<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rivervale Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000425</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Old Birr Road, Rathnaleen, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>067 50426</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:rivervalenh@gmail.com">rivervalenh@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Rivervale Nursing Home Ltd</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Comerford</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>28</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>16</td>
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</tbody>
</table>
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.

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 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 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>08 November 2016 09:00</td>
<td>08 November 2016 17:00</td>
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<tr>
<td>09 November 2016 09:00</td>
<td>09 November 2016 16:00</td>
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</tbody>
</table>

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

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

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives 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 continued to demonstrate 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 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The location, design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way.

The person in charge and staff demonstrated a comprehensive knowledge of residents’ needs, their likes, dislikes and preferences. 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.

On the days 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 and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Improvements were required to formally reviewing the quality and safety of care, updating of policies, updating the risk register and emergency plan, nursing documentation and documentation in relation to the management of restraint and behaviours that challenged.

These areas for improvement are set out in the action plan at the end of the report.
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 recently updated statement of purpose dated 1 November 2016. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre. The provider representative undertook to submit the recently updated version to the authority.

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

Findings:
The provider had established a clear management structure, there was evidence of consultation with residents and their representatives, however, improvements were
required to formally reviewing the quality and safety of care.

The person in charge worked full time in the centre. The provider representative was also the assistant director of nursing (aDoN) and deputised in the absence of the person in charge. There was an on call out of hours system in place. The management team met each other, residents and staff on a daily basis. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

There was evidence of consultation with residents and their representatives. Regular residents meetings were held, minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that topics discussed included nursing care, activities, food and diet, complaints, upcoming events such as residents birthdays and local news issues. There was also a residents suggestion book which recorded any requests made by residents. Records reviewed indicated that requests such as a key for bedside locker, new remote control for television, new mattress and a big hard pillow had been acted upon. Staff and residents told the inspector that any requests made were always acted upon. There was evidence that residents and their representatives were included and consulted in the development and review of care plans.

While the person in charge carried out monthly reviews in areas such as pressure ulcers, infection control, medication management, incidents, falls, complaints, health and safety, nutrition and weight management, end of life care and staffing levels, it was not clear how these reviews assessed the standards of care being delivered as audits were not carried out using an accredited tool or against a specific policy, standard, national or best practice guidance. Many audits did not identify deficiencies and no actions had been identified in the most recent audits reviewed.

The annual review for 2015 did not meet the requirements of the Regulations. The annual review did not assess whether care was delivered in accordance with relevant standards set by the Authority, nor had it been prepared in consultation with residents and their families.

**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:**
The centre had a resident's guide which was available to residents and visitors. The guide contained all information as required by the Regulations.

Contracts of care were in place for all residents. The inspector reviewed a sample of contracts of care. They included details of the services to be provided, fees to be charged and details of additional charges were clearly set out.

**Judgment:**
Compliant

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**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 was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult, having worked as person in charge of the centre for the past 15 years. The person in charge was knowledgeable regarding the regulations, HIQA's Standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She was very knowledgeable regarding the individual needs of each resident.

The person in charge had engaged in continuous professional development. She had recently attended training on advance care directives, infection control, management of behaviour that challenges and had attended a dementia care conference.

The inspector observed that she was well known to staff, residents and relatives. 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

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

**Findings:**
All records as requested during the inspection were made readily available to the inspector.

The inspector reviewed a sample of staff files which contained all of the information as required by the regulations

All policies as required by Schedule 5 of the regulations were available, however, some polices required updating to reflect best practice and national guidelines. See Outcome 7: Safeguarding in relation to policies on prevention, detection and response to abuse, behaviours that challenge and use of restraint.

Some practices in the centre were not reflective of policy. See Outcome 9: Medication management

The inspector noted that some records as required by Schedule 3 of the regulations in relation to the use of restraint were not maintained. See Outcome 7: Safeguarding

The inspector reviewed the directory of residents and noted that it required updating to fully comply with the requirements of the regulations.

The inspector found that nursing documentation was fragmented and disjointed as information relating to each resident was held in a number of different files therefore it was difficult to get a comprehensive overview of residents up to date needs.

**Judgment:**
Non Compliant - Moderate

**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.
### Theme:
Governance, Leadership and Management

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

### Findings:
The person in charge and management team were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge.

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

### Findings:
While the provider and person in charge had taken many measures to safeguard residents from being harmed and from suffering abuse, inspectors found that documentation in relation to the management of restraint and behaviours that challenged required improvement.

