

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Riada House Community Nursing Unit
Centre ID:	OSV-0000529
Centre address:	Arden Road, Tullamore, Offaly.
Telephone number:	057 935 9985
Email address:	audreyk.wright@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 March 2016 09:40 To: 14 March 2016 17:40

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This monitoring inspection was unannounced and took place to monitor ongoing compliance with the regulations. The inspector also followed up on progress with completion of five action plans from the last inspection of the centre in December 2014 and found two were satisfactorily completed, two was partially completed and an action plan on resident details to be included in the directory of residents was not satisfactorily completed.

Residents spoken with by the inspector spoke positively about the care they received and the staff caring for them. Staff were observed to be respectful and responsive to residents.

The clinical governance and management structure in the centre required substantial improvement. The inspector found that the systems in place to monitor the quality and safety of clinical care and the quality of life for residents were not adequate. While three bedded rooms were reduced to two beds since the last inspection, the layout of these bedrooms did not meet the needs of residents and negatively

impacted on their quality of life in the centre. Some parts of the premises occupied by residents were in disrepair. The provider had drawn up a draft plan of building works to address the improvements required to the premises at the time of the last inspection in December 2014. However, this plan was not progressed to date.

Residents had satisfactory access to healthcare, medical and allied health professionals and their care needs were generally met. However, improvement was required with documenting their care needs and the interventions necessary to address identified needs.

Consultation with residents regarding their end of life wishes and review of their care plans required improvement.

There was adequate staff numbers and skill mix to meet the needs of residents on the day of inspection, however the staffing resources required review in order to ensure continuity of care for residents.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure in place that identified lines of authority and accountability.

The person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis. The inspector saw that key areas of performance and risk were monitoring by regular auditing by the person in charge and clinical nurse

managers. Action plans were developed and implemented in response to areas for improvement identified in most cases. However, development of some action plans required improvement to ensure that address of any areas of deficit identified in audits was timely and responsive. Some audits did not comprehensively inform the safety and quality of care in some key areas. For example, a falls audit was completed on an individual resident basis which ensured each individual resident's risk was reviewed and appropriate procedures were in place. However, this process did not inform a robust overview of the quality and safety of falls management in the centre. For example, adequacy of staffing resources at night in the centre as there was an increased incidence of resident falls at night.

Findings from audits were reviewed by the team at clinical governance meetings held on a regular basis, minutes of which were available on this inspection.

An annual review of the quality and safety of care delivered in 2015 was not available on this inspection, however was in progress.

Parts of the premises as discussed and actioned in outcome 12 negatively impacted on the quality of life of residents in the centre. The provider had drawn up a draft plan of building works to address the improvements required to the premises at the time of the last inspection in December 2014. However, this plan was not progressed to date.

Judgment:

Non Compliant - Moderate

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Some parts of the information required by Schedule 3, Paragraph 3 of the regulations to be recorded in the directory of residents was not included in respect of each resident in the record maintained in the centre.

The following information was missing:

- address of the resident's next of kin
- date and name of place of discharge/transfer to.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or suffering any form of abuse. The safeguarding policy had been reviewed recently to incorporate the revised procedural requirements set out in the National Safeguarding Policy. Staff training on the revised policy was underway. Staff spoken with were well informed and knowledgeable regarding their responsibilities and the actions they would take in response to a disclosure or observation of abuse. Residents spoken with by the inspector confirmed that they felt safe and secure in the centre and said they could speak to staff if they had any concerns.

The inspector reviewed progress with completion of an action plan developed from findings on the last inspection of the centre in December 2014 regarding use of PRN (as required) medications for management of behaviours that challenged and bedrail use. This action was satisfactorily addressed.

No PRN (as required) psychotropic medications were used to manage behaviours that challenged. The person in charge was aware that PRN (as required) psychotropic medications used to manage behaviours that challenged required robust review to ensure use was appropriate and used when other measures were trialled and failed. Use of regular psychotropic medication prescriptions were comprehensively reviewed by the clinical nursing and medical team.

There was evidence to support ongoing efforts by the team to ensure all bedrails were used in line with the National Restraint Policy with use of low beds and foam mats to support residents at risk of falling out of bed. Risk assessments were carried out and the safety of bedrails was checked on a frequent basis. The use of bedrails had significantly reduced from the last inspection and the documentation referenced alternatives tried and their use as part of safety measures in each case.

Documentation was in place to monitor and record any valuables which were deposited for safe keeping. The centre acted as an agent for collection of some residents'

pensions. Clear and transparent records were maintained in relation to residents' monies kept in safekeeping. Procedures were reviewed recently to ensure residents could access their money as they wished.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Improvements were found to be required on this inspection regarding completion of fire evacuation drills and completion of residents' evacuation risk assessments to ensure their health and safety needs were met. Fire safety documentation confirmed completion of simulated day-time evacuation drills. There was a record of a simulated night-time evacuation completed in January 2015 with none completed since to account for changing resident profiles and needs and staffing resources. The inspector observed that approximately two to three and a half whole-time equivalent (WTE) staffing hours were replaced by an external provider. While the person in charge made every effort to ensure continuity in the personnel recruited from the external provider, this was not always feasible. The inspector also observed that there were some gaps in fire safety management checking records. Although in progress, evacuation risk assessments for residents did not clearly account for their staffing and equipment needs during the day and at night. All fire exits were clear of obstruction on the day of inspection. All staff had completed fire safety training as confirmed by the training records; however, the records did not confirm that all staff had participated in a fire evacuation drill.

