

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Riverside Nursing Home
<b>Centre ID:</b>	OSV-0000274
<b>Centre address:</b>	Milltown, Abbeydorney, Tralee, Kerry.
<b>Telephone number:</b>	066 713 5210
<b>Email address:</b>	riversidenursing@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Riverside Care Centre Limited
<b>Provider Nominee:</b>	Margaret Roche
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	1

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
23 November 2016 11:45	23 November 2016 18:00
24 November 2016 09:00	24 November 2016 16:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

**Summary of findings from this inspection**

This report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. As part of preparation for the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed and issued to providers on best practice in dementia care and also to inform expectations around the inspection process. The provider had submitted a completed self- assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People. The table below sets out the self-assessment ratings for each Outcome alongside the rating as assessed on inspection. The inspection was unannounced and

took place over two days. The inspector met with residents, relatives, staff members and the management team. The person in charge, who was also the provider, was in attendance throughout the inspection. Of the 26 residents who were residing in the centre at the time of the inspection, approximately six had a confirmed diagnosis of dementia. The person in charge confirmed that approximately six more residents were also presenting with possible impaired cognition and, in these instances, residents had been referred as appropriate for review by a gerontologist. The centre did not have a specific dementia unit and resident care was integrated throughout all areas of the centre. The inspector reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. The inspector observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

In relation to residents' healthcare and nursing needs the inspection findings were positive with a high standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents with dementia or cognitive impairment was noted throughout the inspection. Staff and management demonstrated a commitment to continual improvement and were responsive in ensuring the service was in keeping with regulatory requirements.

**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: Health and Social Care Needs***

**Theme:**

Safe care and support

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

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

**Findings:**

This outcome assesses the arrangements in place to meet the health and social care needs of residents with dementia or a cognitive impairment. The assessment of activities and interactive social engagement is addressed in greater detail at Outcome 3.

An admission policy was in place that reflected the statement of purpose. Care was provided across a range of dependency levels including dementia and cognitive impairment. The person in charge confirmed that all residents were assessed prior to admission to ensure the centre was appropriate to meet their needs. On admission residents were then comprehensively assessed around key components of care and daily living such as cognition, mobility and nutrition, using standardised assessment tools. A sample of care plans was tracked on inspection and it was found that timely and comprehensive assessments were carried out with detailed and person-centred plans of care in place for areas of assessed need such as nutrition and communication, for example. Care plans were found to be personalised and provided relevant guidance to staff on their delivery of care in line with these assessments. The care planning process involved the use of validated tools to re-assess residents routinely, or should there be a change in their circumstances. Signed consent forms were in place and communication notes indicated that residents and their family were consulted around the plans of care.

A sample of records was reviewed and these reflected good access to the services of allied healthcare professionals, such as chiropody and physiotherapy. Arrangements were in place to support residents in accessing dental and optician services as required. The person in charge explained that community occupational therapy services were well provided. The centre could also access consultancy services in relation to both gerontology and psychiatry on a referral basis. A dementia care policy was in place that referenced the needs of residents in relation to the management of care around the behaviours and psychological symptoms of dementia; a number of staff had received relevant training in this area. Where residents presented with such symptoms their care plans recorded that they had been assessed and also outlined guidance to staff as to how they might manage care and respond appropriately. Of the files reviewed, correspondence relating to hospital transfer arrangements was in place; these included

relevant information about the residents' health and prescribed medicines. There were arrangements in place to review accidents and incidents within the centre and a regular system of audit and review was in place around the occurrence of falls. Residents were regularly assessed in relation to issues of mobility; appropriate plans of care and manual handling charts were in place on the plans reviewed.

Care plans around nutrition were informed by the input of a dietitian and/or speech and language therapist as required. Residents with dementia were routinely assessed in relation to the possible risk of choking and, where indicated, relevant swallow care plans were in place; these were regularly reviewed. Regular training on dysphagia was available and those staff who had received training demonstrated an effective understanding of the importance of nutrition generally and particularly for those residents with dementia or a cognitive impairment. Discussions with catering staff confirmed that appropriate communication systems were in place to ensure that the meals and drinks these residents received were appropriately prepared and served. A record of residents who were on special diets, such as diabetic and fortified diets or requiring fluid thickeners, was available for reference by all staff and kept under review. Assessments in relation to the risk of dehydration were also in place and regular fluid charts were maintained where recommended. Staff were seen to ensure that residents were regularly provided with adequate snacks and drinks. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly.

Documentation on the sample of care plans that was reviewed reflected discussion with residents and their families about end-of-life care and arrangements. Advanced care directives were also in place that recorded significant detail around the expressed wishes of residents and their families. Measures in place to prevent unnecessary hospital admissions included regular attendance and review by the residents' general practitioner (GP). The support of palliative care services in the management of care at end-of-life were readily accessible.

