<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Riverdale Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000273</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Laragh, Ballon, Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 915 9299</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:riverdalenh@gmail.com">riverdalenh@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Killyglasson Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Martina McGauran</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Batan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Maria Scally</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>24</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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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 2 days.

The inspection took place over the following dates and times
From: To:
14 January 2015 10:30 14 January 2015 16:30
15 January 2015 09:15 15 January 2015 15:00

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

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

Summary of findings from this inspection
This was an announced inspection which took place over two days and was for the purpose of informing an application to renew the registration of Riverdale Nursing Home. The provider had applied for registration for 27 places. This report sets out the findings of the inspection.

Overall, the inspectors found that the provider 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 to a good standard.
The provider is aware that the current environment does not meet the requirements of the Regulations and has begun development of an extension and redevelopment plan to address this. The inspectors saw that significant structural work had already been completed. She aims to complete this project before the end of February 2015. The provider is currently registered for 27, but reduced this to 24 to accommodate the new building.

The inspector found that the health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a good standard. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day.

Residents were consulted about the operation of the centre and there was an active residents’ committee. Residents knew the management team on a first name basis. The collective feedback from residents was one of satisfaction with the service and care provided.

Overall, the inspectors found that the provider/ person in charge met 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. The safety of residents was promoted. A risk management process was in place for all areas of the centre including the current building works. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

Three of the six actions from the previous inspection had been completed while the remaining three in relation to the premises were in progress. Areas for improvement identified on this inspection included:

Contracts of care
annual review of quality and safety
aspects of nutrition
premises.
## 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors viewed the updated statement of purpose which was found to contain all items listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector noted that the statement of purpose accurately describes the services that are provided in the centre and was made available for residents, visitors and staff to read.

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

**Findings:**
There was a clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose. The provider/person in charge works full time in the centre and supports the assistant director of nursing. Appropriate resources were allocated to meet residents’ needs. These included the new extension and refurbishment of some areas in the existing centre. There was appropriate assistive equipment available to meet residents’ needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. Residents were able to describe who was in charge and the varied roles of senior staff. They also knew nurses, carers and other staff that carried out duties in the centre.
The person in charge and her deputy demonstrated sufficient clinical knowledge to ensure suitable and safe care to residents. They demonstrated a sufficient knowledge of the legislation and their statutory responsibilities according to the regulations. They were actively engaged in the governance, operational management and administration of this centre on a daily basis. The assistant director of nursing worked on the floor supervising staff in a supernumerary capacity and directly in the delivery of care to residents. The inspectors viewed audits completed by the assistant director of nursing.

There was evidence that a quality improvement strategy was in place. There were ongoing monitoring of several aspects of the service to ensure safety and good practice standards were met. Data was collected on a weekly basis on a number of key quality indicators such as falls, pressure ulcers, hygiene standards, infection control measures, the use of restraint, antibiotic usage and safety. There was evidence that the information collated was used to improve the service as the inspector saw that it was discussed at governance meetings.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. Satisfaction surveys had been completed in 2014 and the collective feedback from residents and relatives indicated satisfaction with the care and services provided. However, an annual review of the quality and safety of care delivered to residents had not yet taken place therefore a copy of this review was not available to residents or the Chief Inspector.

**Judgment:**
Non Compliant - Moderate

**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:**
There was a policy on the provision of information to residents which included the Residents’ Guide. This guide was compliant with the Regulations as it contained a summary of services and facilities, the terms and conditions of admission, a summary of the complaints process and the arrangements for visits.

A number of contracts of care were viewed by the inspector. The contracts of care were found to be comprehensive and were agreed and signed within a month of admission. The contracts stipulated the services to be provided and the fees to be charged. However, it was not clear from some contracts of care what services were included as part of the fee and what services required additional fees.
**Judgment:**
Substantially 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 who is also the registered provider was very articulate on her role and level of responsibility and was committed to creating an environment that supported quality improvement. She was involved in the day-to-day organisation and management of the centre and had a good reporting mechanism in place to ensure that she was aware and up to date in relation to each of the residents’ changing needs. The person in charge is a registered nurse and has numerous years of experience in managing the nursing home.

Residents identified the person in charge as the one with overall authority and responsibility for the service. During the inspection she demonstrated her knowledge of the Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities. All documentation requested by the inspector was readily available. The person in charge had deputising and on call arrangements in place.

**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:**
Inspectors found that the records reviewed were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The directory of residents was reviewed by an inspector who found that it complied with Schedule 3 of the Regulations.

