

**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-0000274
Centre address:	Milltown, Abbeydorney, Tralee, Kerry.
Telephone number:	066 713 5210
Email address:	riversidenursing@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Riverside Care Centre Limited
Provider Nominee:	Margaret Roche
Lead inspector:	Col Conway
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	1

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 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 1 day(s).

The inspection took place over the following dates and times

From: 24 July 2014 08:45 To: 24 July 2014 18:45

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

Riverside Nursing Home was registered in September 2011 following an application to the Authority for registration as a designated centre for dependent persons. Monitoring inspections were undertaken in January 2012 as well as January and August 2013. The inspection reports from the above mentioned inspections can be viewed on the Authority's website, www.hiqa.ie.

During this inspection, the inspector met with some of the residents and staff members and reviewed the premises, observed practices and reviewed documentation such as residents' nursing records, residents' medical records, accident and incident records, policies and procedures and some records maintained on staff files.

The inspector found robust evidence that residents received individualised and person centred care from staff that knew them and their preferences well, they had access to allied health professionals, they had choice and variety in what they did during the day and the premises was well maintained.

The Action Plans at the end of this report identify areas where improvements are needed to fully meet the requirements of 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.

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 2013 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:

As required by Schedule 1 of the Regulations, a written Statement of Purpose was available in the centre. The document contained the aims, objectives and ethos of the centre and it accurately reflected the facilities and services 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:

The inspector found evidence that sufficient resources had been made available to ensure the effective delivery of care that was outlined in the written Statement of Purpose. As will be further addressed in Outcomes eight, 12 and 18; the premises and equipment were kept in a good state of repair and there was a sufficient number of staff employed and they were provided with education and training opportunities.

There was a clearly defined management structure, as will be further addressed in Outcomes four and six.

The quality of care and experience of the residents were monitored as well as developed on an ongoing basis as there was a system in place to review and monitor the quality

and safety of care and the quality of life of the residents. For example:

- a resident questionnaire had been circulated for comment on satisfaction with the service and care provided and action had been taken on residents' feedback
- residents' clinical data was maintained and analysed for occurrence rates, such as, chest or urinary infections, use of analgesia, bed rail restraint use, any weight loss, any falls, use of sedation and reports of pain.

There were also audit reports of reviews of various aspects of the service and practices, such as, documentation of complaints, hand hygiene practices of staff, nursing documentation and management of residents' valuables. Necessary actions with a responsible person were identified and there was evidence of implementation of same.

The inspector found there was ongoing consultation with residents and/or their representatives and this will be further addressed in Outcomes 11 and 16.

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 written guide in respect of the centre was available to residents and it clearly outlined the accommodation and services that were provided.

There was evidence that each resident had an agreed written contract in place that dealt with; the care and welfare of the resident, the overall services to be provided and the details of all fees being charged to the resident.

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 (PIC) holds a full-time post in the centre, she is a registered nurse, holds current registration with the nursing professional body and she has the required experience in the area of nursing the older person. The PIC has been the Director of Nursing in the centre for more than 30 years and during the inspection she demonstrated the necessary clinical knowledge as well as a very good understanding of all aspects of operations in the centre, and her responsibilities in regard to the Regulations and the Authority's Standards.

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 documentation overall was well maintained and up-to-date. Records that are required to be maintained as listed in Schedules 2 (staff records), 3 (residents' records), 4 (general/other records) and 5 (policies and procedures) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place and kept in a manner so as to ensure completeness, accuracy and ease of retrieval.

The inspector reviewed the insurance policy documentation and there was evidence that the centre was insured against accidents or injury to residents, staff or visitors.

Judgment:

Compliant

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 inspector was informed that the PIC had not been absent for a length of time that required notification to the Chief Inspector. The PIC was supported in her role by two full time senior nurses. The inspector formed the view, based on information supplied to the Authority and observations in the centre, that these two nurses were suitably experienced and knowledgeable and could provide the service in the absence of the PIC.

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:

There was a written policy for the prevention, detection and response to abuse and well maintained training records indicated that all staff had been provided with training in the signs and symptoms of abuse and their responsibilities with regard to reporting an allegation of abuse. Staff spoken to confirmed the provision of elder abuse awareness training and they knew what constituted abuse and knew what to do in the event of an allegation of abuse.

