



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ryevale Nursing Home
Name of provider:	Ryevale Nursing Home Kildare Limited
Address of centre:	Leixlip, Kildare
Type of inspection:	Unannounced
Date of inspection:	14 July 2020
Centre ID:	OSV-0000091
Fieldwork ID:	MON-0028608

About the designated centre

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

Ryevale Nursing Home provides accommodation for a maximum of 154 residents. It is located a short drive from the town of Lexlip in county Kildare. The service offers residential nursing care for men and women over the age of 18 years whose dependency levels range from supporting independent living to high dependency care. Residents requiring either long-term or convalescence and respite care can be accommodated. The building consists of five units; Rye, Millennium, Moy and Distillary units, in addition to a dementia-inclusive secure unit called the Liffey unit. Within the Liffey unit there is an inner garden and court yard, where residents can enjoy a walk or sit outside for fresh air. Residents and visitors can make use of sitting-rooms, dining-rooms and gardens throughout the centre and there is also a open terrace area for those residents accommodated on the first floor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	96
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Tuesday 14 July 2020	10:30hrs to 16:50hrs	Margo O'Neill	Lead
Wednesday 15 July 2020	10:30hrs to 17:00hrs	Margo O'Neill	Lead
Tuesday 14 July 2020	10:30hrs to 16:50hrs	Catherine Rose Connolly Gargan	Support
Wednesday 15 July 2020	10:30hrs to 17:00hrs	Catherine Rose Connolly Gargan	Support

What residents told us and what inspectors observed

Inspectors spent time during the unannounced inspection observing and speaking to residents living in the centre. Overall residents who spoke to inspectors were happy with the care and support they received in the centre. All appeared relaxed and well groomed.

With the exception of the Liffey secure unit, most of the residents had not returned to their normal routine and continued to remain in their bedrooms throughout the day, taking their meals and undertaking all other activities there.

Inspectors observed that some residents used communal spaces, for instance one resident was observed lounging in a small quiet room engaged in her knitting. She informed inspectors she was knitting bed throws for her grandchildren. Three other residents were observed using a large upstairs communal room, these residents were observing social distancing precautions while lounging in these areas.

Staff were observed to be kind and respectful towards residents. Inspectors observed that they knew residents well, for example staff were observed chatting with residents regarding their family and interests. A resident who was observed relaxing with a doll on their lap, chatted to staff to ask for milk and to comment how quiet the baby was. It was evident that this resident derived comfort and enjoyment from doll therapy. Staff were observed offering residents choice of food, drinks and gently encouraging additional sips of drinks. Residents appeared relaxed, happy and responded positively to these interactions. Staff were available, they had time and they paced their work so that they had time to engage socially with residents. Residents who spoke with inspectors were very positive regarding staff reporting that they were 'great' and 'you never have to wait if you need help'.

All residents who spoke to inspectors reported that the food was very good and there was always a choice of something they liked on the menu.

Inspectors observed that residents who required additional assistance during meals were supported by staff who sat with residents and provided patient kind assistance.

Residents reported to inspectors that they would speak to any of the staff regarding concerns or issues but identified the assistant director of nursing in particular as someone they would take their complaints or concerns to. One resident stated 'they accepted and sorted my problem'.

Organised window visiting were ongoing at the centre Monday to Friday to facilitate residents to maintain contact with two nominated friends or family members. One resident informed inspectors of a window visit that had been organised to celebrate his birthday. The resident's family attended the centre and remained outside, all had cake and celebrated with the resident who remained in the centre. The resident reported how special this had been and how much he had enjoyed their visit.

The centre's hairdresser had not attended the centre during the outbreak, however residents reported to inspectors that staff regularly set their hair. Inspectors observed two residents having their hair styled on the second day of the inspection and residents reported they were satisfied with this arrangement.