The inspector reviewed the policy on prevention, detection and response to abuse. The policy required updating to reflect up-to-date guidelines on safeguarding. The policy was signed as read and understood by staff; there was an ongoing programme of staff education. Training records indicated that all staff had received recent training on the detection, response to and management of abuse, staff spoken with confirmed their attendance at training and were clear on their responsibilities, reporting mechanisms and actions to be taken to safeguard residents. The person in charge and provider representative were present in the centre on a daily basis and actively involved in the supervision of staff and the delivery of care. Staff spoken with said that there were no barriers to the reporting of any alleged or suspected abuse and they had every confidence that the provider would take appropriate safeguarding measures if necessary.

The inspector was satisfied that accountable and transparent systems were in place for the management and safeguarding of residents’ finances and other valuables.
The inspector reviewed the policies on behaviour management and restraint use. As outlined in the previous inspection, the policy on behaviours that challenged was not comprehensive and did not outline clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. While the policy on restraint provided guidance for staff, it required further updating to include reference to the national policy on the use of restraint.

Staff spoken with and training records indicated that staff had attended recent training on understanding and managing behaviours that challenged. Staff confirmed that they continued to promote a restraint free environment.

The inspector reviewed a sample of residents files with restraint measures in place and who presented behaviours that challenged. There were 12 residents using bedrails at the time of inspection. The inspector noted that risk assessments and care plans were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded.

The inspector reviewed a sample of care plans and saw that care plans had been developed to support residents with behaviours that challenge. Some of the care plans seen did identify specific triggers and guided staff in the use of reassurance and distraction techniques. However, some residents who required support with behaviours that challenge did not have a comprehensive care plan in place even though staff with whom the inspector spoke were knowledgeable in relation to the residents' needs and possible underlying causes for behaviour that challenges.

In relation to the use of chemical restraint, some residents were prescribed PRN psychotropic medicines and the inspector noted that these were administered occasionally for some residents. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. However, there were no care plans in place to provide guidance to staff to ensure that PRN psychotropic medicines were only administered as a last resort and alternative strategies to be trialled were not outlined. Records were not maintained to indicate the rationale for administration of these medications or what other interventions had been tried to manage the behaviour. This is discussed further under Outcome 11: Health and social care needs.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

**Findings:**
The provider had systems in place to protect the health and safety of residents, staff and visitors, however, improvements were required to updating the emergency plan and risk register.

There was a health and safety statement available. The inspector reviewed the risk register and found that it was not comprehensive as it did not identify all risks along with the assessment, measures and actions in place to control risks throughout the centre.

The emergency plan required updating to include clear guidance for staff as to what their role might be in the event of a range of emergencies such as a power failure, heating failure, flooding, lack of water supply, contamination of water supply and severe weather.

Training records reviewed indicated that most staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The provider representative told the inspector that further training was planned for those staff members whose training was recently out of date. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up to date.

The person in charge had put a system in place for recording of incidents. The date and name of the resident involved in each incident was logged in an incident report book and an incident report form was completed following each incident. Falls were reviewed by the person in charge on a monthly basis, however, there was no analysis of trends and no evidence of learning or improvements to practice documented.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in July 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in June 2016. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Risks identified at the last inspection had been addressed and all bedroom doors were now fitted with a magnetic door release system.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free.
The inspector spoke with housekeeping staff regarding cleaning procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate cleaning chemicals.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The inspector generally found evidence of good medication management practices and sufficient policies and procedures to support and guide practice. However, nursing staff had not received recent medication management training, systems for checking medications on receipt from the pharmacy were not robust and all medications requiring strict control were not managed in line with the medication management policy and relevant professional guidelines. Issues identified at the previous inspection had been attended to.

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.

Medications requiring strict controls were appropriately stored. The inspector noted that a prescribed controlled medication had not been included in the controlled drug register and therefore it was not being monitored and checked by two nurses at the change of each shift. All other controlled medications were being managed in line with the centres 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 inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP). All medications including medications that were required to be crushed were individually prescribed.

Systems were in place to record medication errors and staff were familiar with them. There were no recent errors recorded.

Systems in place for checking medications on receipt from the pharmacy required improvement. Records indicated that night staff checked medications but any
discrepancies when noted were not formally recorded.

Records were maintained of all unused/out-of-date medications returned to the pharmacy signed by a nurse and the pharmacist.

Regular medication management audits were carried out by the person in charge. Recent audits reviewed had not identified any improvements required.