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. Inspectors noted that staff were aware of these policies and they were implemented in practice in the centre.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

**Judgment:**
Compliant

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### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The person in charge had not been absent from the centre for any period of time that required notification to the Chief Inspector. There were appropriate deputising arrangements for the person in charge and these had remained unchanged since the last inspection.

**Judgment:**
Compliant

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### 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 assistant director of nursing was a train the trainer in elder abuse and restraint. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

Residents spoken to and those who had completed the Authority’s questionnaire commented that they felt safe and secure in the centre. They attributed this to the fact that there was sufficient staff on duty to meet their needs and access to call bells. There were systems in place to safe guard resident’s money. The policy guided practices. Comprehensive and complete records of resident’s financial transactions were maintained as observed by inspectors.

There was a policy on and procedures for managing behaviours that challenge. Staff told inspectors how they would respond and manage episodes of challenging behaviour. Training had been provided in 2013 and 2014. The use of restraint was in line with the national policy on restraint. The rationale for use was clearly documented. The inspectors saw that assessments for the use of bedrails were being completed on residents and some alternatives to restraint had been tried. These assessments were reviewed on a regular basis and there was evidence that residents were being checked and these checks were documented.

Residents consent to treatment forms were viewed by the inspectors and were found to be completed by the resident where ever possible. There was also evidence of discussion with families as required.

There was a visitors’ record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspectors saw that this was signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras at entrance and exit points.

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 inspectors found that there were good systems in place in relation to promoting the health and safety of residents, staff and visitors. The inspector saw that the risk management policies which were developed in line with the Regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. There was a risk register in place which was reviewed on a regular basis by the management team. The inspector saw that all risks which had been identified during the construction work had been included.

There were arrangements in place for recording and investigating untoward incidents and accidents. All incidents were recorded. Inspectors saw that accidents and incidents were reviewed by the management team and then discussed at staff meetings. The inspector found that there were comprehensive details of the situation and the actions taken at the time. Information recorded included factual details of the accident/incident, date and time event occurred, name and details of any witnesses and whether the GP and next of kin had been contacted. Additional supervision, ensuring calls bells were accessible, clean unobstructed floors and the use of equipment such as hip protectors if a resident was assessed at high risk of falls were some of the measures considered. Equipment used for moving and handling such as hoists were available and were serviced regularly.

The provider has contracts in place for the regular servicing of all equipment and the inspectors viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling as observed by inspectors.

Overall fire safety was well managed. Fire evacuation posters were displayed. The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations. Residents also told inspectors what they would do in the event of a fire.

The inspector viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly and inspectors saw that it was tested on a weekly basis. The inspector found that all internal fire exits were clear and unobstructed during the inspection. Risk assessments were completed for residents who smoked to ensure they were safe to smoke independently. Written confirmation from a competent person that of all requirements of the statutory fire authority, was submitted to the Authority prior to the inspection.
There was a centre-specific health and safety statement in place dated January 2014. There was a centre-specific emergency plan that took into account all emergency situations. Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, continence, moving and handling.

The inspector found that there were measures in place to control and prevent infection. The environment was observed to be clean. Staff who spoke with inspectors were knowledgeable in infection control and training had been provided. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

**Judgment:**
Compliant

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**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:**
The inspector was satisfied that each resident was protected by the designated centre’s policies and procedures for medication management. The inspector saw that practice was supported by a comprehensive medication management policy. The inspector reviewed a number of medication administration charts. All items had been individually prescribed and signed by the doctor. There was photographic identification on the sample of charts examined. The inspector saw that medication charts were printed and were easy to decipher.

All prescriptions were signed by the relevant General Practitioner (GP) and were reviewed at the required three month intervals. The management of controlled drugs was in line with legislative requirements. There was appropriate secure storage available and the supply was checked and a record maintained by two nurses, one from each shift as required. Medications requiring refrigeration were appropriately stored and the fridge temperature was monitored daily.

Medication prescribed on an “as required” PRN basis was identified clearly and the maximum dose to be administered in a 24 hour period was outlined. Medication that had to be administered in crushed format was appropriately prescribed where this applied. All medication was reviewed by the prescribing doctor and pharmacist every three months or more frequently when a change in the resident’s health occurred. The inspector saw that medication management audits were being carried out on a regular basis and deficits were actioned. The inspector reviewed the medication error/incident forms and found that there was good learning in place from incidents such as further training being provided. The inspector also noted that in the event of a medication error
that relevant medical and pharmaceutical input was also sought when deemed necessary

**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:**
A record was maintained of all incidents occurring in the centre. Quarterly reports were provided to the inspectorate as required.