Capacity and capability

Ryevale Nursing Home Kildare Limited, the provider entity is a family run limited company with seven directors. Five of the company directors were present in the centre on a daily basis; these directors worked in the areas of management, finance, activities and one director was the registered provider representative for the centre. The person in charge was present in the centre on a daily basis and was responsible for the day-to-day operations of the centre and led the management team which comprised of an assistant director of nursing and seven nurse managers. The team was supported by administrators, senior nursing staff, carers, activity coordinators, household, catering and maintenance staff.

Ryevale Nursing Home is operated by Ryevale Nursing Home Kildare Limited and had a good regulatory history prior to the COVID-19 pandemic. On previous inspection where issues were identified, the provider had the ability and resources to make all required improvements to ensure the ongoing provision of safe and effective care and compliance with the regulations. In early April 2020 there was an outbreak of COVID-19 which had significantly impacted residents, their families and staff. At the time of this inspection, the outbreak was nearing an end but was not yet declared over by Public Health.

This was an unannounced risk inspection to monitor ongoing compliance in the centre following notification of an outbreak of COVID-19 infection in the centre. The centre is registered to accommodate 154 residents. In total, 98 residents tested positive for COVID-19, 58 residents had recovered. Forty residents sadly passed away due to confirmed or suspected COVID-19 infection. Inspectors acknowledged that this was and continued to be a very difficult time for the residents, provider, person in charge and their team of staff. During two weeks in mid to late April 2020, the service had struggled further to maintain nurse and carer staffing levels as a large number of staff contracted COVID-19 infection. The management did succeed in maintaining a safe service through the redeployment of seven staff, from other areas, to work directly with residents. Support of additional staffing from the Health Service Executive (HSE) was also received and through sourcing staff from external agencies.

Inspectors followed up on actions from the last site inspection in December 2019 and found that these had been addressed by the provider. Nine items of unsolicited information were received by the Chief Inspector in 2020. Information received related to issues during the COVID-19 outbreak including, lack of social and

occupational activation for residents, reduced access to healthcare services for residents, limited visiting, inadequate communication with relatives and friends of residents, inappropriate arrangements for the management of laundry, insufficient supplies of PPE and inadequate clinical waste facilities and failure to adhere to infection prevention and control procedures in the centre as recommended by the Health Protection Surveillance Centre (HPSC). Inspectors found evidence to substantiate some of the issues raised as detailed throughout the inspection report.

Weekly serial testing was ongoing for all staff who had previously tested negative for COVID-19 infection. At the time of this inspection, there were no residents in the centre with confirmed or suspected COVID-19 infection. However, two staff members who were self-isolating had tested positive for COVID-19 during recent serial testing in the centre. There was ongoing monitoring of residents and staff members twice daily to monitor for temperatures and symptoms of COVID-19 in accordance with the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. The person in charge and the registered provider representative had regular and frequent communication with Public Health, through outbreak control team teleconference meetings, via email and phone calls to discuss issues affecting residents such as the restricted visiting arrangements.

Regulation 15: Staffing

On the day of inspection the numbers and skill mix of staff were appropriate to the assessed needs and dependencies of residents and the design and layout of the centre. The centre was laid out over two floors and was organised into five units, one of which was a high support unit where support was provided for residents with a range of high support needs. The person in charge, the provider representative and assistant director of nursing worked in the centre on a full time basis. A clinical nurse manager was on duty at weekends and at night. This arrangement ensured senior on-site nursing support and supervision for staff at all times and also ensured timely address of any issues that arose. Residents and their relatives also had access to senior staff to address any queries or concerns that they wished to discuss. Inspectors observed that staff were kind and person-centred in their approach when delivering care.

During the outbreak, 69 staff had tested positive for COVID-19. This situation posed significant staffing challenges for the provider and person in charge for a period of two to three weeks at the peak of the outbreak in the centre. The provider managed this situation well and ensured that there was a minimum of one nurse on duty at all times on each of the centre's five units. Two additional nursing staff were sourced from a HSE service, while others were sourced from external staffing agencies. Redeployment of seven staff, who were previously trained and skilled in providing care, from reception, activities, catering and household was also arranged to ensure

that residents' care needs were met. At the time of the inspection, all staff except two had recovered from COVID-19 and had returned to work in the centre.

