

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riverdale House
Centre ID:	OSV-0000448
Centre address:	Blackwater, Ardnacrusha, Clare.
Telephone number:	061 340525
Email address:	riverdalenursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Riverdale Nursing Home Limited
Provider Nominee:	Mary Keane Storey
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 September 2015 09:30 To: 22 September 2015 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection which took place following a notification to a change in the person in charge and change to a person participating in the management of the centre. This inspection was unannounced and took place on one day. As part of the inspection the inspector met with the recently appointed person in charge, assistant director of nursing, the designated person to act on behalf of the provider, residents and staff members.

The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There was evidence of good practice in all areas. Staff and residents knew each

other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The centre was bright, clean and comfortable. The communal areas were appropriately furnished and the décor was pleasant. Extensive building works and renovations were fully completed since the last inspection.

On the day of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

Some improvements were required in relation to updating the medication policies. These areas for improvement are contained in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the statement of purpose which had been updated to include the details of the recently appointed person in charge. The person in charge told the inspector that further updates were currently in progress to include the contact details for the ombudsman. She undertook to submit the updated version of the statement of purpose.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that effective and clearly defined management systems were in place.

There was a full time person in charge with the appropriate experience and

qualifications for the role. The person in charge was also on call out of hours. The person in charge had been recently appointed, she had been working in the centre since 2010 and had been assistant director of nursing (aDoN) since 2013. Suitable deputising arrangements were in place, the aDoN deputised in the absence of the person in charge.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The aDoN, the designated person to act on behalf of the provider and the operations manager supported the person in charge in her role. The designated person to act on behalf of the provider and the operations manager both worked full time in the centre. The management team met on a daily basis and discussed any issues of concern. The person in charge told the inspector that she felt well supported in her role.

Systems were in place to review the safety and quality of care. Regular audits had been carried out in relation to medication management, incident/falls, restraint, use of hoists, health and safety, fire safety, pressure ulcers, privacy and dignity, nutrition and food, residents weights, end of life care, infection control and dementia friendly home. There was evidence that some improvements had been brought about as a result of the audits.

There was evidence of consultation with residents and their representatives. Regular meetings were held with residents and minutes of the meetings were recorded. Residents were consulted with and had input into publishing a quarterly newsletter. Residents and staff had held a number of recent fundraising events in the centre, residents had decided what charities would benefit from the monies raised. There was evidence that residents and their families were consulted with in regard to reviewing and updating of care plans.

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):
This was the centre's first inspection by the Authority.

Findings:
The person in charge is a registered nurse with the required experience in the area of nursing older people. She had been working in the post since March 2015 and she worked full time.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development, she had recently attended training on documentation in clinical practice, person centered dementia care, nutrition and hydration, incontinence promotion, restraint implications and consequences, medication management and infection control.

The inspector observed that she was well known to staff and residents. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

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 was satisfied that records as required by the Regulations were maintained in the centre however, the medication management policy required updating.

The medication management policy did not include guidance on the self administration of medications and there was no self administration of medication assessment tool available. The policy in relation to crushing of medications did not provide clear guidance on the prescribing of 'crushed' medications. This is discussed further under Outcome 9 medication management.

All records as requested during the inspection were made readily available to the inspector. Records were neat, clear and orderly.

All policies as required by Schedule 5 of the Regulations were available. Systems were in

place to review and update policies. The person in charge had put systems in place to ensure that staff read and understood policies.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the policy on the prevention, detection and response to abuse. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that all staff had received recent training. A staff member had completed 'train-the-trainer' in elder abuse and facilitated on-going training in house.

The inspector reviewed the policies on behavioural management and restraint. The policies outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The person in charge told the inspector that there were no residents at present who presented with behaviours that challenged. Staff had recently attended training on the use of the ABC assessment tool which had been facilitated in house by the person in charge.

The policy on restraint was based on the national policy, staff continued to promote a restraint free environment. There were six residents using bedrails at the time of inspection. The inspector noted that risk assessments, clear rationale and care plans were documented for their use, and regular checks were carried out and recorded. Staff had completed restraint management training.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and appeared happy in the company of staff. Residents spoken with told the inspector that they were happy and that staff were great.

The person in charge stated that currently no money or valuables were kept for safe keeping on behalf of residents. There was a policy on the protection of residents' finances and property which provided guidance for staff in the management and safekeeping of residents' personal property and finances.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that safe systems were in place to manage risk.

There was a health and safety statement available. The inspector reviewed the risk register and noted that it had been regularly reviewed and updated. All risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included.

There was a site-specific emergency plan in place. The plan included clear guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. Further training was planned later in 2015.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in July 2015 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place in July 2015. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that staff had received up-to-date formal fire safety training.

The inspector reviewed the incident/accident log and found details of all incidents were recorded. The person in charge reviewed all incidents and completed a monthly analysis.

The inspector noted that hand hygiene practices were robust. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. All staff had received training in infection control in January 2013. The building was found to be clean and odour free.

Handrails were provided to all circulation areas. Call bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

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:

The inspector noted that the policies and procedures for medication management were generally robust, however some improvements were required in relation to updating some medication management policies.

