

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Riada House Community Nursing Unit
<b>Centre ID:</b>	OSV-0000529
<b>Centre address:</b>	Arden Road, Tullamore, Offaly.
<b>Telephone number:</b>	057 935 9985
<b>Email address:</b>	geraldine.kinnarney@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<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>	35
<b>Number of vacancies on the date of inspection:</b>	0

## **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:
13 June 2018 10:00	13 June 2018 17:00
14 June 2018 09:15	14 June 2018 13:30

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	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant
Outcome 08: Governance and Management		Substantially Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care in the centre. The inspection also considered notifications and other relevant information. The implementation of action plans to achieve regulatory compliance is a condition of the centre's registration. Overall the actions to achieve compliance following the previous inspections in November 2017 and February 2018 were satisfactorily completed. The action plan relating to having an effective system in place to monitor the quality and safety of clinical care still required improvement. The inspectors found that the governance and management of the centre had improved and that the management team and staff were committed to providing a quality service for residents with dementia.

The inspector found that the management team and staff were committed to providing a quality service for residents with dementia. Extensive refurbishment of the internal centre premises was recently completed. This works done significantly improved the quality of life and comfort for residents with dementia. Residents expressed a high level of satisfaction with their refurbished environment and the facilities provided.

The inspector tracked the journey of a sample of residents with dementia within the service. Documentation was reviewed such as nursing assessments, care plans, medical records and relevant policies including those submitted prior to the inspection were examined. The inspector observed care practices and interactions between staff and residents who had dementia using a validated tool. All interactions and care practices by staff with residents, as observed by inspector were person-centered, therapeutic, respectful and kind.

The inspector met with residents, relatives and staff members. All residents who spoke with the inspector expressed their satisfaction and contentment with living in the centre. While the inspector found that staffing levels and skill-mix were appropriate to meet the needs of residents on the days of inspection, some feedback from residents' relatives and from records of complaints received referenced dissatisfaction with staff availability to assist some residents in their bedrooms. A training programme facilitated staff to attend mandatory and professional development training.

Residents with dementia integrated with the other residents in the centre. Findings confirmed that residents' health and nursing care needs were met to a good standard but supporting documentation to inform care procedures for individual residents with dementia required improvement. Good effort was made to ensure residents with dementia were supported and facilitated to enjoy meaningful and fulfilling lives. This commitment was demonstrated in work done since the last inspection in February 2018 to optimize the environment, the physical and mental health and quality of life for residents with dementia living in the centre.

The design and layout of the centre met it's stated purpose to a high standard and provided residents with dementia with a therapeutic and comfortable living environment. There was good access to an interesting and safe outdoor area for residents with dementia.

There were policies and procedures in place to safeguard residents from abuse. All staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place around managing responsive and psychological behaviour, and use of restrictive procedures as part of some residents' care.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016

**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 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 sets out inspection findings relating to healthcare, nursing assessments and care planning. The findings in relation to social care of residents with dementia in the centre are discussed in Outcome 3 in this report.

The centre catered for residents with a range of needs including 16 residents with a diagnosis of dementia and one resident with symptoms of dementia. The inspector focused on the experience of residents with dementia living in the centre on this inspection. The journey of a sample of residents with dementia was tracked and specific aspects of care such as safeguarding, nutrition, wound care, medicines management and end-of-life care in relation to other residents with dementia was reviewed.

Communications were optimized between residents, their families, the acute hospital and the centre. The person in charge or her deputy visited prospective residents in hospital, other nursing homes or their own home in the community prior to admission. Many residents with dementia transitioned from respite care to continuing care in the centre. Prospective residents and their families were welcomed to view the facilities and discuss the services provided before making a decision to live in the centre. This gave residents and their families information about the centre and also ensured them that the service could adequately meet their needs.