While there were sufficient nursing and care staff numbers to meet the needs of residents at the time of the inspection, a review of household staff working patterns was required to ensure that frequent decontamination of surfaces was completed in the centre to reduce risk of cross contamination for residents and staff.

Management outlined arrangements in place for staff to speak to a counsellor locally or to receive occupational health advice as required during the outbreak. Staff also confirmed these arrangements.

Judgment: Compliant

Regulation 16: Training and staff development

There were arrangements in place for staff to attend mandatory training which included fire safety training and safeguarding training every two years. Staff were also facilitated to attend safe moving and handling training every three years.

During the outbreak training in relation to COVID-19 was provided for staff, this included hand hygiene and donning and doffing of (putting on the taking off) PPE. Training for household staff required review however as current cleaning procedures and practices did not reflect current evidence based practice.

While, arrangements were in place to ensure all staff were supervised on an appropriate basis according to their roles, supervision of cleaning staff required improvement to ensure cleaning trolleys were appropriately cleaned after use.

The person in charge gave assurances that all staff had completed satisfactory vetting in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an established governance and management structure in place and all staff were aware of their respective roles and responsibilities. The person in charge worked full time in the centre and was supported by the registered provider representative and a senior experienced management team who provided clinical, operational and administrative expertise.

The provider ensured that appropriate resources were available to ensure the

effective delivery of care in accordance with the centre's statement of purpose.

Management meetings were held every two weeks to review the service; these meetings continued during the COVID-19 outbreak in the centre. The provider and management team used a number of methodologies to monitor the quality and safety of the service such as, measurement of key clinical parameters and clinical and operational audits. There was good oversight of clinical care that ensured care provided to residents was effective. However, inspectors found that the system in place to monitor the quality and safety of the service required review to ensure it identified areas of the service needing improvement. The provider completed several audits on various aspects of the service including infection prevention and control procedures. Although these audits were analysed and areas were identified as needing improvement in action plans, the audits did not highlight the improvements needed as identified by inspectors in cleaning procedures and waste management in the centre. There was also limited evidence that some action plans were not completed to bring about the required service improvements.

At the time of the inspection the person in charge was drafting a review of the COVID-19 outbreak. A copy of this draft review was made available to inspectors. While, this process reviewed the series of events and significant problems which occurred during the outbreak, it lacked clarity on the areas identified as needing revision or strengthening in preparation for a further outbreak. For example, there was limited analysis of the measures that had worked well and what areas required improvement. This had implications for practices and processes in the event of a second outbreak. The person in charge told inspectors that this would be revised to ensure a comprehensive review was completed to inform management on preparedness of the service for any further COVID-19 outbreaks .

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors identified the following issues regarding the notification of incidents:

- Eleven notifiable incidents as set out in paragraph 7 of schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had not been reported to the Chief Inspector within the specified time frame.
- Three additional notifiable incidents, as set out in paragraph 7 of schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, identified on the days of inspection had not yet been notified to the Chief Inspector.
- There were gaps in the daily notification updates required by the Chief Inspector during the outbreak.
- A quarterly notification report contained incorrect information.

The provider undertook to review the system in place to ensure that all future notifications were submitted as required.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was clear and accessible for residents and relatives. There was a log of complaints received maintained and on review inspectors found that there was details of investigations and actions taken to resolve issues raised. Residents who spoke to inspectors said they would be happy to bring their concerns to any staff member and that prompt and effective action would result.

Judgment: Compliant

Quality and safety

Overall the care provided to residents living in the centre was provided to a good standard. Inspectors saw that residents appeared to be well cared for and residents gave positive feedback regarding most aspects of their care. Residents had timely access to General practitioner (GP) services and to health and social care professionals as required. All residents had been assessed for their individual care needs and these informed person-centred care plans. Consultation and communication with residents and their care representatives as appropriate regarding changes to residents needs and care plans required review however to ensure that this was an ongoing part of the care review process and was consistently recorded.