The inspector reviewed the medication management policy which gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, "as required" (PRN) medications, medications requiring strict controls and medication errors. However, the policy did not include guidance on the self administration of medications and there was no self administration of medication assessment tool available. The policy in relation to crushing of medications did not provide clear guidance on the prescribing of 'crushed' medications. The action in relation to this non compliance is under Outcome 5 Documentation to be kept in a designated centre.

The inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

The inspector reviewed a sample of medication prescribing/administration sheets and noted that all medications were regularly reviewed by the general practitioners (GP). Nursing staff told the inspector that they did not transcribe medications. There was a resident who required crushed medications, however, the inspector noted that these medications were not individually prescribed as such.

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double locked cupboard in the locked clinical

room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The pharmacist and person in charge had carried out regular medication management audits. The inspector reviewed recent audits and no issues had been identified.

Systems were in place for recording of medication errors and the return of medications to the pharmacy.

All nursing staff had completed recent medication management training.

Judgment:

Non Compliant - Moderate

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 that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to General Practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. 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.

The person in charge stated that there were no residents with wounds and no residents

presenting with behaviour that challenged at the time of inspection. The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, with communication and nutrition issues.

Comprehensive nursing assessments were completed. A wide range of risk assessments had been completed including nutrition, dependency, falls risk, skin integrity, continence, restraint and manual handling. Care plans were found to be person-centred, individualised and clearly described the care to be delivered.

Care plans were in place for all identified issues. Care plans were in the process of being reviewed by the person in charge and nursing team. Several files had recently been reviewed and updated. Systems were in place to record evidence of residents/relatives involvement in the development and review of care plans.

The inspector was satisfied that weight loss was closely monitored, residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician or SALT. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

The inspector noted that staff continued to promote the reduction in the use of restraint. The number of residents using bedrails had reduced since the last inspection. This is discussed further under Outcome 7 safeguarding and safety.

The inspector noted that a range of interesting and varied activities were taking place. There was an activities coordinator employed three days a week who facilitated a wide range of activities. The daily and weekly activities schedule was displayed and included arts and crafts, fit for life exercise programme, knitting club, choir, musical bingo and quizzes. A local artist and musician visited weekly. Residents had held a number of recent fund raising events including tea mornings and had raised substantial amounts of money for local charities. Residents had visited these charities and presented the money raised. All residents and staff were involved in a sweepstake draw for the upcoming rugby world cup, the results of the draw were displayed. Residents were in the process of making and designing colourful flags to represent all the countries taking part.

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 inspector was satisfied that the premises met with the requirements of the Regulations and the Authority's Standards. Extensive building works and renovations had been fully completed since the last inspection.

The premises were well maintained, clean and nicely decorated. There was a good variety of communal day space such as the dining room, day room and visitor's room. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature. Additional seating was provided in the hallways and alcoves.

Bedroom accommodation met residents' needs for comfort and privacy. There was adequate numbers of assisted toilets, bath and shower rooms. Assisted toilets were located beside the day rooms. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Resident's artwork was displayed throughout the centre and in residents bedrooms.

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:

On the day of inspection, there was an adequate ratio of staff to residents on duty throughout the day. Residents' dependency levels were assessed using a validated tool

and the person in charge used this to decide on appropriate staffing levels, there were seven residents assessed as high dependency, eighteen as medium dependency and three as low dependency. On the day of inspection there was one nurse and five care assistants on duty during the day, one nurse and three care assistants during the evening time up to 20:00 hrs and one nurse and two care assistants on duty up to 22:00 hrs. There was one nurse and one care assistant on duty at night time. The person in charge was normally on duty during the week days, she also worked as a nurse on the floor including at weekends. Staff spoken with were satisfied with the staffing levels. The person in charge told the inspector that staffing levels were flexible and that additional staff could be rostered as required.

The inspector reviewed the staff recruitment and selection policy and a selection of staff files. The recruitment policy had been updated to reflect the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of training received and training certificates were noted on staff files.

The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended recent training in medication management, nutrition and hydration, incontinence promotion, dementia care and emergency. All care assistants had completed Further Education Training Awards Council (FETAC) level five training. Staff involved in providing activities for residents had attended training on 'imagination gym', reminiscence therapy and Sonas (therapeutic programme specifically for residents with dementia) and more recently doll therapy.

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:

Mary Costelloe
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:	Riverdale House
Centre ID:	OSV-0000448
Date of inspection:	22/09/2015
Date of response:	06/10/2015

Requirements

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

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

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The medication management policy did not include guidance on the self administration of medications and there was no self administration of medication assessment tool available. The policy in relation to crushing of medications did not provide clear guidance on the prescribing of 'crushed' medications.

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures

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

referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Medication Management policy on self administration updated and assessment tool now available if required.

Policy on crushing of medication update to provide clear guidance on prescribing of crushed medication.

Proposed Timescale: Completed

Proposed Timescale: 06/10/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Medications that were required to be crushed were not individually prescribed as such.

2. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Crushed medications are now prescribed and signed individually by the GP

Proposed Timescale: Completed

Proposed Timescale: 06/10/2015