The inspector reviewed a sample of the records kept in regard to residents' finances and a robust system was in place to safeguard residents' money as appropriate procedures and documentation were in place.

There was evidence to indicate that staff were knowledgeable in how to respond to a resident that exhibited behaviour that may challenge as appropriate care plans were in place and staff were observed dealing with residents in a sensitive and skilled manner.

The centre had a policy and procedures in place for managing behaviours that challenge and relevant training had been provided to staff.

There was evidence of an appropriate use of restraint as risk assessments and care plans were in place if a resident required the use of bed rails restraint, there was a policy on the use of restraint that gave clear guidance to staff on its' use and staff had received relevant training.

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):

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

Findings:

The inspector found good evidence that the health and safety of residents, visitors and staff was protected and promoted as:

- a current health and safety statement was in place with risks and the necessary safety measures identified and implemented to prevent accidents
- a written emergency plan was in place and it was specific to the centre
- records were maintained of monitoring residents' clinical risks and there was evidence that appropriate interventions and measures were in place, such as, residents who required the use of a hoist to assist their movement had their own assigned hoist sling
- procedures consistent with the standards published by the Authority were in place for the prevention and control of health care associated infections and there was adequate supply of protective personal equipment for staff, such as, disposal aprons and gloves as well as anti-microbial hand gel dispensers
- written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority and records confirmed that fire equipment, fire prevention and suppression system checks were up to date
- training records indicated that mandatory training in fire safety and moving and handling was up to date for all staff
- maintenance records indicated that clinical and non-clinical equipment as well as services throughout the centre were checked and serviced regularly
- lighting was sufficient, hand and grab rails were in the required places and corridors and emergency exit routes were unobstructed.

There was evidence of staff understanding of risk management as arrangements were in place for the learning from incidents involving residents and appropriate actions were taken to mitigate identified risks.

The inspector found that the action from the previous inspection in August 2013 in

relation to the written risk management policy had been completed as the policy document included all of the information as required by the Regulations.

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):

No actions were required from the previous inspection.

Findings:

There were current written medication management policy and procedures available in the centre in relation to the ordering, prescribing, storing and administration of medicines and it was in line with guidance issued by the professional body An Bord Altranais agus Cnaimhseachais na hEireann.

The inspector reviewed a sample of residents' individual medicine prescription charts and they were clearly labeled, they were legible and there was evidence that residents' medicine prescriptions were reviewed regularly by a medical practitioner as well as a pharmacist. There was evidence of close monitoring of medication management practices as relevant review and auditing was undertaken.

The inspector reviewed the processes in place for the handling of controlled/MDA drugs and they were in line with current guidelines and legislation as there was a secure cupboard in place for storage and a check of the stock balance was undertaken at the change of nursing shifts. Review of records and observation of practices indicated nursing staff were in adherence with professional guidelines and regulatory requirements in regard to storage and administration of all medicines.

The centre had appropriate measures in place for the recording, storing and disposal of out of date medication and the records indicated that a detailed log was maintained.

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:

The inspector reviewed records that were maintained of any incidents and accidents occurring in the centre that involved residents and the documentation in place clearly outlined any event and the management of same. There was also evidence that accidents and incidents were analysed by the PIC and senior nursing staff for trends and possible causes. A review of notifications submitted to the Authority indicated that all notifications had been forwarded within the required timeframes.

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 found robust evidence throughout the inspection that residents' health and welfare was maintained as individualised care was provided that was based on each resident having their health and social care needs regularly assessed and monitored on an ongoing basis.

Residents had frequent review by general medical practitioners and both residents and staff confirmed that allied health services such as physiotherapy, speech and language therapy, occupational therapy and dietician services were available. There was evidence that nursing staff provided care in accordance with any specific recommendations made by medical and other allied health professionals.

In the sample of residents' nursing records that were reviewed by the inspector it was clear that residents were frequently assessed and specific clinical care needs were identified. Residents' nursing assessments were up to date, written nursing care plans were in place for each resident and they outlined the required care and they were adjusted to reflect the care that was needed if a resident's condition or circumstances changed. The care plans and daily nursing notes demonstrated that evidence-based nursing care was planned as well as provided and residents' progress was closely monitored. The nursing records indicated that if a resident deteriorated it was quickly identified and managed appropriately.