There were a team of full-time activity coordinators who worked Monday to Sunday in the role to meet residents' social care needs. At the time of the inspection the activities programme had not yet returned to pre COVID-19 levels however there were ongoing one to one and small group activities available to residents to meet assessed occupational and recreational needs.

Visits at the time of the inspection remained restricted due to the ongoing outbreak; this was having a negative impacting on residents' emotional and psychological wellbeing. The registered provider and person in charge outlined their ongoing active engagement with the local public health team to ease these restrictions so that organised safe visits could resume in the centre to lessen this impact on residents.

Overall inspectors observed that residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical

discomfort, or discomfort with their social or physical environment) were well supported and managed with a person centred ethos of care. Inspectors raised concern regarding the number of locked doors within the centre's high support unit that prevented residents being able to access their bedrooms and other areas as they wished without the assistance of staff. This required review.

Inspectors identified some procedures and practices that were inadequate and required review; for example cleaning, laundry and waste management procedures and practices. Inspectors requested the following assurances after the inspection regarding Regulation 27, Infection Prevention and Control. The registered provider was requested and agreed to:

- Implement an environmental cleaning system that is in line with best practice and that staff will be trained on the new system and that they will be supervised by a person who is knowledgeable in all aspects of the new system and the standards of cleaning necessary.
- That laundry is appropriately and safely transported, segregated and laundered in line with best practice and HPSC COVID-19 recommendations.
- Waste is appropriately segregated in the centre and safely stored awaiting collection by a waste management provider.

Overall risk management and review of incidents involving residents in the centre required review and strengthening.

Regulation 11: Visits

Restricted visiting was in place in all areas of the centre to protect residents, staff and visitors from risk of contracting COVID-19 infection since 06 March 2020. Residents and their families were assisted to maintain contact by means of window visits, telephone and video applications. Staff were committed to ensuring that residents were not alone at the end of their lives. Where possible, staff arranged for compassionate visits by relatives and friends of residents receiving end-of-life care during the COVID-19 outbreak.

The provider and staff team had prepared an area where families could meet safely with residents in line with the national guidance and were in discussion with the local public health team regarding resuming visiting in the centre. Inspectors were told that a schedule of arranged visits would be planned to take place during specified hours Monday to Friday. Inspectors queried if there was flexibility for people who worked to visit at weekends and they were assured that visiting would be facilitated in the evenings and weekends where possible. Infection prevention measures for visitors were in place and included completion of a health assessment, hand hygiene procedures, wearing of a face covering and maintaining social distancing.

Judgment: Compliant

Regulation 13: End of life

There were clear policies and procedures in place to guide staff when a resident's condition deteriorated and the resident was assessed as requiring end-of-life care. Staff were knowledgeable in relation to the procedures and the protocols and records showed that these were implemented in practice.

Where decisions had been made in relation to advance care directives, such decisions were recorded and staff were knowledgeable about residents' preferences for care at end of life. Although not actively involved with supporting any residents in the centre at the time of this inspection, links with the community palliative care services were available remotely to provide advice on managing and supporting residents' symptoms and comfort measures.

A review of a sample of three resident's care plans demonstrated that each resident had an end-of-life care plan in place. Residents' end-of-life care plans seen by inspectors recorded information regarding their physical, psychological and spiritual care needs. This information also included residents' specific preferences and wishes regarding where they wished to receive end-of-life care and the arrangements for their funeral and final resting place.

From discussions with staff and residents, inspectors found that end-of-life care was person-centred and the values and preferences of individual residents and their families were respected. Staff shared the grief of the many bereaved families who had limited time to spend with their loved ones in their final illness. Staff described compassionate approaches to the care they provided to residents at the end of their lives during the COVID-19 outbreak and how they were committed to ensuring none of the residents were alone.