Nursing staff spoken with and training records reviewed indicated that nurses had not attended recent medication management training. The person in charge stated that this training would be prioritised.

**Judgment:**
Non Compliant - Moderate

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**Outcome 10: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe care and support

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

**Findings:**
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**
Compliant

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**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):**
Some action(s) required from the previous inspection were not satisfactorily
Findings:
The inspector found that residents’ healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of 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 and medical records supported that GP review was timely and responsive.

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 and recommendations were written up in the residents’ notes.

The inspector reviewed a number of residents’ files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and presenting with behaviours that challenge and with communication issues. There were no residents with wounds at the time of inspection. See Outcome 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

A range of risk assessments had been completed including nutrition, dependency, manual handling, falls, bedrail use and skin integrity. Care plans had been reviewed and updated on a regular basis. Some care plans were detailed, guided the care of the residents and were person centered. Systems were in place to record evidence of residents/relatives involvement in the development and review of their care plans.

However, the inspector noted some inconsistencies in the nursing documentation and while staff spoken with were very knowledgeable regarding individual residents needs this information was not always reflected in the nursing documentation.

- Falls risk assessments and care plans were not always updated post falls.
- Some care plans were not detailed and did not fully guide the care of the resident.
- Care plans were not in place for all identified issues such as communication, use of chemical restraint,
- A resident assessed as a high risk of developing a pressure ulcer had no corresponding care plan in place.

The inspector found that nursing documentation was fragmented and disjointed as information relating to each resident was held in a number of different files therefore it was difficult to get a comprehensive overview of residents up to date needs.

The inspector was satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns. Nursing staff told the inspector that that if there was a change in a resident’s weight, nursing staff would reassess the resident,
liaise with the GP and referrals maybe made to the dietician and/or SALT. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

Residents' social care needs were met through a varied and meaningful activity programme. An activities co-ordinator visited the centre seven day and a second activities person facilitated bingo and art as well as one to one sessions with some residents who preferred to stay in their bedrooms each Wednesday. Regular activities offered included chair exercise classes to music, ball exercises, reading from the newspaper or book reading, completing quizzes and crosswords, puzzles, film afternoons and live music sessions. Residents were observed enjoying a variety of activities during the inspection.

**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 inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. The centre was a purpose-built, single-storey building with 45 residential places. The entrance was through a porch into the large foyer which had a water feature in the centre.

There was a variety of communal day spaces including two conservatory areas off the main foyer which provide direct access to the gardens. One rear garden was secure and safe for use by all residents. The dining room was located beside the kitchen and there were two large day areas. There was a separate smoking room, library, oratory, hairdressing and treatment room.

Bedroom accommodation met residents’ needs for privacy, leisure and comfort. Accommodation was provided in three wings leading from the entrance hall. In total there were 12 twin rooms and 21 single rooms, all with ensuite toilet, shower and wash hand basins. The inspector found that bedrooms were clean, bright and had ample
personal storage space including lockable space for each resident. The rooms were
personalised, comfortable and had coordinated curtains and bed linen. Calls bell were
provided in all bedrooms and communal areas.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for
residents walking with frames and using wheelchairs.

There was a well equipped, kitchen, laundry, sluice and cleaners room. Suitable staff
facilities were also provided.

A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff
were working in an unobtrusive manner which did not disturb residents. Appropriate
assistive equipment was provided to meet residents’ needs such as hoists, seating,
specialised beds and mattresses. The inspector viewed the servicing records for the
equipment and found they were up to date.

There was ample car parking to the front of the centre.

**Judgment:**
Compliant

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**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:**
The inspector found evidence of good complaints management.

There was a complaints policy in place which clearly outlined the duties and
responsibilities of staff. The complaints procedure was clearly displayed.

The inspector reviewed the complaints log, there were no open complaints. The details
of complaints were recorded along with actions taken. All complaints to date had been
investigated and responded to and included complainants’ satisfaction or not with the
outcome.

Residents spoken with told the inspector that they could speak with and raise any issue
with members of the management team and felt they would be listened to. Throughout
the inspection, inspectors observed good communication between residents and staff.

**Judgment:**
**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 was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

There was an end-of-life policy in place. Staff confirmed that support and advice was available from the home care team and local hospice care team. A member of the home care team was visiting a resident on a daily basis at the time of inspection.

End-of-life care plans were put in place as required. Residents needs and wishes were discussed with residents and their representatives.