Operational policies and procedures were in place for the ordering, prescribing, storing and administration of medicines. Processes in place to store and handle medicines, including controlled drugs, were in keeping with current guidelines and legislation. Medicine prescription and administration records contained the necessary biographical information of the resident including a photograph. Staff were observed to follow appropriate administration practices. Where residents had a cognitive impairment it was noted that medicine was administered in a person-centred manner. Staff explained that, where residents might refuse a medicine, practice was to repeat the offer at a slightly later interval; if refusal persisted the administration record was noted accordingly and a referral for review by the GP was put in place.

The healthcare, assessment and care planning processes as demonstrated by this service throughout the inspection were appropriate to meet the health and nursing needs of residents with dementia or cognitive impairment.

**Judgment:**  
Compliant

## ***Outcome 02: Safeguarding and Safety***

### **Theme:**

Safe care and support

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

No actions were required from the previous inspection.

### **Findings:**

Records indicated that a regular programme of training on safeguarding and safety was delivered by the centre and a review of training records confirmed that all staff training was current. Members of staff spoken with by the inspector were competent to recognise the different types of abuse and were aware of the relevant reporting systems available to them. Residents spoken with by the inspector reported positively of their experience of care and stated that they felt safe and well minded in the centre. There was a comprehensive policy and procedures in place for the prevention, detection and response to abuse that clearly set out guidance to staff on the appropriate action should allegations involve residents, members of staff, management or other parties.

A policy and procedure was in place on the management of residents' personal property; systems were in place to protect residents' belongings and valuables could be stored securely in a safe. A record of invoices was maintained for services provided at the centre and contracts set out fees and identified where there were additional costs for services. Systems were in place to safeguard residents' finances with a record maintained of individual transactions where entries were recorded and double-signed. A sample of these records was checked and the figures reconciled with the balance of funds held.

A policy and procedure was in place that directed staff in the management of responsive behaviours. A number of staff had received training on dementia and the management of behaviours and psychological symptoms related to dementia. Staff spoken with were able to explain their understanding of the needs of residents with dementia and were able to describe the personal behavioural cues of individual residents and the appropriate strategies they could use to meet these needs. These symptoms and strategies were in keeping with the related care plan that was reviewed and included reassurance or diversion, for example. Management articulated a commitment to a restraint-free environment and a restraint policy that reflected this practice was in place. Where bed-rails were in place their use was routinely monitored and audited on a weekly basis. Assessments and consent forms had been completed that also recorded input by a medical practitioner where appropriate.

### **Judgment:**

Compliant

## ***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

On the days of inspection visitors were seen to attend the centre regularly and the person in charge confirmed that there were no restrictive visiting arrangements. The centre could provide a private space for residents to receive visitors. There were also several communal areas available and both residents and visitors were seen to use these areas in the course of the inspection. Residents could sit in a conservatory area at the front of the premises that also led out onto a small balcony area. Residents had access to a secure garden area at the rear with elevated planted boxes for ease of access and a courtyard area with seating. Regular resident meetings were facilitated by the activities co-ordinator. Minutes of a recent meeting detailed the provision of information to residents on how the complaints process at the centre worked and what to do should a resident wish to complain. Records confirmed that the minutes of these meetings were also regularly audited and that related actions were implemented and reviewed.

The inspector met with the activity coordinator who worked on a full-time basis and was responsible for the activity programme. The weekly activity schedule included morning and afternoon arrangements for activities such as music, song, Sonas and exercise time. On the days of inspection regular activities were seen in progress. A number of residents gathered in the day room in the morning for a physical exercise session and then a discussion around events of the previous evening. All residents were supported to engage in the exchange and plans for the day were also discussed. Other staff members joined the group and engaged with small groups reading articles from local papers and discussing the news. In the afternoon residents were seen partaking in a darts game in one communal area. A hairdresser regularly attended the centre and was also available by appointment.

A relevant communication policy was in place and the inspector observed a person-centred culture of care. Mealtimes were a positive social experience - staff were seen to enquire as to the preferences of all residents and offer alternatives where residents might change their minds. This included person-centred communication and efforts to divert or distract where appropriate. Staff were mindful around the mood and attitude of residents with a cognitive impairment and provided appropriate support and orientation for those residents who were mobile around the centre when they became confused. The inspector noted that members of staff and management engaged with and acknowledged all residents as a matter of course; though these exchanges were often brief they were interactive and inclusive. Residents with advanced dementia were also routinely engaged and reassured by staff as they went about their duties. Many residents and members of staff were from the local area and so the centre had a well developed sense of community with links in the parish; visitors to one resident also

knew and engaged with several others.

Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. This monitoring occurred during discrete 5 minute periods in 30 minute episodes. Three episodes were monitored in this way and during these periods of observation it was noted that residents with dementia or cognitive impairment had their social needs met in an appropriate and consistent manner. Communication between staff and residents were natural and familiar and took place around the normal routine of daily living and interaction. Exchanges related to preferences around snacks for example or where to sit and visitors that might be coming. A positive result was recorded throughout this period with staff engaging meaningfully with residents on a consistent basis.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

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

**Findings:**

A written operational policy for the management of both verbal and written complaints was in place dated 7 March 2016 that identified both the complaints officer and the person responsible for oversight of the complaints process as required by the regulations. A copy of the procedure was clearly on display in the foyer of the centre. The procedure outlined expected time frames and an appeals process that also provided contact information for the office of the Ombudsman. A summary of this information was available in the guide for residents and also in the statement of purpose.

