

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Riverside Nursing Home
<b>Centre ID:</b>	ORG-0000154
<b>Centre address:</b>	Toberburr Road, St. Margarets, Co. Dublin.
<b>Telephone number:</b>	01 840 8329
<b>Email address:</b>	noeline@harveyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Willoway Nursing Home Limited
<b>Provider Nominee:</b>	Derry Shaw
<b>Person in charge:</b>	Noeline Kinnear
<b>Lead inspector:</b>	Michael Keating
<b>Support inspector(s):</b>	Florence Farrelly
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	43
<b>Number of vacancies on the date of inspection:</b>	7

## **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 judgements 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

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

From:	To:
17 April 2014 11:00	17 April 2014 17:00

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

Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection was carried out following the receipt of unsolicited information which related to concerns about alleged reduced staffing levels and supervision of residents. This was the third such piece of information received by the Authority since January 2014 relating to similar issues.

As part of this inspection the inspectors followed up on information of concern received by the Authority prior to the inspection. This information related to general welfare and protection, medication management, risk management and protection of vulnerable adults.

During the inspection process inspectors spoke with residents as well as staff members on duty, observed practices and reviewed relevant documentation. The centre is registered to accommodate 50 residents and 43 residents were living at the centre at the time of the inspection. The inspectors found the centre to be warm clean and comfortable throughout the inspection.

During the day residents were seen to be involved in a variety of activities such as entertaining visitors, taking part in a singing session, chatting with each other and staff and having drinks and snacks. During meal times residents were supported to eat in three separate dining rooms and the supervision and support provided to residents to eat their meals was found to be adequately resourced.

The inspectors also found that there were adequate arrangements in place for supervision of residents who had a propensity to wander, and the supervision

arrangements in place for residents whose behaviours may impact on other residents living at the centre due to cognitive difficulties.

Components from six outcomes were looked at and reported on during this inspection process. As the inspection was focused upon specific issues, all outcomes were not inspected in their entirety. The outcomes relating to staffing and safeguarding and safety were found to be fully compliant and inspectors found that the concerns raised prior to the inspection were not substantiated.

However, gaps were found in meeting the health care needs of residents, and documentation relating to enabling practices for some residents. A major non compliance was identified under the outcome of health and social care in relation to weight loss management. The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

As part of this inspection, inspectors reviewed the measures in place to safeguard and protect residents from abuse. The inspectors were satisfied that there were robust systems in place to protect residents from abuse. The policy and procedure in place provided the inspectors with assurances that the provider would respond in a robust manner to allegations of abuse.

Prior to this inspection the Authority had received information of concern on two occasions that related to protection of vulnerable adults. The provider was required to complete a provider led investigation into these concerns and attended a meeting in the Authority's Smithfield office on 25 March 2014 to discuss the matter further. Arising from this meeting the provider was required to submit written assurances to the Authority in relation to immediate risk by 27 March 2014 and a full investigation report by 4 April 2014. Both these reports were submitted in a timely fashion and the inspectors were satisfied that they provided assurances in relation to mitigating immediate risk.

During the inspection the ongoing investigation was discussed, the provider and the chief operating officer gave verbal assurances that all staff had been spoken with in relation to what constitutes abuse, what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. Inspectors noted that there was a training programme in place for staff and new staff members had been scheduled for protecting vulnerable adults training in the coming weeks.

Having spoken with the provider and the chief operating officer and reviewed the policy on protection of vulnerable adults, the inspectors were satisfied that the provider was conducting an appropriate investigation into the matter. Inspectors requested a copy of the investigation report be submitted to the Authority on completion.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Compliant

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

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

### **Findings:**

In general, it was found that the health and safety of all residents was promoted and protected. As part of this inspection the component of resident safety in relation to falls management, the use of physical/chemical restraint and management of accidents and incidents were reviewed under this outcome.

The inspectors were satisfied that the provider has appropriate risk management systems and process in place in relation to all areas as outlined above. Inspectors reviewed the risk management policy which provided sufficient guidance to staff.

The inspectors found that falls were management appropriately and in line with the centres policy. Prior to the inspection the provider had submitted information on falls as part of the provider led investigation. This included a document called "weekly collection of data on quality of care" for the period from 17 March to 23 March 2014. In addition, the inspectors followed up on a notification of serious injury that had been submitted to the Authority in March. Information reviewed on this inspection in relation to falls provided additional clarification and supported notifications which had been submitted to the authority. The inspectors were satisfied that the information of concern in relation to falls was not substantiate on this inspection.

Six residents' files were reviewed in relation to the use of restraints and/or enablers. Not all of these residents (2) had up to date assessments relating to the use of bed rails. This non compliance is actioned under outcome 11.

Inspectors reviewed the use of lap-belts in the centre. The policy in place to guide staff stated that lap-belts should only be used when mobilising residents in wheelchairs. This practice was observed as being implemented during the inspection.

While all accidents and incidents were being recorded appropriately according to the operating policy however, not all accidents had been notified to the Authority as per the Regulations. Please refer to outcome 9 for details.

**Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

In general it was found that each resident was protected by the centre's policies and procedures for medication management. The inspectors found that there were appropriate systems and processes in place for the handling of medication, including controlled drugs and that staff adhere to appropriate medication management practices.

Inspectors found that while there was a high number of residents prescribed psychotropic medication (25), all medication was reviewed on a three monthly basis. Residents files reviewed provided evidence that all medications were reviewed on a three monthly basis.

However, it was found that not all residents prescribing sheets provided a photograph of the residents to help guide staff in the safe administration of medication.

**Outcome 09: 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

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

While it was found that a record of all incidents occurring in the designated centre were maintained, not all incidents, where required, had been notified to the chief inspector. Three such notifications were identified to the provider and person in charge during the course of the inspection, and during the feedback meeting. Two residents had suffered

injuries which required notification to the Authority; these injuries occurred on the 27 February 2014 and the 14 March 2014.

The requirement to submit all required notifications was discussed with the person in charge, provider and chief operating officer during the inspection and the provider was requested to submit these notifications subsequent to the inspection. All notification highlighted, have been received by the Authority subsequent to the inspection.

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

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

#### **Judgement:**

Non Compliant - Major

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

No actions were required from the previous inspection.

#### **Findings:**

Deficiencies were found in a number of areas in relation to the health care supports of residents. A major non compliance was identified in relation to the management of weight loss. Although residents were regularly weighed, the inspector found that in the case of one resident, the person in charge nor the assistant directors of nursing had responded appropriately to this resident's weight loss and had not referred or followed up with appropriate medical and allied health care support to ensure the resident's needs were addressed. This resident's care plan identified that they had been weighed on the 2 April 2014 and had lost over 13% of their body weight. This weight loss had not been recorded in their nutritional plan, or recorded as a 'MUST' score which was the weight loss measurement tool used within the centre.

The chef was also spoken with during the course of the inspection, and confirmed that he was not aware of any weight loss relating to this resident, and was not therefore fortifying the resident's diet. When the inspector brought this issue to the attention of the person in charge she was unable to provide the required information and referred the inspector to the acting director of nursing and a staff nurse. These members of staff then contacted the resident's General Practitioner (G.P) and a referral was also made to a dietician.

Non compliance were also identified in the area of restraint and/or enablement. The



reason for some enablers was not always clearly identified. For example, an appropriate assessment for the use of body suits at night time was not available within individual care plans, and there was uncertainty amongst staff in relation to the need for using a body suit in individual cases. Other gaps in documentations identified the lack of assessment for the use of bed rails in one case, and the need up update bed rail assessments for two other residents.

### **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.*

#### **Theme:**

Workforce

#### **Judgement:**

Compliant

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

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

#### **Findings:**

Overall it was deemed that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection in areas such as meal time, supervision, in house activities and in the provision of one to one care supports. Recruitment practices of staff and volunteers was not focused upon during this inspection.

There was a training programme in place for staff which was shown to the inspector and new staff members had been scheduled for protecting vulnerable adults training in the coming weeks. The staff roster was compliant and changes to the roster were acknowledged such as providing additional resources by way of an extra care assistant between 20:00 and 21:00 hours since the last inspection in January. Behavioural observations were also in operation as required with two staff assigned to care for specific residents who had a propensity to wander on an alternating basis throughout the day.

There were deputising arrangements in place to provide cover in the absence of the person in charge throughout the week, with clinical nurse managers working opposite each other to provide leadership. Call bells were responded to efficiently during the inspection, when trialled by inspectors.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during 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 report<sup>1</sup>

<b>Centre name:</b>	Riverside Nursing Home
<b>Centre ID:</b>	ORG-0000154
<b>Date of inspection:</b>	17/04/2014
<b>Date of response:</b>	10/06/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 08: Medication Management

**Theme:** Safe Care and Support

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

Not all prescribing and administration sheets had a photograph of the resident in place.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Photographs of all residents, including convalescent, are now included.

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

**Proposed Timescale:** 10/06/2014

#### **Outcome 09: Notification of Incidents**

**Theme:** Safe Care and Support

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

2 instances of injury to a resident had not been notified to the Authority within the required time frame

**Action Required:**

Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

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

The two instances referred to were not reported to the Authority as they were minor wounds. However, subsequent to the inspection notifications were submitted and nurses have been reminded that they remain reportable events until the new regulations come into place.

**Proposed Timescale:** 10/06/2014

#### **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:**

Not all care plans reviewed upon inspection had been recently reviewed from the perspective of restrictive and/or enabling practices.

**Action Required:**

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

Assessment using 'consideration for the use of restraint/enabler' was conducted on the residents referred to in the report and care plans were reviewed..

**Proposed Timescale:** 10/06/2014

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

Appropriate assessment and referral to allied health care professional had not been accommodated in all cases

**Action Required:**

Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

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

The resident referred to in this part of the report was reviewed by her GP for weight loss and it was his opinion that the weight loss was consistent with her advancing dementia and profile and prescribed nutritional supplements. Following the inspection she was also reviewed by a dietician post the inspection who concurred with doctor's actions.

**Proposed Timescale:** 10/06/2014