Residents were accommodated in both single and shared rooms. The person in charge and staff spoken with stated that a single room was facilitated for those in shared rooms during end-of-life care and to date a single room had always been available. Families were facilitated to stay overnight if they wished. Families were provided with snacks, meals and refreshments during their visits. The inspector observed this taking place during the inspection.

The person in charge and some nursing staff had attended end of life training and more recent training on advance care directives.

**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:**
Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met. The inspector spoke with the chef who was knowledgeable regarding residents special diets, likes and dislikes.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks and snacks were available throughout the day. Staff were observed offering and encouraging drinks throughout the days of inspection. The inspector saw a variety of home-cooked food being served throughout the days of inspection including scones, brown bread and soups.

Residents spoken with confirmed that they were offered a choice at every meal and some told the inspector that one could always get something they liked even if it was not on the menu.

The inspector observed the dining experience and noted it to be a pleasant one. Meals were served in a large bright dining room. The table settings were attractive with table mats, condiment sets, sauces, butter and serviettes provided. A choice of drinks was offered. The atmosphere during dinner was relaxed and unhurried. It was seen as an opportunity for social interaction with good banter and plenty of chat between residents and staff. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently. Nursing staff monitored the meal times closely. Some residents preferred to have their meals in their bedrooms or in the day rooms and this was always facilitated.

**Judgment:**
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:**
Staff were observed to treat residents in a dignified manner and in a way that
maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit and what they would like to eat and drink. The inspector noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents spoken to confirmed that their privacy was respected.

Staff paid particular attention to residents’ appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken with praised the staff stating that they were kind, caring and treated them with respect.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents’ independence.

Residents’ religious and political rights were facilitated. Mass was celebrated weekly in the centre. A minister of the Eucharist visited the centre on a daily basis and offered holy communion to residents. Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during recent elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room, at a chair in the day room or in their bedroom.

There was an open visiting policy in place. A The inspector observed many visitors coming and going throughout the inspection. Relatives indicated in completed questionnaires that they were always made to feel welcome by staff. Residents had access to the centre’s cordless phones and some residents had their own mobile handset device. Staff were aware of the different communication needs of residents and the inspector observed staff using specific communication aids with some residents. However, as discussed under Outcome 11: Health and social care needs, the communication needs of residents were not set out in their care plans.

The centre was part of the local community and residents had access to radio, television, daily and regional newspapers were provided. Some residents told the inspector how they enjoyed reading the daily newspapers and listening to local radio stations.

Staff outlined to the inspector how links were maintained with the local community. Many residents went out on day trips with their families while others attended special family occasions. Local musicians and school children visited, the local library visited weekly, the local priest visited weekly and the minister of the Eucharist visited daily. Many of the staff were from the local area and chatted with residents about local news and sporting topics.

**Judgment:**
Compliant
**Outcome 17: Residents’ clothing and personal property and possessions**

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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

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

**Findings:**
There was a laundry room with ample space for washing/drying and sorting of residents’ clothing. The inspector noted that good care was taken of residents’ personal laundry. Residents were satisfied with the laundry arrangements and stated that mislaid clothing was not an issue.

Adequate personal storage space including a wardrobe and chest of drawers was provided in residents’ bedrooms.

**Judgment:**
Compliant

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**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:**
During the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of the 28 residents living in the centre, there was one resident in hospital at the time. There was a senior nurse and six care staff on duty in the morning time, one nurse and four care staff in the afternoon and evening and one nurse and three care
assistants on duty at night time. The person in charge and ADON were normally on duty during the day time Monday to Friday and were on call out of hours and at weekends. Residents and staff spoken with were satisfied that there were adequate staffing levels and skill mix.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on 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 induction/orientation received, training certificates and appraisals were noted on staff files. There were no volunteers and Garda Síochána vetting was in place for all other persons who provided services to residents in the centre.

The management team were committed to providing ongoing training to staff. Staff had recently completed training in the management of behaviours that challenge, infection control and incontinence products.

**Judgment:**
Compliant

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**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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rivervale Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000425</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/11/2016</td>
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</tbody>
</table>

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:

While the person in charge carried out monthly reviews in areas such as pressure ulcers, infection control, medication management, incidents, falls, complaints, health and safety, nutrition and weight management, end of life care and staffing levels, it was not clear how these reviews assessed the standards of care being delivered as audits were not carried out using an accredited tool or against a specific policy, standard, national or

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
best practice guidance. Many audits did not identify deficiencies and no actions had been identified in the most recent audits reviewed.