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required and within the appropriate timeframe.

**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 inspectors were satisfied that residents healthcare needs were met to a good standard. Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. A physiotherapist was available as required. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

A pre-admission assessment was completed to ensure that the centre could meet the
needs of each prospective resident. Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Medical records reviewed indicated that residents had access to equitable and timely medical reviews and treatment.

The arrangements to meet residents’ assessed needs were set out in individual care plans. Recognised assessment tools were used to determine levels of dependency and care needs, and to assess levels of risk for deterioration, for example vulnerability to falls, nutritional care, and the risk of developing pressure ulcers and moving and handling assessments. There was a record of the resident’s health condition and treatment given completed daily.

Care plans were seen to be closely aligned to assessed needs, planned nursing interventions were personalised and inspectors were satisfied that the care that was planned was delivered. Care plans were seen to be discussed with the resident or where this was not possible with the appropriate family member. Care plans and assessment tools were seen to be reviewed and amended at a minimum three monthly or more frequently if necessary in line with the residents changing needs. The inspector was satisfied that critical areas of care reflected evidence based practice.

Structured protective and preventative systems were in place for managing falls including assessment and reassessment, care plans and interventions including hip-protectors, impact reducing floor mats, low-low beds, and falls risk indicators were in use to prompt additional care and supervision. There was no wound care in progress at the time of this inspection. However, inspectors saw that all residents had a skin integrity assessment completed. Residents were provided with the appropriate pressure relieving equipment relative to their assessed level of risk. Restraint practice was in line with the recommendations of nationally agreed best practice guidelines on the use of restraint in residential care settings.

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge such as input from the psychiatric services and medication reviews. Their care needs, changes in behaviour patterns and responses to treatment were documented in care record. Where residents had specialist care needs such as mental health problems there were good links with community mental health services and the team for old age psychiatry will visit the centre to review residents on referral from the GP.

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

Findings:
The physical environment in the centre still did not meet the requirements of the Regulations. The provider was aware of the requirements in the Authority's Standards which needed to be put in place in relation to the premises by 2015. The inspectors observed that building work was near completion at the time of the inspection to address the deficits. The provider said they would have completed the building by February 2015.

The existing centre has 20 bedrooms which comprises of seven twin rooms and 13 single rooms. Four bedrooms have ensuite shower, toilet and wash hand basins. Seven bedrooms have ensuite toilet and wash hand basins. All other bedrooms have wash hand basin facilities in their rooms.

The new extension will include the provision of adequate sitting, recreational and dining space separate to the residents private accommodation, suitable provision for storage suitable staff changing facilities, hairdressing/therapy room and a visitor’s room. There will also be an additional six single ensuite bedrooms and two ensuites to existing bedrooms. At the time of this inspection the new dining facilities were in use. The new dining area was bright, spacious and could accommodate all residents. Residents told inspectors that they were very happy with the new dining facilities.

There was inadequate storage space. The inspector observed residents’ equipment stored in corridors. This was being addressed in the new extension. Facilities for staff changing required improvement. There were plans to address this. There was a lack of private space available where residents could go if they required some quiet time. This was being addressed also in the new extension.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. The grounds were well maintained and free from significant hazards which could cause injury. There was a call bell system in place at each resident’s bed. There was suitable lighting and ventilation provided.

Inspectors saw that residents were encouraged to personalise their rooms. Residents’ bedrooms were comfortable and many were personalised with residents’ own pictures and photographs. The inspector observed residents moving independently around the corridors using their individual mobility aids.

Maintenance both internal and external was found to be of an adequate standard. A maintenance staff member works at the centre two days per week and attends to daily upkeep of the premises. There was a separate kitchen with sufficient cooking facilities and equipment. The laundry and systems in place to manage residents’ personal clothing was well organised.
**Judgment:**
Non Compliant - Moderate

**Outcome 13: Complaints procedures**
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

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

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

**Findings:**
Complaints were well managed. The complaint’s policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints procedure was on display at in the centre. Residents who spoke with the inspector knew the procedure if they wished to make a complaint. Questionnaires reviewed by the inspector indicated that residents and relatives found that the management and staff were approachable if they had a complaint.

The complaints record contained the facility to record all relevant information about the complaint, investigation made and the outcome. No complaints were being investigated at the time of inspection and complaints recorded had been successfully addressed to the satisfaction of the complainant according to the records reviewed.

**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 reviewed the self-assessment questionnaire and the overall self-assessment of compliance with Regulation 14 and Standard 16 End of Life Care.