Judgment: Compliant

Regulation 26: Risk management

A risk register was maintained in the centre. This was recently updated to reflect the risks posed by the COVID-19 pandemic and outlined controls in place to reduce and manage these risks. The risk register did not identify or reference specific controls to mitigate the following risks as identified by inspectors during the inspection:

- The absence of handrails to support residents when walking along temporary corridors which were in place during the ongoing building works.
- Another temporary corridor had a dip in the floor surface which may pose a trip or falls hazard to vulnerable residents using a link corridor.

- Inspectors observed that most cleaning trolleys did not contain a lockable space for chemical cleaning solutions. Inspectors observed one occasion when a cleaning trolley was left unattended and posed a potential risk that vulnerable residents could access and ingest hazardous solutions.
- No call bell facility was available to residents who choose to smoke in the designated outdoor smoking areas.

Residents who smoked had smoking risk assessments completed that detailed their supervision needs and actions to mitigate their risk of injury. For example, staff held cigarettes and a lighter for a resident who was assessed as being at risk of injury. There was a low number of accidents and incidents involving residents and a record was maintained in each case. While, actions taken referenced immediate care given to residents, no areas for learning were identified from a review of any of the fall incidents.

Judgment: Not compliant

Regulation 27: Infection control

Inspectors found that the overall management of the COVID-19 outbreak was tracked and documented. At the time of this inspection, the COVID-19 outbreak in the centre was subsiding but not confirmed as being over by the regional public health department, as two staff were still affected. Inspectors were told by the person in charge that there were no residents with confirmed or suspected COVID-19 infection in the centre.

Inspectors were informed that part of the centre was used as a designated isolation area during the COVID-19 outbreak. This area was separated from the rest of the centre by double doors with controlled access and a separate external entrance door. Staff accessed the isolation area directly from outside the centre and had separate changing and dining facilities to the other staff in the centre. Inspectors were told that terminal deep cleaning of this area had been completed and observed that there were no residents accommodated there. All bedrooms in this area were single occupancy with full en suite facilities. There was a plan in place to continue to utilise this area going forward as an isolation area for residents requiring precautionary isolation or for residents who may develop symptoms of or contract COVID-19 infection.

The centre employed eleven personnel to work in the household department. Eight household staff worked in the centre on a daily basis from 06:00hrs to 16:00hrs. Although the centre was visibly clean and decontamination cleaning of frequently touched surfaces was completed twice daily by household staff, the person in charge confirmed that no decontamination cleaning of frequently touched surfaces was done between 16:00hrs and 06:00hrs. This posed a risk to residents and

others.

Arrangements were in place to ensure staff were informed of and implemented health protection and surveillance centre (HPSC) COVID-19 guidance. Monitoring of residents, staff and others for any signs or symptoms of COVID-19 infection was in place. The centre was visibly clean and uncluttered throughout. Although, cleaning procedures and schedules were in place, effective cleaning was not assured as not all procedures and practices in place reflected best practice in infection prevention and control and posed a risk of COVID-19 infection to residents as follows:

- floor and surface cleaning was completed in all areas of the centre but practices did not reflect evidence based procedures as floor mops and cleaning cloths were not changed between each resident's bedroom. Cleaning schedules for frequently touched surfaces did not extend beyond 16:00hrs each day
- cleaning trolleys were observed by inspectors to be unclean
- effective cleaning in one of the temporary corridors was hindered due to the surface finish on the walls and floor.

The provider provided a laundering service for residents' clothing and most residents availed of this service. The provider ensured that residents' clothing was laundered in the centre's laundry as recommended by HPSC guidance to ensure any risk of cross infection to residents was mitigated. However, some residents choose to have their personal clothing laundered in three local laundrettes during the COVID-19 outbreak. This arrangement was still in place at the time of this inspection. Assurances were not available that sufficient controls had been put in place to ensure that the procedures for segregation and transportation of residents' laundry to these laundrettes mitigated risk of cross infection to residents and others. Assurances that the laundering procedures for residents' clothing reflected HPSC guidance in these facilities was also not readily available.