Common Summary Assessments which detail pre-admission assessments undertaken by the multidisciplinary team were available in addition to pre-assessment documentation completed by the person in charge or her deputy. Documentation detailing the physical, mental and psychological health, medications and nursing needs was prepared for residents' needing transfer to hospital. This transfer documentation also contained information regarding residents' preferences and information to support any physical and psychological symptoms of dementia (BPSD). Hospital discharge documentation was held for residents' admitted to the centre from hospital to inform their treatment plans and ongoing care needs.

Significant improvements made ensured residents, including residents with dementia were provided with timely access to appropriate health care services since the last

inspection in February 2017. A recently appointed medical officer attended to the needs of residents in the centre. Residents also had access to emergency out-of-hours medical care as necessary. Residents with dementia were supported to attend out-patient appointments and were referred as necessary for care in the acute hospital services. Residents with dementia were reviewed as necessary by community psychiatry specialist services and a community psychiatric nurse from the team visited residents regularly to monitor their progress. Residents had good access to allied healthcare professionals. Physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, ophthalmology and podiatry services attended the centre regularly and were available to residents as necessary. Residents with dementia had access to palliative care services for support with management of the pain and other symptoms during end-of-life care as necessary. The inspector's findings confirmed that residents' positive health and wellbeing was optimized with regular exercise as part of their activation programme, regular physiotherapy, annual influenza vaccination, regular vital signs monitoring, blood profiling and medication reviews.

Each resident with dementia had a comprehensive assessment to identify their needs completed within 48hrs of their admission. Assessments included each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. Care plans were prepared for residents with dementia based on assessment of their needs. The healthcare and nursing needs of residents with dementia were met to a high standard. However, improvement in care plan documentation and review procedures were found to be necessary. This finding had already been identified as an area needing improvement by the person in charge. The inspector found that some residents' needs were not informed by a corresponding care plan, reviews were not completed at least every four months and the information did not reflect each resident's individual preferences. Instruction regarding parameters such as fluid intake and blood glucose levels to ensure residents' physiological health and wellbeing were not specified in care plans for individual residents with assessed risk of deterioration. Although staff consulted with residents and their families regarding their care plan development and reviews, records of review processes were not consistently recorded. Staff who spoke with the inspector were knowledgeable regarding residents' individual likes, dislikes and their needs. A communication policy was available. This document included strategies to inform residents' communication needs including residents with dementia.

Staff provided end-of-life care to residents with GP and community palliative care service support as necessary. Some residents with dementia had advance directives in place and where possible residents or their family on their behalf were involved in these decisions. Residents' end-of-life care plans did not consistently outline their preferences regarding how they wanted their physical, psychological and spiritual needs met. Their individual wishes regarding where they wished to receive end-of-life care was also not consistently discussed or recorded. A pain assessment tool suitable for residents who were unable to verbalize their levels of pain was available and implemented in practice. Single rooms including a single bedroom designated for providing residents' end-of-life care were available. Residents' relatives were facilitated to stay overnight with them when they became very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. A small oratory was available. Residents were supported to participate in the funeral services of deceased residents by means of a webcam facility. Members of the local clergy from the various religious faiths were available to and

provided pastoral and spiritual support for residents.

Residents' risk of developing pressure related skin injuries were closely monitored and care procedures to prevent pressure ulcers developing were implemented. There were no residents with pressure ulcers at the time of this inspection. Prevention procedures included regular risk assessment, frequent repositioning of residents with assessed risk, use of high grade pressure relieving mattresses and nutritional assessment by the dietician. Wound care procedures reflected evidence based practice. Tissue viability specialist services were available to support staff with developing treatment plans to optimize wound healing.