There was documented evidence that residents and/or their representatives were

actively involved in the assessment and care planning process and this was also confirmed by both residents and staff.

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:

The centre was clean, bright and tidy and residents confirmed that this was usual for the centre. The premises overall was well maintained with paintwork, floor coverings, fittings, fixtures and curtains in good condition.

The necessary assistive equipment was available such as, hoists, wheelchairs, commodes, shower chairs and specialised seating. There was a functioning call bell system in place and as already addressed in Outcome 8, records indicated that equipment was regularly serviced and maintained in good working order. However, there was inadequate storage space for equipment that was not being used and the PIC confirmed that there were plans to develop an equipment store room in the near future.

Bedroom accommodation consisted of three single rooms and 12 twin rooms. One bedroom had en suite toilet and washing facilities and the remaining 14 bedrooms each had a wash-hand basin. There was a sufficient number of communal toilet and washing facilities for the number of residents and the communal facilities were located within close proximity of bedrooms as well as seating and living areas. There was a suitable sluice facility which provided a stainless steel sluice sink and wash hand basin and disposable urinals and commode pans were in use. There were suitable laundry facilities and these will be further addressed in Outcome 17.

There were appropriate beds and mattresses to meet residents' needs and in the majority of bedrooms the design and layout provided sufficient space for each resident as well as for their bed, bedside locker, wardrobe and any specialised/assistive equipment they may require. The PIC informed the inspector that there were plans to improve the space in four of the twin bedrooms as adjustments needed to be made to the layout of the four rooms and this was envisaged to be completed in the near future. However, at the time of inspection the layout of four of the 12 twin bedrooms did not provide free access to both sides of some of the beds.

There was a communal dining area, living room areas as well as places for residents to meet visitors that provided appropriate seating and they were decorated in a homely and comfortable way. There was a separate kitchen with sufficient cooking facilities.

There was an enclosed outdoor patio and grass area with seating that was accessible from within the centre and it provided safe external grounds for residents. Staff facilities were provided and there was ample provision of car parking for visitors and staff. Closed circuit television (CCTV) was used in the centre and appropriate signage was displayed with regard to the use of CCTV.

Judgment:

Non Compliant - Major

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:

A written complaints policy was available in the centre and the written procedure for making a complaint was available in a prominent place for residents and/or their representatives and it was also clearly outlined in the guide for residents as well as the Statement of Purpose document. The person to deal with complaints was clearly identified and residents had access to an independent complaints appeals process as there was a nominated contact person. Residents confirmed they would freely make a complaint to the PIC.

There was evidence that the complaints of residents and/or their representatives were listened to and appropriately acted upon as the records of any complaints provided detail of the complaint, the ongoing management of same and the respective complainants' level of satisfaction.

As already addressed in Outcome two, there was documented evidence that complaints records were frequently analysed by the PIC and the two senior nursing staff and the inspector was informed this was undertaken as a way of reviewing the overall complaints management.

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 supports were in place for staff to provide end of life care for residents that was in line with best recommended practices as there was a current related policy and procedures and some of the nursing staff had recently attended an end of life care training session. Staff also had access to specialised community palliative nursing and medical care services for advice.

The inspector reviewed the records of two residents who had recently received end of life care and it was clear that the residents had received individualised nursing and medical care that met the residents' specific needs. The records indicated that the residents' end of life care preferences had been identified, care plans were in place detailing the required end of life care and there was evidence of family involvement.

Staff and residents confirmed that religious practices were facilitated and there was a spacious oratory in the centre. The inspector was informed that family and friends were facilitated to be with a resident at end of life and this was also confirmed in residents' records.

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 found evidence that good processes were in place to assist staff in supporting residents' to meet their food and fluid requirements. There were current written policies and procedures in relation to nutrition as well as for monitoring residents' dietary and hydration status and training records indicated that staff had been provided with opportunities to attend training in the prevention of malnutrition and

dehydration of residents.

