



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Rivervale Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	Old Birr Road, Rathnaleen, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 July 2018
Centre ID:	OSV-0005519
Fieldwork ID:	MON-0022413

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Rivervale Nursing Home is a purpose-built single storey nursing home that provides 24-hour nursing care. It is located in a rural area close to the town of Nenagh. It can accommodate up to 45 residents both male and female over the age of 18 years including persons with dementia. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining room, day room, smoking room, conservatories, hairdressing room and residents have access to landscaped secure garden areas. Bedroom accommodation is offered in both single and twin rooms with en suite bathroom facilities.

The following information outlines some additional data on this centre.

Current registration end date:	08/01/2020
Number of residents on the date of inspection:	42

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
12 July 2018	09:00hrs to 17:00hrs	Mary Costelloe	Lead
12 July 2018	09:00hrs to 17:00hrs	Brid McGoldrick	Support

Views of people who use the service

The inspectors spoke with many residents during this unannounced inspection.

Residents generally spoke highly of the service and care provided. Residents commented that the staff were very kind and caring. Residents told the inspectors that they liked living in the centre.

Residents mentioned that they enjoyed attending weekly mass. Others stated that they enjoyed reading the daily newspapers which were delivered each morning. Some residents told the inspectors how they enjoyed spending time walking or sitting outside and others how they liked to spend time gardening.

Residents were complimentary of the quality and choice of foods on offer many stating that the food was always lovely.

Residents told the inspector how they liked their bedrooms, they stated that their privacy was well respected and that staff always knocked before entering their bedroom.

Capacity and capability

Governance arrangements in the centre required improvement to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

The inspectors measured compliance with eight regulations pertinent to capacity and capability. The three regulations found not compliant were those regulations which examine the governance and management of the centre, staff training and development and the process that the provider has in place to manage, respond to and learn from complaints.

Deficits in the governance systems impacted on the quality and safety of the service, particularly in the areas of clinical care, nursing documentation, clinical and environmental risk management, hazard identification and infection control.

- There was a new person in charge of the centre who had commenced in the role on the 30 April 2018, however, there were no formal deputising

arrangements yet put in place in the absence of the person in charge. Consequently on the day of inspection, the person in charge was on a scheduled day's leave and a newly recruited staff member was in charge. While the provider arranged for the person in charge of another designated centre to attend on the day to support this staff member, the arrangements in place required review.

- Arrangements for the management of the centre where the person in charge is absent was not in line with the centres statement of purpose. The provider advised that they were actively recruiting for a clinical nurse manager to support and act in the absence of the person in charge. The company director who was a nurse along with person in charge from the other centre stated that they were available to support the new person in charge on a ongoing basis. Issues identified at the previous inspection had been largely addressed.
- A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff, household and catering staff. Staffing levels in the evening and early night time had been increased following the last inspection. However, inspectors from the evidence gathered found that that additional clinical supervision and additional oversight of nursing documentation was required to ensure consistency in the quality and safety of care provided. This was discussed with the provider who verbally agreed to further review these arrangements as well as the staffing levels and skill mix of staff.

Systems in place to review the quality and safety of care in the centre required re evaluation. There was a planned audit schedule in place and audits and reviews had been completed in areas such as medication management, nutrition and hydration, assessment and care planning, mobility and falls, pain, manual handling and the dining experience. Some of the audits were found to be informative and used to bring about improvements to the service provided while others had not identified issues for improvement found by the inspectors.

The management of complaints required improvement and oversight. The complaints policy and procedure had been recently updated to reflect the changes to the nominated complaints officer. Inspectors read in a resident's narrative notes about a request for access to allied health professional and another resident raised a concern about equipment required by them which required attention. These matters were not recorded as complaints and had not been addressed. The provider undertook to address these matters.

While staff were provided with ongoing development opportunities, the findings of this inspection confirmed that staff required further training and supervision in the areas of assessments, care planning, complaints, infection prevention and control, wound management and risk management.

The management team ensured that all staff had Garda Síochána (police) vetting in place as a primary safeguarding measure and all documents, as required by the regulations, were available.

The management team had completed a review on the quality and safety of care in the centre for 2017 which included how improvements would be brought about during 2018. The management team indicated a positive and proactive attitude to all areas identified for improvement by the inspectors, some issues were addressed during the inspection and a verbal commitment was given that all other issues would be addressed in a timely manner.

Regulation 14: Persons in charge

A new person in charge had recently been appointed in April 2018. She had the required experience and qualifications for the role. The inspectors did not meet with her as she was on leave at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider verbally agreed to further review the staffing levels and skill mix of staff taking into consideration the recently increased number of residents, dependency of residents and the layout of the centre. The action is contained under Governance and Management.

Judgment: Compliant

Regulation 16: Training and staff development

Additional clinical supervision and oversight was required to ensure consistency in the quality and safety of care. Staff required further training and supervision in the areas of assessments, care planning, complaints, infection prevention and control, wound management and risk management.

Judgment: Not compliant

Regulation 19: Directory of residents

Some information as specified by the regulations was not provided. This was subsequently updated on the day of inspection.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made available to the inspectors.