The nutrition and hydration needs of residents with dementia were met. A policy document was in place to inform best practice including use of a validated assessment tool to screen residents for nutritional risk on admission and regularly thereafter. The inspector found that the chef was sensitive to the needs of residents with dementia and made efforts to ensure they were provided with food that met their individual preferences and needs. Residents with dementia were provided with snacks throughout the day. Residents' weights were checked routinely on a monthly basis and more frequently if they experienced unintentional weight loss or gain. Nutritional assessments were in place that outlined the recommendations of the dietician and speech and language therapists. This information was communicated with catering staff but was not consistently documented in residents' nutrition care plans to ensure residents' needs were clearly communicated to all members of the care team. Residents with special dietary requirements received their meals as recommended by the speech and language therapist and the dietician. Residents with dementia had a choice of hot meals for lunch and tea. Alternatives to the menu on offer were available. Residents' meals, including highly modified consistency meals were presented in an appetizing way. Sufficient numbers of staff provided residents with discreet assistance with their meals as necessary.

There were arrangements in place to review accidents and incidents within the centre, and residents were assessed for risk of falls on admission and regularly thereafter. There was a low incidence of falls in the centre resulting in an injury to residents. Procedures were put in place to mitigate risk of further falls. Residents at risk of falling had controls in place to prevent injury such as hip protection, low-level beds, foam floor mats and sensor alarm equipment.

There were written operational policies informing ordering, prescribing, storing and administration of medicines to residents with dementia. Practices in relation to prescribing, administration and medication reviews met with regulatory requirements and reflected professional guidelines. The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents. While, there were procedures for the return of out of date or unused medications, this was not informed by a procedure where multi-use medicine preparations were dated on opening. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked daily

**Judgment:**

Non Compliant - Moderate

### ***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:**

There were measures in place to safeguard and protect residents with dementia from abuse. A policy was available to inform prevention, detection and response to abuse. There were systems in place to ensure that allegations of abuse were fully investigated, and that residents were safeguarded during any subsequent investigations. Staff who spoke with the inspector competently described how they would identify and respond to an incident of abuse, and confirmed that there were no barriers to disclosing their concerns. Staff were aware of their responsibility to report any incidents, allegations or suspicions of abuse. Residents confirmed they felt safe in the centre and that staff were always respectful and kind towards them.

A small number of residents with dementia experienced episodes of behaviours and psychological signs and symptoms of dementia (BPSD). Staff were knowledgeable regarding residents' behaviours and were compassionate and patient in their approach with residents with dementia. Some care plans to support residents with BPSD described the behaviours, the triggers to them and person centred interventions to engage or redirect residents. However, this was not consistently done for each resident who experienced BPSD.

A restraint free environment was promoted in the centre. Restrictive full-length bed rail use was significantly reduced. A record of restrictive procedures used in the centre was maintained and included use of bed rails. However, alternatives tried were not consistently recorded. A safety assessment was completed prior to use of bed rails and although staff confirmed they completed safety checks each time bedrails were put in place thereafter, these checks were not recorded.

There were systems in place for the management of residents' finances on their behalf. The inspector examined records and procedures relating to residents' finances and found they were transparent. Small amounts of cash were held securely on behalf of some residents for their day-to-day use as they wished. A sample of balances of these monies were checked and found to be correct

**Judgment:**

Substantially Compliant



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

### **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:**

Residents with dementia were consulted regarding the planning and organisation of the centre and where possible, their feedback was used. Residents' meetings were held at regular intervals and were well attended. Family members of residents with dementia were welcomed to these meetings to support residents with voicing their views.

Inspectors' found that all residents, including those with dementia, were supported to exercise personal freedom and choice. Staff were observed to consistently offer choices to residents with dementia in ways that suited their communication needs. Staff sought consent for all care activities and respected refusal by some residents. The person in charge and assistant director of nursing were available to both residents and visitors. Staff took time to chat with residents in the sitting room and encouraged their participation.