Segregation and storage of hazardous healthcare waste required improvement to ensure waste was disposed of in appropriate bins within the centre and that hazardous healthcare waste bins awaiting collection by waste collection contractors were secured and inaccessible to unauthorised persons.

The provider was required to take urgent action to address the findings in relation to cleaning procedures and practices and waste and laundry management in the centre in the days following the inspection. The provider immediately addressed all areas of non compliance identified by inspectors as requiring urgent improvement to mitigate the risk of infection to residents. Actions taken by the provider included completion of an audit in the centre by a specialist in infection prevention and control. Assurances were provided that evidence based cleaning, waste and laundry management procedures and practices were being implemented by appropriately trained staff. These actions provided assurances that risk of cross infection to residents and others was effectively mitigated.

The provider and persons in charge ensured that residents were supported and facilitated to maintain a social distance of two meters in the communal sitting and

dining rooms. Staff were seen to gently prompt and assist residents regarding their hand hygiene and respiratory etiquette. Staff were facilitated to attend training on COVID-19 infection, hand hygiene training, donning and doffing personal protective equipment. Good systems were in place to ensure appropriate personal protective equipment (PPE) was accessible and available and staff used it in line with current guidance. Inspectors observed staff carrying out appropriate and frequent hand hygiene practices on the day of the inspection and using PPE appropriately. Hand gel dispensers were conveniently located along corridors and in areas where potentially contaminated equipment or materials were being handled.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter, including their additional monitoring and support needs during and following the recent COVID-19 outbreak in the centre. Staff used a variety of accredited assessment tools to regularly assess each resident's risk of falling, pressure related skin damage, dehydration, unintentional weight loss or gain among other clinical risks. These assessments informed residents' care plans. Residents views and wishes were evident in each part of the care planning process and this information was clearly detailed in person centred care interventions to meet their assessed needs in the eight care plans examined by inspectors. Residents' care plans were reviewed every four months or earlier if a resident's condition changed and a record of these reviews was maintained. Unsolicited information received prior to this inspection, raised concerns about inadequate communication with the next of kin when a resident's condition changed. Inspectors found that communication with residents or their next of kin was not consistently documented when there was a change in a resident's condition which warranted changes to their care plan.

Some residents' had advanced care directives with a plan for their care if they became ill during the COVID-19 outbreak in the centre. This information required review to ensure residents or their families as appropriate were involved and given information to make informed decisions and given opportunity to review their advanced care plans, given that the centre was emerging from a COVID-19 outbreak.

Residents were closely monitored for any deterioration in their health and wellbeing or any indication of deterioration including COVID-19 infection. Sufficient detail was included in each resident's care plan to inform the frequency of care procedures and the optimal clinical parameters that should be maintained to ensure each resident's ongoing health and wellbeing.

There was a very low incidence of residents developing pressure related skin damage and procedures were in place so that any irregularities on residents' skin

was comprehensively documented and promptly addressed. A small number of residents experienced weight loss secondary to the COVID-19 infection. These residents were now progressively gaining weight further to close monitoring, review by a dietitian and implementation of their recommended interventions.

A twice daily record was entered in each resident's care records that detailed their wellbeing, care and treatments given.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to general practitioner (GP) and allied health care services. Residents in the centre had access to their GPs who attended them in the centre nearly every day throughout the centre's COVID-19 outbreak. The centre's physiotherapist also attended residents in the centre to support them with their rehabilitation and maintaining their mobility.

Residents had access to a dietitian and other allied health professionals remotely without any delays and all residents who had lost weight during the COVID-19 outbreak had been reviewed with effective treatments plans being implemented. The centre's chiropodist had not visited residents in the centre since March 2020 and the provider was working to get a HSE approved chiropody service back in place for residents. In the interim, this service was available privately to residents.