The inspectors reviewed a sample of staff files which were found to contain all information as specified in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was no formal deputising arrangements in place in the absence of the person in charge.

Governance systems in place to review the quality and safety of care in the centre required improvement particularly in the areas of clinical and environmental risk management, hazard identification, infection prevention and control and fire safety evacuation.

A staffing review was required to determine if sufficient resources were provided to deliver safe care in accordance with the centre's statement of purpose.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been recently updated. It was found to contain the information as set out in the regulations. The updated statement of purpose was submitted to the authority following the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedure had been recently updated to reflect the changes to the nominated complaints officer. Concerns raised were not recorded as complaints and as result were not investigated and actioned.

Judgment: Not compliant

Quality and safety

As discussed under the capacity and capability section deficits in the governance systems impacted on the quality and safety of the service, particularly in the areas of clinical care, nursing documentation, clinical and environmental risk management, hazard identification and infection prevention and control.

While residents had access to appropriate medical and many allied health services, residents did not have access to physiotherapy services. Inspectors were advised that the management team were actively trying to source physiotherapy services and had a meeting regarding same scheduled for the week following the inspection. There was evidence of regular medical reviews and referrals to other specialists such as dietician and speech and language therapy(SALT) as required. This allowed residents to be referred to and avail of these services in-house as required.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of recreational activities was offered. The activities coordinator had received training to support the activities

programme, for example Sonas, a therapeutic programme specifically for residents with Alzheimer's or dementia.

Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on resident's assessed needs. While there was evidence that assessments and care plans were being reviewed and updated on a routine regular basis, many inconsistencies were noted in the nursing documentation. Improvements were required to ensure that all care plans reflected the current needs of residents and guided staff in the care of the resident.

Overall it was found that evaluations of care plans together with nursing progress notes and other supporting documentation to evidence the delivery of a high standard of care were not appropriately linked to give a clear and accurate picture of residents' overall health management.

Improvement was required in the management of pressure wounds. One resident's care plan and treatment required attention. This was discussed with the management team who agreed to conduct a multidisciplinary review of this resident's care and to forward the results and recommendations of the review to the Authority.

Residents were monitored for weight loss, a small number of residents who were experiencing weight loss did have up to date weights recorded as per their care plan.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia (BPSD). Most staff had completed training in dementia care and management of responsive behaviour. Staff spoken with were knowledgeable about and could outline person-centred strategies for dealing with individual residents' responsive behaviours, however, these strategies were not consistently described in their support care plan documentation. There was evidence of regular review by the GP, as well as regular reviews of residents' medicines. Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered occasionally by nursing staff. However, there was no clear rationale documented following the administration of PRN psychotropic medications contrary to the restraint policy guidance.

Staff promoted a restraint-free environment. There were nine residents using bedrails at the time of inspection, some at the resident's own request. Documentation to support the use of bed rails required improvement in order to reflect the national policy and best practice. While risk assessments had been completed, some did not specify what alternatives had been tried or considered and they did not include a clear rationale for the use of the bed-rail.

While some systems were in place to promote safety and manage risks, further improvements were required to ensure that all hazards were identified, assessed, and control measures put in place to minimise those risks identified. Risks identified during the inspection were highlighted and some had been addressed before the

end of the inspection. The provider undertook to carry out a full environmental audit and put control measures in place for all other identified risks.

There was evidence of regular fire safety checks being carried out, all staff had received on-going fire safety training and regular fire drills were being carried out. However, records maintained did not provide assurance that staff could evacuate residents safely and in a timely manner in the event of fire particularly at night time. Inspectors were shown a new fire drill record template which they planned to implement and which will record comprehensive details of each fire drill.

Regulation 26: Risk management

Improvements were required to ensure that all hazards were identified, assessed, and control measures put in place to minimise those risks identified.

Judgment: Not compliant

Regulation 27: Infection control

Parts of the building and some equipment for use by residents were not maintained in line with best practice in infection prevention and control and the centres own policy on infection prevention and control.

Judgment: Not compliant

Regulation 28: Fire precautions

The servicing records of all the fire alarm system and fire fighting equipment were up to date. Staff spoken with and fire training records reviewed indicated that all staff had up to date fire safety training completed. Improvements were required to recording the outcome and learning from fire drills. Records maintained did not provide assurance that staff could evacuate residents safely and in a timely manner in the event of fire particularly at night time.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Many inconsistencies were noted in the nursing documentation.

- care plans were not always updated to reflect the changing needs of some residents, for example, post falls or following review by the dietician or SALT
- nursing documentation used to support the management of wounds was not in line with best practice
- some care plans did not accurately describe the care to be delivered to residents
- the monitoring and recording of some residents weights was inconsistent and not in line with the recommendations of the dietician
- there were no care plans to guide the care of residents using restraint measures such as bed rails or prescribed psychotropic medications on an as required (PRN) basis.

Judgment: Not compliant

Regulation 6: Health care

All residents had access to a choice of GP services. There was an out-of-hours GP service available if a resident required review at night time or during the weekend.