There was significant improvement in the quality of residents' social care provision since the last inspection. A care staff member assisted the activity coordinator each day to ensure the social needs of residents with dementia and the other residents in the centre were met. This positive action also ensured that disruption to activities to assist residents with personal care needs was minimised. Meaningful and appropriate recreational activities were facilitated to suit the interests, capabilities and preferences of residents with dementia. This had a positive impact on their wellbeing and quality of life. The activity coordinator also ensured that residents with dementia who remained in their bedrooms by choice or due to their health were supported with activities that suited them. A number of sensory-based activities designed to meet the needs of less able residents with dementia were facilitated. They were provided with a specialised table that supported them to sit at a table for their meals and also to have a suitable tabletop space for activities. Residents who spoke with the inspector said they liked how the table enabled and supported them. The activity coordinators and a number of care staff were facilitated to attend training to assist them with providing sensory activities suitable for residents with dementia. The inspector observed some of the activities taking place and saw that all residents engaged in a meaningful way and received appropriate assistance and support from staff where needed. 'A Key to me' and personal life histories were completed for residents with dementia. These documents, in addition to activity records maintained by the activity staff informed the provision of activities that were suitable for residents' interests and capabilities. These findings provided assurances that the lives of residents with dementia were positively enhanced by the activity programme provided in the centre.

Local newspapers were available for residents with dementia and staff supported them

with hearing news from their community by assisting them with reading these newspapers. A telephone and wireless internet was available for residents. Residents were facilitated to exercise their civil, political and religious rights.

The inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record interactions at five minute intervals in the dining/sitting room. Scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the quality of the interactions with the majority of residents. The inspector's observations concluded that positive connective care was provided to residents by staff. Staff members were courteous and kind when addressing residents and visitors, and respectful and discreet when attending to the needs of residents. It was evident that staff knew residents with dementia and their needs well. Staff ensured that each resident's privacy and dignity were maintained by knocking on bedroom and bathroom doors before entering. They also ensured doors to bedrooms and bed screens were closed when assisting residents with their personal care. Notices requesting no entry were displayed on closed bedroom doors while staff assisted residents with person care.

There was an open visiting policy in the centre. Many residents' friends and relatives visited them during the days of inspection. Residents could meet their visitors in private in a number of areas in the centre outside of their bedroom.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

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

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

**Findings:**  
A policy and procedure was in place to inform management of complaints. A summary of the complaints' procedure was displayed in the centre and was also described in the residents' guide.

The complaints' policy included details of the person nominated to deal with complaints and the person nominated to ensure that complaints were appropriately recorded and responded to. The policy also included details of the appeals process.

A record of complaints received was maintained in the centre. Complaints records included the investigation process and whether complainants were satisfied with the outcome. Areas for improvement were identified and implemented. Complaints were

reviewed at governance and management meetings attended by provider representative or a general manager. The records indicated that all complaints were closed out within the timeframe outlined in the centre's policy.

Residents told the inspector they were aware they could make a complaint regarding any dissatisfaction with the service. Both positive and negative feedback was welcomed by the person in charge. Advocacy services were available to assist residents where necessary.

**Judgment:**  
Compliant

### *Outcome 05: Suitable Staffing*

**Theme:**  
Workforce

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

**Findings:**

From review of the duty rotas and observation on the days of inspection, there was sufficient number of staff with the appropriate skills, qualifications and experience to meet the assessed needs of residents with dementia. However, some of feedback received from residents relatives and a review of recent complaint records referenced dissatisfaction that residents who remained in their bedrooms were waiting for prolonged periods for assistance. There was a planned and actual staff rota in place. The inspector was told that staffing levels were informed by the dependency levels of residents and the size and layout of the centre. However, there was no change to staffing levels increased resident dependencies and numbers since the last inspection. Registered nurses were on duty at all times to provide nursing care as required to residents.

The inspector reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the Regulations, including An Garda Síochána vetting disclosures. Evidence of up-to date professional registration for nursing staff was also available.

Training records were maintained in the centre. Staff had completed up-to-date training and training was ongoing in fire safety, safe moving and handling practices and the prevention, detection and response to abuse. Staff were facilitated to attend training to support their professional development and to support them with delivering care in line with evidence-based practice. However, staff had training needs in care planning for residents to ensure their care needs were comprehensively documented. This was particularly relevant as the provider employed agency staff on an ongoing basis. Staff had attended training in were dementia care and management of BPSD.