At the time of inspection the inspector was informed that there were no residents receiving end-of-life care. The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up to date and comprehensive. It provided good guidance on the management of the period prior to death and the care of the body. It outlined procedures for end of life care and provided guidance for staff on care planning for end
of life and how to provide support to relatives. There was evidence of staff reading and signing off their understanding of the policy.

Residents who spoke to the inspector spoke in a positive manner with regard to their care. If a resident did require admission to hospital the inspector saw that there were transition documents available to support continuity of care between the hospital and the centre.

Care plans were reviewed when updating a care plan, following a medical review or when a resident’s condition changed. The inspector observed that care plans reflected discussions and documentation in relation to end of life care planning that would ensure that residents receive end of life care in a way that meets their individual needs and wishes.

Staff were knowledgeable in how to physically care for a resident at end of life. The inspector viewed care plans of deceased residents and noted that relatives were always with residents as they approached the end of their life. Care plans viewed indicated that residents had their end-of-life care needs addressed without the need for transfer to an acute hospital.

The assistant director of nursing told the inspector that residents had very good access to the specialist palliative care services. This was a nurse led service which provided onsite visits to residents and also advice via telephone. There was good access to medical services as evidenced by the medical and nursing records. Documentation such as care plans of deceased residents reviewed by the inspector indicated that symptom control was effective for residents to ensure adequate pain relief and comfort at end of life.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre. Inspectors were told that residents were visited by the local priest who provided pastoral care. Family and friends were facilitated to be with the resident at end of life as observed in a care plan.

Staff had received training in end of life care as observed by inspectors. Recent training included:

End of life care  
palliative care.

This training included pain assessment and management, ethical issues in death, dying and communication. Training was provided by the Irish Hospice Foundation. A post death review was completed with staff following a death to review the areas of good practice and any areas for improvement. White boxes were used to handover personal possessions. All returned property was documented and signed in the property checklist as observed by inspectors.

**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 reviewed the person in charge’s self-assessment questionnaire and the overall self assessment of compliance with Regulation 18 and Standard 19. The person in charge had assessed the centre as being minor non compliant: Based on the findings on the day of inspection the inspector concurred with this.

There was an up to date policy on food and nutrition which was found to be comprehensive. The inspector observed that food and hydration needs were assessed on admission using the malnutrition universal screening tool (MUST) and this was repeated on a three monthly basis or more frequently if required. The inspectors observed mealtimes including lunch and afternoon refreshments. Snacks and hot and cold drinks and fresh drinking water were readily available throughout the day. The inspector noted that staffing levels were adequate to meet the needs of the residents during mealtimes.

There was evidence that food available reflected choice. The daily menu was displayed in a prominent position. Inspectors observed that residents were offered assistance in a discreet and appropriate manner. Staff sat and chatted with them while the meal progressed. The chef told an inspector that meals were kept refrigerated for residents if they were out and provided at times they wished to eat. Snacks were available at all times for residents as observed by the inspector. The chef met with the residents on a daily basis and inspectors observed that residents were very familiar with her. The inspector saw that meals were well presented, had an appealing aroma, portions were sufficient and residents said that they enjoyed their meals.

There were good working relationships with specialist services such as the dietician and speech and language therapist. The inspector observed referrals for consultation to these services and from the records reviewed there was a timely response with assessments undertaken. Access to diagnostic services was through the local hospital or outpatient department. Residents also had access to dental services as observed by the inspector. A sample of medication administration charts were reviewed by the inspector. These indicated that nutritional supplements were prescribed by the GP and administered by nursing staff accordingly.

However, there was no evidence available that the menus and nutritional content of the food met the dietary needs of residents as prescribed by healthcare or dietetic staff, based on nutritional assessments in accordance with the individual care plans of
residents. The chef also confirmed this to the inspector. Resident satisfaction surveys had been completed in October 2014. A sample viewed by the inspector indicated that residents were very happy with the food and choices provided.

Recent training that had been completed in relation to nutrition included:

Food handling
MUST training.

**Judgment:**
Substantially Compliant

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**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:**
Inspectors saw evidence that residents were consulted about how the centre was planned and run. There was a residents' committee which met regularly and residents who spoke with inspectors outlined that that they would feel comfortable to raise any issues or concerns they had at this meeting or with the staff at any time. There was also a suggestions/comments box at reception if any resident, relative or staff member wanted to make any suggestions or comments.

The inspectors were satisfied that staff treated residents with privacy and dignity and that strong emphasis was placed on these values by the provider and staff. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged.