1. **Action Required:**
   Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

   **Please state the actions you have taken or are planning to take:**
   A full analysis of current audits conducted shall be taken place in December 2016. A new audit schedule shall be created to reflect the ongoing reviews by the person in charge on a monthly basis. Audit tools reflecting centre specific policies, national legislation, National regulation and best practice shall be created by the Management Team. This is to ensure any deficiencies shall be identified and actioned appropriately.

   **Proposed Timescale:** 31/01/2017

   **Theme:**
   Governance, Leadership and Management

   **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
   The annual review for 2015 did not meet the requirements of the Regulations. The annual review did not assess whether care was delivered in accordance with relevant standards set by the Authority.

2. **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 shall be completed by the Person In Charge in December 2016 as per the requirements set out by the regulations.

   **Proposed Timescale:** 31/12/2016

   **Theme:**
   Governance, Leadership and Management

   **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
   The annual review completed for 2015 did not meet the requirements of the Regulations. The annual review had not been prepared in consultation with residents and their families.
### 3. Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

**Please state the actions you have taken or are planning to take:**
A resident and family feedback survey has been created and will be given to all residents/ families/ representatives. This will form part of the annual review completed by the Person In Charge.

**Proposed Timescale:** 31/12/2016

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### 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:**
All medications requiring strict control were not managed in line with the medication management policy and relevant professional guidelines.

**4. Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
The inspector noted that a prescribed controlled medication had not been included in the controlled drug register and therefore it was not being monitored and checked by two nurses at the change of each shift. This issue has since been rectified.
The person in charge or appointed deputy shall complete a monthly audit of prescribed controlled medication practices within the centre to ensure compliance with current national legislation and regulation.
New medication management policies and procedures shall be developed by the Person in Charge to reflect processes which ensure compliance with current national legislation and regulation.

**Proposed Timescale:** 31/01/2017

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**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy on prevention, detection and response to abuse required updating to reflect up-to-date national guidelines on safeguarding.

The policy on behaviours that challenged was not comprehensive and did not outline
clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged.

The policy on restraint required further updating to include reference to the national policy on the use of restraint.

5. **Action Required:**
Under Regulation 04(3) you are required to: Review the policies and procedures 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:**
New policies and procedures in relation to detection and response to abuse, behaviours that challenge and restraint shall be developed to reflect processes which ensure compliance with the issues highlighted by the inspector and national policy.

**Proposed Timescale:** 31/01/2017

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents required updating to fully comply with the requirements of the regulations. The sex of each resident, the address of the next of kin, where a resident died at the centre, the date, time and cause of death and the name and address of the authority, organisation or other body which arranged the residents admission to the centre were not always included.

6. **Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

**Please state the actions you have taken or are planning to take:**
The directory of residents has since been updated with the requirements of the regulations. A monthly audit shall be completed by the Person In Charge or appointed deputy to monitor information recorded in the directory to ensure full compliance with the regulation.

**Proposed Timescale:** 31/12/2016

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records were not maintained to indicate the rationale for administration of psychotropic medications which were used occasionally as a chemical restraint or the interventions tried to manage the behaviour.

7. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
New documentation will be created to ensure records are maintained to indicate the rationale for administration of psychotropic medications along with all interventions attempted by staff to manage the behaviour prior to administration.

**Proposed Timescale:** 31/01/2017

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Nursing documentation was fragmented and disjointed as information relating to each resident was held in a number of different files therefore it was difficult to get a comprehensive overview of residents up to date needs.

8. **Action Required:**
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

**Please state the actions you have taken or are planning to take:**
An online care management and documentation system shall be put in place once the centre has been purchased by the incoming provider. This system shall ensure all information in relation to the residents shall be documented within the same file.

**Proposed Timescale:** 31/01/2017

**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on behaviours that challenged was not comprehensive and did not outline clear guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint required further updating to reflect national policy on the use of restraint.
In relation to the use of chemical restraint, there were no care plans in place to provide guidance to staff to ensure that PRN psychotropic medicines were only administered as a last resort and alternative strategies to be trialled were not outlined. Nursing records reviewed did not indicate the rationale for use of these medications or alternatives tried.

9. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
New policies and procedures in relation to behaviours that challenge and restraint shall be developed to reflect processes which ensure compliance with the issues highlighted by the inspector and national policy. Care Plans shall be developed for all residents prescribed PRN psychotropic medicines outlining rationale for use and non-pharmacological interventions to be implemented by staff before any administration of such medicine.