Annual appraisals were also completed with all staff by the person in charge. Staff meetings for all disciplines were held on a regular basis, and minutes of these were held in the centre for review. No volunteers were currently working in the centre.

**Judgment:**

Substantially Compliant

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

**Theme:**

Effective care and support

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

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

**Findings:**

The final phase of extensive refurbishment works were completed to a high standard. Overall, the centre provided a therapeutic, spacious and comfortable environment for residents with dementia. Residents had access to a variety of communal areas and sitting areas in alcoves off the circulating corridors. These areas ensured residents were always close to an area where they could rest or meet their visitors in private.

A large enclosed safe courtyard was accessible to residents from a number of points along corridors and from one of the communal sitting rooms. Outside seating, raised planters, shrubs and small trees provided residents with an interesting and attractive outdoor space. This area also supported vulnerable residents, at risk of leaving the centre unaccompanied to independently and safely access the outdoors as they wished.

Residents, including residents with dementia in the centre were accommodated at ground floor level in single, twin and one bedroom with three beds. Staff had worked with residents to make the communal rooms homely with familiar memorabilia and traditional pieces of furniture. Colourful and interesting art projects which the residents had worked together on were displayed in the communal sitting rooms. The centre's décor and furnishings promoted residents' accessibility and comfort. A spacious dining room was located adjacent to the main kitchen that comfortably accommodated the residents in the centre for one sitting at mealtimes. Toilet facilities were within close proximity to the dining and sitting rooms. A sensory room was available and used to support residents with dementia to rest and relax.

Circulating corridors were wide individually named and painted in a variety of colours with handrails painted in a contrasting colour to the surrounding walls to promote residents' safe independence. The floor space in residents' bedrooms varied but each met the privacy and dignity needs of residents residing in them. All bedrooms had en suite facilities. Storage space for residents' clothing and personal belongings had been reviewed and new wardrobes were installed in some bedrooms. These improvements

ensured resident had sufficient wardrobe space and that they were facilitated to retain control over their personal belongings. Residents were encouraged to personalise their bedrooms with photographs, ornaments and small items of furniture from their own home if they wished.

Grab rails were provided in all toilets and showers. Many residents were using assistive wheelchairs. Each resident with needs for an assistive wheelchair was assessed by an occupational therapist. Residents were facilitated to trial different assistive wheelchairs as part of the assessment process to ensure their support and comfort needs were met to a good standard. Each resident had a ceiling hoist fitted over their bed space to support their mobility needs. There was adequate storage facilities provided for residents' equipment.

Environmental temperatures were monitored throughout to ensure temperatures were maintained at levels in line with the standards. Hot water temperatures were thermostatically controlled so as not to exceed 43 degrees centigrade at the point of contact by residents. Large windows promoted good use of natural light in communal areas and some corridors in the centre. Non-patterned floor covering throughout the centre promoted safe mobility for residents with dementia. While some signage was in place, staff were working on introducing more signage in the most recently refurbished parts of the centre.

**Judgment:**

Compliant

***Outcome 08: Governance and Management***

**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 service has a clearly defined governance and management structure and this was outlined in the centre's statement of purpose. Roles were defined and accountability at all levels was described and seen in practice. There were systems in place to ensure the quality and safety of the service and quality of life for residents was effectively monitored and assured. However, auditing procedures were not identifying weaknesses in residents' care documentation procedures and continuous quality improvement. This finding did not ensure that residents' care was consistently informed by care procedures that reflected best practice in accordance with residents' wishes and preferences.

Management meetings were held on a monthly basis and were attended by the provider

representative or general manager. The minutes from these meetings referenced review of key service parameters, risk management, quality of service and resource requirements. The person in charge ensured effective team communication was in place with regular staff meetings.