Improvements were required

- to ensure that residents had timely access to physiotherapy services.
- to the management of pressure wounds.
- to ensure that recommendations of allied health professionals were implemented, for example, the monitoring and recording of residents weights.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Documentation to support the use of bed rails required improvement in order to reflect national policy and best practice. While risk assessments had been completed, some did not specify what alternatives had been tried or considered and

they did not include a clear rationale for the use of the bed-rail.

There was no clear rationale documented following the administration of 'as required' psychotropic medications contrary to the restraint policy.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. The provider confirmed that Garda vetting (police clearance) was in place for all staff and persons who provided services to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rivervale Nursing Home OSV-0005519

Inspection ID: MON-0022413

Date of inspection: 12/07/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Registered Provider Representative shall provide training to nursing staff in relation to resident assessment and care planning and online care documentation system within the nursing home. In addition the Registered Provider Representative shall provide risk management training to nursing staff. The Director of Nursing shall support and supervise all nursing staff in relation to the training provided as above. In addition a Clinical Nurse Manager is actively being recruited to assist in providing further clinical supervision within the nursing home.</p> <p>-The Director of Nursing shall provide training to all staff on the complaints procedure within the nursing home during handover times to ensure all staff are appropriately educated.</p> <p>-Training has been organized with an external provider in relation to wound management and infection prevention and control.]</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Active recruitment of a Clinical Nurse Manager to deputize for the Director of Nursing in her absence is ongoing.</p> <p>-An environmental audit has been developed specific to the nursing home and monthly audits have been commenced. Environmental issues highlighted during the inspection have been resolved.</p> <p>-An infection prevention and control audit has been conducted by the Director of Nursing. Findings and actions required were communicated to relevant staff. Issues identified during the inspection and by the audit have been successfully addressed. As stated above further training in relation to same shall be provided to all staff. Monthly infection prevention and control audits will be conducted by the Director of Nursing.</p>	

-A new system has been implemented in relation to fire safety and evacuation as evidenced during the inspection. At the time of the inspection it was still in it's developmental phase and has now been commenced. Fire evacuation drills, both night and day, have been commenced and will continue on a monthly basis.

-As stated to inspectors during the inspection our staffing levels are under continuous review by management in line with our bed occupancy and dependency level of residents. This is to ensure appropriate care and services delivered meet our resident care needs. |

Regulation 34: Complaints procedure	Not Compliant
-------------------------------------	---------------

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 -As stated above further education will be provided to all staff in relation to our complaints policy and procedure to ensure all staff appropriately report and document concerns raised by residents, visitors and staff. Complaints are reviewed on a weekly basis by the Registered Provider Representative and the Director of Nursing to ensure compliance with Regulation 34. |

Regulation 26: Risk management	Not Compliant
--------------------------------	---------------

Outline how you are going to come into compliance with Regulation 26: Risk management:
 -As stated above environmental audits specific to the nursing home has been commenced. The corporate, health & safety and healthcare needs risk registers have been revised in full. Risk management training shall be completed by the Registered Provider Representative.
 -Further organizational risk management training for the Director of Nursing and Registered Provider Representative has been arranged for October 2018. |

Regulation 27: Infection control	Not Compliant
----------------------------------	---------------

Outline how you are going to come into compliance with Regulation 27: Infection control:
 -Outsourced training has been arranged for all staff to ensure compliance with regulation 27 |

Regulation 28: Fire precautions	Substantially Compliant
---------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 -A new system has been implemented in relation to fire safety and evacuation as evidenced during the inspection. At the time of the inspection it was still in it's developmental phase and has now been commenced. Fire evacuation drills, both night and day, have been commenced and will continue on a monthly basis. |

Regulation 5: Individual assessment and care plan	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan: :-Assessment, care planning and nursing documentation training specific to the residents within the nursing home and the online care tool utilized shall be delivered by the Registered Provider Representative to all nursing staff. Issues highlighted in the inspection report have since been rectified as evidenced in the Provider Assurance Reports sent to the authority.	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: -Physiotherapy services for the nursing home have been outsourced. - Training has been organized with an external provider in relation to wound care management. A weekly clinical review audit of residents with existing wounds is completed by the Director of Nursing. Findings and actions required are relayed to all clinical staff. -The Director of Nursing shall ensure that all recommendations by allied health professionals are implemented correctly by nursing staff.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: -The weekly restraint audit continues. Rationale for bed rail use is now documented in each resident's care plan where relevant. An audit specific to bedrail use was completed by the Director of Nursing. Findings and actions that required completion were communicated to the relevant staff and acted upon accordingly. -Nursing staff were educated by the Director of Nursing on the correct process for the administration of and required documentation in relation to PRN psychotropic drug use in line with our current restraint policy. PRN psychotropic drug use and the relevant documentation is reviewed by the Director of Nursing as part of the nursing home's key performance indicators developed on a monthly basis.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30-09-2018
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30-09-2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30-09-2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and	Not Compliant	Orange	31-10-2018

	assessment of risks throughout the designated centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30-09-2018
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31-08-2018
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Yellow	30-09-2018
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan	Not Compliant	Orange	31-08-2018

	prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30-09-2018
Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	23-08-2018