Residents attended out patients appointments as scheduled.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A policy and procedures were in place to inform care and management of residents who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices in the centre. There was a high support unit in the centre that provided accommodation for 29 residents. Inspectors were told that some residents in this unit experienced occasional responsive behaviours related to their medical diagnosis and no responsive behaviours were observed by inspectors during this inspection. Inspectors observed staff interactions with residents and found that they consistently responded to and cared for residents in a kind and supportive way. Each resident who experienced any responsive behaviours had a person-centred care plan in place. Inspectors examined two residents' responsive behaviour support

care plans and noted that the information described effective strategies to de-escalate behaviours. Records of behaviours were maintained to inform a residents support care plan, guide a consistent care approach and to inform treatment plans.

Generally restraint use was in line with the national guidelines. Twenty three residents were using full length bedrails. Risk assessments were completed prior to residents using full length bedrails and alternative less restrictive measures were tried. The use of restraint was monitored by the management team and subject to ongoing review.

While, restrictive equipment in use was documented in the centre's restraint register, not all environmental restraints were documented in the restraint register. For example, a number of locked doors within the centre's high support unit that prevented residents being able to access their bedrooms, a quiet sitting room area or the enclosed garden as they wished without the assistance of staff to unlock these doors. The person in charge agreed to review these arrangements as a priority.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to ensure residents were safeguarded and protected from abuse. All staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff training records made available to inspectors confirmed all staff were facilitated to attend this mandatory training.

Residents confirmed to the inspectors that they felt safe and secure in the centre and that they felt comfortable with the staff in the centre. All staff interactions with residents as observed by the inspectors were patient, respectful, courteous and kind.

The provider acted as a pension agent for two residents in the centre. Records reviewed by inspectors of accounts and arrangements in place were found to be clear and transparent. Balances checked were correct.

Judgment: Compliant

Regulation 9: Residents' rights

A residents' committee was in place that met regularly. This was suspended for a time during the COVID-19 outbreak but had resumed in a smaller group arrangement. There was good evidence that residents were kept informed regarding

the running of the centre and their views were welcomed. Residents were kept informed regarding the arrangements related to COVID-19, including plans for resuming visiting in the centre. Inspectors were assured from their discussions with residents and the persons in charge, that residents and their families were informed of the results of COVID-19 tests. Residents who tested positive for COVID-19 were reassured and the associated changes to their care and infection prevention and control procedures were explained to them. Many residents who spoke with inspectors were aware of the rationale for the ongoing measures in place to keep them safe including social distancing in communal areas, hand hygiene, respiratory etiquette and increased monitoring of their vital signs.

Activities were provided by four to five activity staff working 9:00am to 17:00pm Monday to Friday and two staff working 9:00am to 17:00pm Saturday and Sunday. As the outbreak in the centre was coming to an end, residents were encouraged to start to leave their bedrooms and spend time in the several communal areas in the centre. The inspectors observed residents in the main centre and in the high support unit enjoying group activity sessions while socially distancing in the sitting rooms. Smaller group activities to facilitate social distancing had started again and inspectors observed that residents were clearly enjoying being back together. Staff made good efforts to ensure residents had meaningful activities that they could participate in either in the sitting rooms or in their bedrooms. There was happy conversations and engagement observed between staff and residents about the local news, their families and some residents joined in with singing. Activities also included daily chair exercises, one-to-one exercises, walks in the courtyard, prayers and music.

Residents in the main centre were observed to eat their meals in the sitting rooms, dining areas or in their bedrooms. Assistance provided by staff for residents who required additional support during meals was observed to be patient, respectful and person-centred in nature. Inspectors observed that staff, donning appropriate personal protective equipment sat with residents while assisting them with their meals. Residents were offered choice regarding the food they ate and where they wished to eat their meals.

Resident privacy was respected by staff and staff were seen to knock on residents' bedroom doors before entering and to close bedroom and toilet doors during personal care activities.