There was an activities coordinator who worked in the centre three days per week with a schedule of activities including bingo, painting, exercise programmes and gardening in the summer months. One-to-one activities were also facilitated such as hand massage. There were notice boards available providing information to residents and visitors. Staff informed inspectors that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities.

Residents were facilitated to exercise their political and religious rights. The person in charge confirmed that residents can vote in the centre if they wish while some residents
prefer to go to their own constituency to vote. A member of the clergy comes to the centre weekly to say mass and is a regular visitor to the centre.

Residents have access to a portable telephone in the centre should they wish to make calls in private. There was an open visiting policy in the centre and residents confirmed that relatives were made to feel welcome in the centre. Inspectors saw many visitors coming and going during inspection. Inspectors saw that residents had access to daily entertainment and leisure facilities such TV, radio, newspapers and magazines. Residents were free to communicate and in the majority of records reviewed their needs were identified to ensure that staff were appropriately informed if residents had communication problems. Inspectors observed that one resident had his own laptop.

**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 within the centre. The inspector spoke with the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents and relatives expressed satisfaction with the laundry service provided. Storage space was provided and there were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place in relation to residents’ personal property and a list of residents’ property was maintained and signed off by two staff members.

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

Findings:
The inspector examined the staff duty rota for a two week period. This described the staff complement on duty over each 24-hour period. The inspector noted that the planned staff rota matched the staffing levels on duty. The inspector was satisfied that the number and skill mix deployed was adequate to meet the needs of residents.

The inspectors found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. All staff told inspectors that they felt well supported by person in charge and assistant director of nursing. The inspector observed that staff interacted well with residents and residents appeared very comfortable with staff.

The inspectors carried out interviews with staff members and found that all were knowledgeable of residents’ individual needs, the centre’s policies, fire procedures and the guidelines for reporting suspicions of elder abuse. Staff were aware of all policies and procedures about the general welfare and protection of residents.

The inspector found that there were procedures in place for constant supervision of residents in communal areas as the assistant director of nursing was onsite daily and worked in a supernumerary capacity. There was a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and the inspector noted that all relevant documents were present. There were no volunteers working in the centre at the time of inspection.

Staff told inspectors there were open informal and formal communication within the centre where they could raise issues and discuss residents needs. These forums such as governance meetings and staff meetings were also used to review and improve the service.

Inspectors were satisfied that the education and training provided enabled staff to provide care that reflected up-to-date, evidence based practice. Records indicated that staff had been provided with training opportunities and had attended training on a range of topics. In addition to the mandatory topics such as elder abuse, moving and handling and fire safety staff had attended training on nutrition, food handling, end of life care, infection control, restraint, cardiopulmonary resuscitation (CPR) and dementia training.

The provider assured inspectors that nursing staff had up-to-date registration with the nursing board as inspectors observed that the relevant certificate was not yet on file for 2015.

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:

Ide Batan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Riverdale Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000273</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14/01/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>05/02/2015</td>
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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 02: Governance and Management

Theme: Governance, Leadership and Management

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

An annual review of the quality and safety of care delivered to residents had not yet taken place therefore a copy of this review was not available to residents or the Chief Inspector.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the
quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
An annual review of the quality and safety of care that we have delivered to our residents will be completed and a copy will be made available to view by residents and the Chief Inspector.

**Proposed Timescale:** 13/03/2015

<table>
<thead>
<tr>
<th>Outcome 03: Information for residents</th>
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<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clear from some contracts of care what services were included as part of the fee and what services required additional fees.

**Action Required:**
Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

**Please state the actions you have taken or are planning to take:**
A list of services that is not included in the Nursing Homes Support Scheme and the cost of these services will be included in all the contracts of care

**Proposed Timescale:** 05/02/2014

<table>
<thead>
<tr>
<th>Outcome 12: Safe and Suitable Premises</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
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</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The physical environment in the centre still did not meet the requirements of the Regulations.

**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:**
A new extension that will meet all the requirements of Regulation 17(2) as set out in Schedule 6 is nearing completion.

**Proposed Timescale:** 16/03/2015

### Outcome 15: Food and Nutrition

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no evidence available that the menus and nutritional content of the food met the dietary needs of residents as prescribed by healthcare or dietetic staff, based on nutritional assessments in accordance with the individual care plans of residents.

**Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by healthcare or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
All our menus were reviewed and approved by a dietician in 2012 and we have been using these approved menus as a guideline. However, in the future all our residents with special dietary requirements will be referred to a dietician annually.

**Proposed Timescale:** 01/02/2015