The inspector found evidence-based nursing care was provided as residents' records indicated that their body weights were taken regularly, a well-recognised nutritional assessment tool was used frequently to monitor residents' nutritional status and residents that required it were closely observed for their daily food and fluid intake. If required referrals were made to dietician services for nutrition review and/or speech and language therapy if a resident had swallowing difficulties (dysphagia). As already addressed in Outcome 11, residents had frequent access to medical practitioners and it was noted that if nutritional supplements were required they were prescribed in consultation with a dietician. There was evidence available in residents' records that allied health recommendations were implemented by nursing staff, such as, provision of appropriate diets and same was observed by the inspector.

It was noted that catering staff were provided with current information from nursing staff about individual resident's specific dietary requirements and food preferences. The inspector observed that residents were provided with food and drink at times and in quantities adequate for their needs and meals were served in an appetising manner. Menus were available for residents and they indicated choice of food and residents had access to fresh drinking water, hot drinks and snacks between main meals.

Residents were observed eating their meals while seated at dining tables in a dining area or at chairs in a seating area and they were also facilitated to eat in their own bedroom accommodation. Staff were observed offering residents choice in what they wanted to eat or drink, they discreetly and respectfully assisted residents to eat using appropriate techniques and meal times were observed to be relaxed and unhurried.

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 good evidence that the PIC managed the centre in a way that took into consideration residents' views and opinions in regard to organisation of the centre as residents were provided opportunities to attend a residents' forum meetings approximately every one to two months. As already addressed in Outcome two, residents had also been offered opportunities to give feedback as questionnaires had

been completed by residents in relation to their satisfaction with the service. Advocacy services were also available for residents and a voluntary advocate visited approximately once a week to meet on a one-to-one basis with residents.

The inspector observed residents' privacy and dignity being respected by the manner in which staff engaged with residents as well as when assistance with personal care was provided. It was obvious that staff knew residents well as they were aware of the specific communication needs of residents. Staff were overheard promoting residents' independence by encouraging residents to do as much for themselves as possible and residents were offered choice by staff in what they wanted to do.

There was strong evidence that family and friend contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors that were separate to bedroom accommodation. Home visits and outings were also facilitated as requested and it was noted that visitors were coming and going throughout the day of inspection.

Newspapers, televisions and radios were available for residents and information was available to residents in relation to local events.

There was evidence that religious needs were facilitated and residents had access to an oratory in the centre.

The recreational and social interests of each resident were well known and personalised social and recreational plans were in place for residents. A full-time activities coordinator facilitated an activities programme and residents were provided with a variety of appropriate group and/or one-to-one activities that were based on each individual resident's preferences and capacities.

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:

There was a written policy on residents' personal property and possessions and inventories were maintained of individual resident's clothing and/or belongings. It was noted that bedrooms were personalised and residents were facilitated to have their own items, such as pictures if they so wished. Each resident had bedroom furniture that was clearly identified to store their own clothing and personal items.

Laundry facilities were on-site and they were adequate for the amount of clothing and linen being managed. Arrangements were in place for the regular laundering of linen and clothing and procedures were in place for the return of residents' personal clothing. A laundry staff member that the inspector spoke with was knowledgeable regarding appropriate infection control practices in regard to laundry.

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:

Duty rosters were maintained for all staff and during the inspection it was observed that the number and skill mix of staff working was appropriate to meet the needs of the residents. The PIC as well as the two senior nurses worked full time and the duty rosters indicated that staff were supervised on an appropriate basis. The inspector was informed by the PIC that there were no volunteers involved with the centre.

Staff had been provided with mandatory training, as already outlined in Outcomes seven and eight, and continued opportunities had been provided for staff to attend other relevant training, practice updates and information sessions. This was confirmed in well maintained training records as well as by staff.

A written recruitment policy was in place and there was good evidence of compliance in regard to maintenance of staff records, as required by Schedule 2 of the Regulations.

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:

Col Conway
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-0000274
Date of inspection:	24/07/2014
Date of response:	05/09/2014

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 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:

Four of the twin bedrooms were not a suitable layout as they did not provide free access to both sides of some of the beds.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

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

designated centre.

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

We are in the process of re-designing these rooms.

Proposed Timescale: 31/05/2015

Theme:

Effective care and support

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

There is inadequate storage space/areas for equipment.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

We are in the process of providing a suitable space for storage/equipment.

Proposed Timescale: 31/05/2015