end of life planning meetings which took place, and were highly praiseworthy of the way they were carried out and spoke of being comforted by understanding what would happen for their relative during their end of life stage. An annual remembrance mass has been introduced in 2014 acknowledging the lives of all those who passed away within the previous year. Relative questionnaires provided to the authority also singled out this ceremony for praise.

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:

Each resident was provided with food and drink that were suitable for their needs. Menus were seen to be wholesome, nutritious and varied. Any proposed changes to the

menu were reviewed by a dietician before approval. Residents could also make recommendations for menu changes and could also often receive their own personal preference of meal even if this was not on the menu. The inspectors sat with residents during mealtime and found the food to be correctly prepared and portion sizes adequate. Residents confirmed that they enjoyed the meal and the inspectors found the mealtime to be a social occasion. Each resident also had a jug of fresh water in their room which was changed daily.

A number of residents were having their weight monitored and were on modified diets. The inspector reviewed the nutritional screening tool of these residents and noted that guidelines were being followed in relation to referral to a dietician, weekly weight monitoring and the prescribing of nutritional supplements. The names and dietary needs of these residents were on file in the kitchen and were also seen to be on the kitchen wall and on the door of the dining room. Residents that required textured diets also had their names and details of their required diet in the dining areas and in the kitchen. The Inspector observed that residents that required assistance during meal time were helped in a separate dining area in a discrete and sensitive manner.

The Inspector spoke to the chef and he showed a detailed knowledge of the residents' dietary needs and their likes/dislikes. The Inspector viewed records of food temperature taken before and after meals were prepared to ensure that they were prepared correctly. The chef also explained that sandwiches were made in the evening before his shift ended to ensure the residents could have a snack if they wish. The policy for food safety and the monitoring and recording of nutritional intake was being correctly followed throughout the centre.

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:

The inspector found that residents were consulted with and participated in the running of the centre. Each resident's privacy and dignity was respected and they were enabled to exercise control over their lives.

The inspector saw that residents had choices about how to spend their day, with residents choosing activity, or to spend time alone in their rooms to read, watch television or rest. Residents' also changed their minds, choosing not to do an activity they had planned to do, and this was never questioned by staff.

Staff were observed knocking on bedrooms, toilet and bathroom doors and waiting for permission to enter. The inspector observed and heard staff interacting with residents in a courteous and respectful manner and addressing them by their preferred name.

The centre operated an 'open door' policy in relation to residents receiving visitors. The inspector observed a high number of visitors in the centre throughout the two days of inspection.

A residents' representative committee had been set up and met every three months. The minutes of these meetings highlighted suggestions regarding menu choice and the activity planner. They had also requested access to a small shop as the centre was quite a distance from any convenience stores. In this regard, a 'trolley shop' had now been put in place and was going to be operated by the activity coordinator.

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:

Residents could have their laundry attended to in the centre. Laundry services were provided on site and were seen to be adequate to suit the needs of the residents. All residents' clothing was labelled on admission. The laundry room had clearly marked bins for dirty laundry, clean laundry, dirty linen and clean linen. Individual 'box shelving' was provided to store residents' clothing in before it was transported back to resident's rooms. The inspector was informed that laundry was done by one member of staff each day and that it was collected and returned to each resident daily.

Residents were seen to have suitable storage for their personal possessions. Each resident had their own personal wardrobe for clothing and also had a lockable bedside locker for any valuables. All personal possessions and valuables including clothing were

recorded by two members of staff on the admission of the resident. This was viewed in a number of residents' personal plans.

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 reviewed the roster which reflected the staff on duty. Resident dependence was assessed using a recognised dependency scale and the staffing rosters were adjusted accordingly. For example, it was identified that additional nursing hours were required to meet the assessed needs of residents and recruitment of nurses was actively taking place at the time of inspection. The inspector was satisfied that there was sufficient staff on duty to adequately meet the needs of residents.

The dependency levels were assessed as 15 maximum dependency residents, 16 high dependency, 8 mild dependency and 2 of minimal dependency. Overall it was found that there was sufficient staff on duty to adequately meet the needs of residents.

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of the residents

There was a recruitment policy in place which met the requirements of the regulations. The inspectors examined eight staff files and found that vetting disclosures were not in place for three of them. This has been previously actioned under Outcome 5: Documentation.

The person in charge promoted professional development for staff. A staff development programme was in place to ensure staff were provided with training to meet the specific needs of residents and to meet individual staff development requirements. For example a broad range of training had been provided to staff such as managing actual and

potential aggression, wound care, falls prevention and management, nutrition, infection control and end of life care, in addition to all mandatory training requirements of the regulations.

Staff spoken with all reported that they felt supported and supervision was provided to all staff. The inspector read a number of staff performance reviews and a number of these had identified areas for improvement, with action plans in place to support development in these areas.

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:

Michael Keating
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 report¹

Centre name:	Riverside Nursing Home
Centre ID:	OSV-0000154
Date of inspection:	21/01/2015
Date of response:	

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:

Records relating to individual residents as required under Schedule (4C) were not maintained in an accurate and up to date manner as checklists relating to regular checks on residents relating to specific care needs were not always filled in or up to date.

Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph

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

(1) in such manner as to be safe and accessible.

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

Regular checks were completed in accordance with the individual residents care plans but were not fully documented in all instances . Staff confirmed that the checks were made albeit not signed in all instances and were reminded of the importance of documenting procedures immediately after there are completed . Regular checks are being made to ensure compliance

Proposed Timescale: 31/01/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Records of fire drills were not being maintained as required within Schedule 4 (10).

Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Fire Drill records have now been added to the fire training records in the centre.

Proposed Timescale: 28/02/2015

Theme:

Safe care and support

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

Staff were not identifying the discussion of the fire evacuation procedures held during training as a fire drill. Drills were not recorded and there was no attempt to inform residents of the procedure to be followed in the case of a fire.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Those residents with cognitive ability have been informed of the fire exits and the

procedures to follow in the case of an emergency, however, staff are trained to assume that all residents may require assistance in the case of an emergency. Records of this information are being maintained.

Proposed Timescale: 31/03/2015

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:

A reconfiguration of room 1 was required in order to meet the specific needs of its occupants and to ensure adequate access and privacy should it be fully occupied.

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:

The privacy curtain in this room has been moved as requested

Proposed Timescale: 28/02/2015