Residents with dementia and their families were consulted with and their feedback was valued and welcomed. There was evidence of good consultation with residents and they were supported and encouraged to influence how the service was planned and organized. Meaningful actions were taken in response to residents' feedback regarding their individual care, routines and their environment to ensure it was as they wanted it to be.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2017. This report was compiled in consultation with residents and set out the priorities for 2018

**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:***

Catherine Rose Connolly Gargan  
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>	Riada House Community Nursing Unit
<b>Centre ID:</b>	OSV-0000529
<b>Date of inspection:</b>	13/06/2018 and 14/06/2018
<b>Date of response:</b>	20/07/2018

### Requirements

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

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

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

Care plan reviews were reviewed at least every four months and the information.

Although staff consulted with residents and their families regarding their care plan development, consultation regarding review processes were not consistently recorded.

#### **1. Action Required:**

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

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

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

The Person in Charge has assigned the CNM & key workers to review and update residents care plans in regards to care plan development and consultation. This will be audited on an ongoing basis as part of the care plan audit.

**Proposed Timescale:** 31/10/2018

**Theme:**

Safe care and support

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

Some residents' needs were not informed by a corresponding care plan that described the care they required.

Some residents' care plans were not person-centred and did not reflect their individual preferences and wishes regarding their care.

**2. 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:**

An audit of Residents Care Plans will be undertaken to ensure there is sufficient detail recorded on the needs and care required of the residents. The current system to ensure records are in compliance with regulations will be reviewed and a responsible person in the centre has been identified to monitor these records to ensure all care plans are up to date, evidenced based and reflect person centered care, and also reflect the resident's wishes/preferences regarding care.

This will be audited on an ongoing basis with identification of action plans and a defined time frame for completion.

**Proposed Timescale:** 31/10/2018

**Theme:**

Safe care and support

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

Instruction regarding parameters such as fluid intake and blood glucose levels to ensure



residents' physiological health and wellbeing were not specified in care plans for individual residents with assessed risk of deterioration.

**3. Action Required:**

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

A full review of all resident's care plans that require monitoring of fluid intake and blood glucose levels has taken place and care plans now have the required information. We will continue to monitor performance in this regard and will ensure action plans are in place for continued improvement required. This will be used as a feedback tool for staff meetings and for discussion on the agenda at the Quality Risk and Safety Committee.

**Proposed Timescale:** 31/10/2018

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Alternatives tried before full-length bed rails were put in place were not consistently recorded. A safety assessment was completed prior to use of bed rails and although staff confirmed they completed safety checks each time bedrails were put in place thereafter, these checks were not recorded.

**4. 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:**

Person in Charge is committed to the provision and promotion of a restraint free environment in the centre. The person in charge in conjunction with the CNM is presently undertaking a comprehensive analysis of restrictive practices and will ensure the updating of Care Plans including the recording of all alternatives considered and/or trailed.

A form for documentation of safety checks is in place and all staff informed of the importance of completion of same in a timely fashion. This will be monitored and audited going forward.

**Proposed Timescale:** 31/10/2018

## Outcome 05: Suitable Staffing

### Theme:

Workforce

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

The inspector found that residents who remained in their bedrooms were waiting for prolonged periods for assistance.

### **5. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The person in charge monitors dependency and skill mix on a daily basis.

A review of staffing levels and work practices is currently being undertaken by nurse management in the centre to ensure the correct skill mix and staffing levels are in place. If additional staff are required a risk assessment will be completed and submitted to senior management to request additional staff, if required.

**Proposed Timescale:** 31/10/2018

## Outcome 08: Governance and Management

### Theme:

Governance, Leadership and Management

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

The systems in place to monitor the quality and safety of clinical care were not sufficiently robust.

### **6. 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:**

On-going auditing through the use of audit tools such as the Nursing Metric Tool will continue to monitor performance in this regard and will ensure action plans are in place for continued improvement required and as a feedback tool for staff meetings and for discussion on the agenda at the Quality Risk and Safety Committee.

**Proposed Timescale:** 31/10/2018