Residents' families were kept informed regarding the COVID-19 outbreak in the centre and the measures in place to protect residents. Communication with families of residents comprised of weekly emails from the centre regarding the outbreak and the visiting arrangements. Staff telephoned residents' families to provide them with updates if residents were unwell or their clinical condition deteriorated. A designated family liaison person was appointed during the COVID-19 outbreak, to ensure there was an established link with families and friends of residents to keep them updated on residents' wellbeing.

Residents were supported to continue to practice their religious faiths remotely during the COVID-19 outbreak in the centre. However, access to visits by

some religious clergy had not resumed. The provider and person in charge were working to provide the necessary assurances to progress this access for residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ryevale Nursing Home OSV-0000091

Inspection ID: MON-0028608

Date of inspection: 15/07/2020

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> - A meeting and further training of our housekeeping supervisor has been arranged. It has also been arranged that when our housekeeping supervisor is not on duty another member of our management team will monitor housekeeping staff. - Further training of housekeeping staff has commenced occurring on the 07/08/2020 and will be completed by 21/09/2020. This was due to be completed by the 28/08/2020 but was delayed due to restrictions in the Kildare area. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>-Following our HIQA inspection we arranged for an external infection control auditor to audit and review, policies and practices in place in Ryevale. This was carried out over a full day. She advised on some areas that could be improved on to be in line with best practice, she also reassured us that our current practices were compliant with national standards. We had arranged for further infection control training with her on the 28/08/2020, but it had to be deferred due to restrictions in the Kildare area. We plan that this will now be completed 21/09/2020.</p>	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We spoke on the phone with our HIQA inspector, who was updated on our situation on a number of occasions. We are now fully staffed again and will resume with ensuring all notifications are lodged within the allocated time frame.</p>	
Regulation 26: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> -Handrails were put up immediately following the inspection on the temporary corridors. This was an oversight on our part and a more thorough risk assessment will be done in future. -The dip in the floor had not been noted by any member of our management team prior to this occasion which would lead us to believe it was a new issue, this was repaired immediately once noted. We have a full-time maintenance manager and someone on call 24/7 to ensure any issue is dealt with straight away. -It is our practice that housekeeping staff always have their trollies with them, to ensure supervision of cleaning supplies. When not in use, housekeeping staff lock their trollies in their allocated locked storeroom. We have updated staff during training and highlighted it with management to ensure this situation is monitored and does not happen again. -There is no call bell in the outside area in courtyard as staff monitor this area and residents are risk assessed and monitored while smoking. We feel the safety of our residents is upheld but take all feedback on board and will look into inputting a call bell system in the outdoor areas. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>-We have always focused on ensuring a clean and safe environment for our residents. We take all advice on board and changes have been made to ensure we are in line with best practice. We have been in constant contact with the department of public health during the Covid-19 outbreak and have followed all national and local guidelines in infection control.</p>	

-Building works did stop during the National pandemic, this has changed timelines on completion of works, including temporary corridors that were only due to be in place for a short period of time. Covid regulations restricting building works are still ongoing and we still have no clear date as to when temporary corridors will be removed

-With Regards to laundry, we have reviewed our infection control policy and the laundry of any resident suspected of having Covid-19 is laundered in house. We have also received assurances that all laundry services used by Ryevale are in full compliance with HPSC guidelines.

Regulation 5: Individual assessment and care plan	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

-Advance Care Plans are currently under review with the GP and resident or family members. Families are updated on resident plan of care as and when it changes this can be daily/ weekly or months depending on the residents' status. This is ongoing and these updates will be documented in the residents care plan in future.

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:

-Our Restraints Register now includes all individual coded areas.

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	21/09/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/07/2020
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.	Substantially Compliant	Yellow	11/08/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Not Compliant	Orange	28/07/2020

	risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	28/07/2020
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	28/07/2020
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	21/07/2020
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	28/11/2020

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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	28/07/2020