

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riverdale Nursing Home
Centre ID:	OSV-0000273
Centre address:	Laragh, Ballon, Carlow.
Telephone number:	059 915 9299
Email address:	riverdalenh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Killyglasson Limited
Provider Nominee:	Martina McGauran
Lead inspector:	Ide Batan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	3

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 an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 September 2015 10:00 To: 30 September 2015 16:00

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

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

Summary of findings from this inspection

This was an announced inspection which took place over one day and was for the purpose of informing an application to vary conditions of registration of Riverdale Nursing Home. The provider had applied to increase bed capacity from 27 to 34 places. The inspector also reviewed progress made on the action plan which was issued to the provider following an inspection carried out in January 2015. This report sets out the findings of the inspection.

Overall, the inspector 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 had completed development of an extension which was spacious, bright and further enhanced quality of life for residents. 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.

Overall, the inspector 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 actions from the previous inspection had been completed. The inspector identified two further actions on this inspection. Areas for improvement identified on this inspection included:

care plan reviews
further development of statement of purpose.

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:

A written statement of purpose that described the service and facilities in the centre was available and contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Some revisions were required to ensure completeness of the information in respect of:

A description (either in narrative form or floor plan) of the rooms in the centre including their size and primary function
any separate facilities for day care
correct number of places to be registered.

Judgment:

Substantially 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.

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 assistant director of nursing also covered night duty at times to supervise night staff. The inspectors viewed audits completed by the assistant director of nursing.

Systems in place to monitor quality and safety of care including auditing processes on aspects of clinical care were previously found to be in place for medication management; use of restraints, tissue viability and antibiotic usage and remained in place on this inspection. 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. An annual review of the quality and safety of care delivered to residents had taken place. The inspector observed that any areas of dissatisfaction expressed from residents/relatives had been included in the review and action plans were in place to resolve these issues.

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 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.

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 as observed on staffing rosters.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. The assistant director of nursing was a train the trainer in elder abuse and restraint. The staff training records showed that training on the principles of safeguarding residents, had been delivered to all staff and there was an on-going training programme. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

As on the previous inspection 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 on the previous inspection there was a policy on and procedures for managing behaviours that challenge. 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.

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 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 inspector 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. There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every four months thereafter. This was augmented by an enhanced falls risk assessment where appropriate. Care plans were developed based on these assessments. Preventative measures, such as hip protectors and regular environmental checks, were implemented.

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. The inspector observed that all staff was due to update manual handling in October 2015. 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.

The inspector observed that the evacuation of the new building had been discussed with residents at the last residents' meeting. Each resident had an individual fire evacuation plan. 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. 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 were 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 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

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:
As on the previous inspection 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 sample 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 by the pharmacist and the centre and any deficits were actioned.

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:
As on the previous inspection there was evidence that timely access to health care services was facilitated for residents. The person in charge confirmed that a number of GPs were attending to the needs of the residents and an "out of hours" GP service was available if required. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including physiotherapy, podiatry, dietetics, speech and language, chiropody, psychiatry of old age and dental.

The inspector reviewed a selection of care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, weight, mobilisation and, where appropriate, pain. Each resident's care plan was kept under formal review as required by the resident's changing needs or

circumstances and for the most part was reviewed no less frequently than at four-monthly intervals. In one instance the inspector observed that the care plan had not been reviewed since 2014.

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. There was a record of the resident's health condition and treatment given completed daily.

Judgment:

Non Compliant – Moderate

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 new extension included the provision of adequate sitting, recreational and dining space separate to the residents' private accommodation. The inspector saw that suitable provision for storage, suitable staff changing facilities, hairdressing/therapy room and a visitor's room was now available. To the front of the building there was a visitor's area with comfortable seating and a family meeting room. There was an additional six single en suite bedrooms; two en suite facilities had been added to existing bedrooms. One single bedroom with a wash hand basin had been added to the existing centre. The new dining area was bright, spacious and could accommodate all residents.

The new refurbishments provide each resident with more physical space. There are six single en suite bedrooms which were a suitable size to accommodate residents' needs. Each bedroom has adequate facilities for storing of clothes and personal belongings. There are facilities for lockable storage and TV in each bedroom.

There was suitable heating, lighting and ventilation. There was ample parking and outdoor space for residents. Facilities and services were consistent with those described in the centre's statement of purpose and Resident's Guide.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector 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 provider outlined the staffing arrangements that will be in place to facilitate an additional seven residents. The inspector was satisfied with proposal put forward by the provider which included an increase in healthcare assistant, household and activities hours for 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. Samples 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.

The inspector saw that regular staff meetings occurred. These forums such as governance meetings and staff meetings were also used to review and improve the service. There was evidence of staff supervision taking place. Mandatory training as required by the Regulations was up to date as observed by the inspector.

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

Action Plan

Provider's response to inspection report¹

Centre name:	Riverdale Nursing Home
Centre ID:	OSV-0000273
Date of inspection:	30/09/2015
Date of response:	08/10/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Some revisions were required to ensure completeness of the information in respect of :

A description (either in narrative form or floor plan) of the rooms in the centre including their size and primary function
any separate facilities for day care
correct number of places to be registered.

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

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose has been revised and it now includes a full narrative description including the size of all the rooms and their primary function ,the correct number of places to be registered and a floor plan has also been included. We have also documented the information concerning day care services.

Proposed Timescale: 05/10/2015

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

Effective care and support

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

In one instance the inspector observed that the care plan had not been reviewed since 2014.

2. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All our care plans have been reviewed to meet the requirements of Regulation 5(4) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Proposed Timescale: 01/10/2015