**Proposed Timescale:** 31/01/2017

## Outcome 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register did not identify and assess all risks throughout the centre.

10. **Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
A comprehensive new risk register shall be completed to reflect all hazards within the centre and the level of risk associated with each hazard. Current controls to mitigate risk shall be documented along with additional controls required to eliminate and/or further reduce the risks associated with the hazards identified. This shall be communicated to all staff once complete.

**Proposed Timescale:** 28/02/2017

**Theme:**
Safe care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register did not include measures and actions in place to control risks throughout the centre.

11. **Action Required:**
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
A new risk management policy shall be developed to include the measures and actions to control risks identified which are documented in the risk register. This shall be communicated to all staff once complete.

**Proposed Timescale:** 28/02/2017

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Falls were reviewed by the person in charge on a monthly basis, however, there was no analysis of trends and no evidence of learning or improvements to practice documented.

12. **Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
The number of falls on a monthly basis shall continue to be documented as a Key Performance Indicator (KPI). A monthly data analysis of falls will be completed by the Person In Charge, Nursing staff and Provider. This analysis will look at current controls in place for each resident who suffered a fall and determine if additional controls are required to reduce the likelihood of an incident re-occurring. Additional controls and the requirement for them will be communicated to all Nursing and Care staff. In addition a review shall take place on the times and location which falls occurred in order to analyse if there is a potential trend that will require further investigation.

**Proposed Timescale:** 31/01/2017

**Theme:**
Safe care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plan did not include guidance for staff as to what their role might be in the event of a range of emergencies such as a power failure, heating failure, flooding, lack of water supply, contamination of water supply and severe weather.

13. Action Required:
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

Please state the actions you have taken or are planning to take:
The emergency plan shall be revised to guidance for staff as to what their role might be in the event of a range of emergencies such as a power failure, heating failure, flooding, lack of water supply, contamination of water supply and severe weather. This new emergency plan shall be communicated to all staff once complete.

Proposed Timescale: 31/01/2017

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:
Systems in place for checking medications on receipt from the pharmacy required improvement. Records indicated that night staff checked medications but any discrepancies when noted were not formally recorded.

14. Action Required:
Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

Please state the actions you have taken or are planning to take:
A document will be created for night staff to formally record any discrepancies when checking medications on receipt to pharmacy. This documented will be provided to the pharmacy outlining actions required to ensure compliance. Copies of documents provided to the pharmacy will be held within the centre.

Proposed Timescale: 31/12/2016

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:
The inspector noted some inconsistencies in the nursing documentation and while staff spoken with were very knowledgeable regarding individual residents needs this information was not always reflected in the nursing documentation.

- Falls risk assessments and care plans were not always updated post falls.
- Some care plans were not detailed and did not fully guide the care of the resident.
- Care plans were not in place for all identified issues such as communication, use of chemical restraint,
- A resident assessed as a high risk of developing a pressure ulcer had no corresponding care plan in place.

15. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
Incident and Risk Management training shall be delivered to all nursing staff by the incoming nominated provider. In addition assessment and care plan training shall be delivered to all nursing staff by the incoming nominated provider. This shall be reflective of the changes which occur in a new online care management and documentation system which will be put place by the incoming provider. The incident log on this system will allow the PIC to review all falls incidents and ensure that staff updates falls assessments and care plans as required post a fall.
A new keyworker system will be put in place to allocate Nursing and Care staff to individual residents. Each resident will have a Named Nurse and Health Care Assistant (HCA) assigned to them. It will be the responsibility of the Named Nurse and HCA to ensure all care plans fully guide the care of each resident. A weekly clinical audit by the PIC or appointed deputy shall ensure adherence to this process and identify actions to be completed to the Named Nurse and Health Care Assistant allocated to each resident. Care plans in relation to communication and use of chemical restraint will be developed for all relevant residents.
All residents assessed as a high risk of developing a pressure sore will have care plans in place which shall list interventions required to mitigate the risk highlighted.

Proposed Timescale: 31/01/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Nursing staff spoken with and training records reviewed indicated that nurses had not attended recent medication management training.

16. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
The Pharmacy associated with the centre shall provide Medication Management Training to all nursing staff in January 2017.
In addition, all nursing staff will have to avail of external medication management training during the 2017 year. Nurses will be sent individually to this training.

**Proposed Timescale:** 31/01/2017