The inspector reviewed the complaints process with the person in charge and established that the system recorded the necessary information as required by the regulations in relation to the complaint and complainant, and also how the complaint was considered and any action taken as a result. A regular audit of complaints was in place and a summary of actions on outcomes was available for reference. A review of the complaints record confirmed that no requests had been received seeking review through the appeals process. The person in charge confirmed that learning from any issues raised was communicated through regular staff meetings.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

<p><b>Theme:</b> Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There were relevant policies around training, recruitment and vetting; related procedures were robust and verified the qualifications, training and security backgrounds of all staff. Documentation was well maintained in relation to staffing records and these records were also regularly audited; the most recent recorded on 31 August 2016 was compliant. Of the sample of staff files reviewed, documentation was in place as required by Schedule 2 of the regulations. At the time of inspection there were no volunteers engaged at the centre and management understood the regulatory requirements around vetting and documentation for volunteers.</p> <p>A planned and actual staff rota was in place and both the staffing levels and mix of skills were appropriate to meet the needs of the resident profile having consideration for the size and layout of the centre. The delivery of care was directed through the person in charge and appropriate deputising arrangements were in place. Effective supervision was in place on a daily basis with a qualified nurse on duty at all times. Systems of oversight included a comprehensive regime of audits around areas such as medication management and falls. Systems to assess staff competencies included an annual appraisal. Communication systems were in place that included monthly staff meetings and handover meetings at the beginning of each shift.</p> <p>The person in charge confirmed that training was regularly delivered in mandatory areas such as safeguarding, manual handling and centre-specific fire procedures and prevention with regular fire drills being undertaken. A review of training records indicated that a comprehensive schedule of additional training was available that enabled staff to provide care in keeping with contemporary evidence based practice; this included training in dysphagia for example and also the provision of care to residents with dementia and related communication needs. Staff spoken with understood their statutory duties in relation to the general welfare and protection of all residents.</p>
<p><b>Judgment:</b> Compliant</p>

***Outcome 06: Safe and Suitable Premises***

<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Actions identified on the previous inspection had been addressed and the four twin</p>

rooms where improvements were required had been refurbished and now provided appropriate furniture, equipment and privacy screening in keeping with statutory requirements.

The centre was a two-storey premises with all accommodation for residents located on the ground floor. Administration offices and staff facilities, including an area for changing and storage, were located on the first floor; access to this area was restricted. The premises were located on the main road just outside Abbeydorney overlooking countryside. Ample parking facilities were available to the side of the building. The centre provided accommodation for up to 27 residents comprising 3 single rooms, one of which was en-suite, and 12 twin rooms, all with wash-hand basins. All rooms were appropriately furnished and equipped with call-bell facilities; however, several did not provide lockable storage. Bathroom and toilet facilities were accessible and appropriately located throughout the centre, these facilities were well equipped and maintained. The premises were clean and very well maintained throughout.

The layout of the communal area of the centre was open plan; a bright conservatory on entrance opened on one side into a small lobby with seating and a communal sitting and living room with an adjacent dining area. Sliding doors from this space opened into an oratory with seating and an altar for services. Another communal sitting area was located on the far side of the lobby. This layout supported residents with a cognitive impairment, who were mobile, in remaining active and residents who could be seen to mobilise independently throughout the centre in the course of the inspection. The communal areas were bright with large windows to the front of the building that overlooked the local countryside. The main communal area was decorated in a homely manner with a fireplace and comfortable seating. Residents' rooms were comfortable and personalised to varying degrees with individual belongings and memorabilia. Individual accommodation provided adequate space for the use of assistive equipment if necessary. Furnishings were in good condition and comfortable. Heating, lighting and ventilation was appropriate to the size and layout of the centre.

In relation to the specific needs of residents with dementia, the development of orientation signage in some areas of the premises would further support the requirements of those with a cognitive impairment, such as the use of contrasting colours or visual and tactile stimuli to outline doorways or provide direction for example. Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was well equipped and suitable in design to meet its purpose with sufficient space and facilities to manage all laundering processes. The centre had an adequate stock of equipment such as wheelchairs and hoists to meet the needs of the residents and appropriate storage was available as required.

**Judgment:**  
Substantially 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:***

Mairead Harrington  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Riverside Nursing Home
<b>Centre ID:</b>	OSV-0000274
<b>Date of inspection:</b>	23/11/2016
<b>Date of response:</b>	09/12/2016

### 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 06: Safe and Suitable Premises

#### Theme:

Effective care and support

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

Several residents' rooms did not provide lockable storage.

#### 1. 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.

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

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

All residents will have access to lockable storage.

**Proposed Timescale:** 30/04/2017