There was a centre-specific risk management policy which addressed management of the risks specified in regulation 26 (1) including self harm and violence and aggression which were absent on the last inspection of the centre in December 2014.

The measures and controls to manage risks identified in the centre were in place and documented in the centre's risk register.

The identification of risks was also observed to be a dynamic process updated following review of accidents, incidents and near misses. All accidents and incidents involving residents were recorded, investigated and risk assessed. This information was also risk assessed and populated locally into the HSE National Incident Management System (NIMS).

There was a proactive approach to individual resident falls management in the centre. Each resident's risk of falls was assessed and reassessed following an incident or change

in their mobility with implementation of falls prevention measures as appropriate. Neurological observations were carried out in the event of a resident sustaining an unwitnessed fall or head injury. However, as discussed and actioned in outcomes 2 and 18 review of falls management audits required improvement to ensure review included adequacy of staffing resources especially at night.

There was an infection prevention and control policy to inform practice. Staff were observed to carry out hand hygiene procedures as appropriate and had access to personal protective equipment as necessary. A member of the cleaning staff team spoken with by the inspector was knowledgeable regarding infection prevention and control procedures. The centre was visibly clean. However, parts of the plaster surfaces on walls were missing or/and damaged, paintwork was peeling or missing on some wall surfaces and the surfaces of some door-frames were scored and paint was missing. A water outlet from a sink in a toilet drained into an open drain. These findings did not ensure that effective cleaning procedures could be completed in the affected areas.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all accidents and incidents that occurred in the centre was maintained. All notifications were forwarded to the Health Information and Quality Authority (HIQA) as required by the legislation. A national incident management system maintained by the Health Service Executive (HSE) was populated with accidents and incidents that occurred in the centre following investigation and risk assessment at centre level.

All quarterly notification requirements to HIQA were met.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

The healthcare needs of resident's were generally met on this inspection. Residents had access to a general practitioner of their choice, psychiatry of older age, palliative care services and allied health professional services. There were 32 residents residing in the centre on the day of this inspection. Many residents had complex care needs. 26 residents had assessed maximum and high dependency needs and the remaining six residents had assessed medium dependency needs. 25(78%) of residents had a diagnosis involving a level of cognitive impairment including dementia. Residents' documentation referenced appropriate specialist referral with timely consultation. Recommendations made as outcomes of specialist consultations were appropriately implemented and recorded in residents' care plans. The inspector observed that many residents used assistive wheelchairs for which they were individually assessed.

Each residents needs were determined by a comprehensive assessment of their health and wellbeing. A variety of accredited tools were used to assess residents risk of falling, developing pressure ulcers, impaired mobility, impaired mental function and malnutrition among others. The arrangements to meet each resident's assessed needs were set out in an individual care plan which informed their individual care needs. Improvements were found to be required in the area of care planning on the last inspection of the centre in December 2014. However, the findings of this inspection confirmed that this action was not satisfactory completed. The inspector found that the needs of some residents were not informed by a corresponding care plan and the inventions listed in some other care plans did not comprehensively inform the care activities to address some residents' needs.

The inspector observed that residents or their relatives were involved in care plan development however, the documentation did not reference involvement in care plan reviews completed four monthly or more often if a resident's needs changed.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The inspector found that the physical environment in some parts of the premises did not meet its stated purpose. While bedrooms providing accommodation for three residents had been reduced to accommodate no more than two residents since the last inspection, these bedrooms, some single bedrooms and corridors required improvement in terms of layout and repair. The inspector observed that efforts had been made to provide residents with wall mounted shelving units in twin bedrooms to provide personal space for display of photographs and ornaments.

The bedrooms reduced from three to two beds provided adequate space for residents to sit in assistive chairs in their bedroom and also to store their clothing and personal belongings. However, screen curtains in some of these bedrooms had not been realigned and were draped across some residents' beds. Overhead hoists were obstructed from full function in some rooms due to the placement of bed screen rails therefore limiting their effectiveness in supporting residents' moving and handling needs.

A resident in one twin bedroom could not access the toilet/shower without passing through the screened bed space of another resident. Missing portions of vertical blinds on windows in a bedroom occupied by two residents did not ensure their privacy needs were met as the two windows in the room overlooked the internal courtyard.

Although some single bedrooms had limited floor space, they met the needs of the residents occupying them on the day of inspection. The door frames to some bedrooms were narrow and the wood was heavily scored by passing equipment. Paint was missing and flaking on some wall surfaces. The surface layer was missing from a part of the wall in a single room next to a resident's bed and part of the surface layer at the base of a wall on a corridor was blistering.

A number of toilets had a grab rail fitted on one side only. Appropriate assistive equipment was provided to meet residents' needs such as wheel chairs, specialised beds and mattresses. An internal courtyard with raised planting beds was available to

residents
Judgment: Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The procedure for making a complaint or expressing dissatisfaction was displayed. The complaints officer was the person in charge. There was an independent appeals process available to complainants who were not satisfied with the outcome of investigation by the complaints officer. There was a complaints log available to record complaints made and the investigation process. While the person in charge advised the inspector that complainants' satisfaction with the outcome of investigations was obtained verbally, there was limited details of this in the records maintained. Residents spoken with commented positively on the service provided and confirmed that they felt they could express their dissatisfaction if necessary and would be listened to.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
There was a policy available to staff to inform residents' end of life end care. The inspector was informed by the person in charge that there were no residents in receipt of end of life. Palliative care services were available and attended residents in the centre

as required. They were supporting the care of one resident experiencing pain. The staff training records confirmed that some staff had attended training on end of life care.

An end of life checklist and care pathway was available to ensure the needs of residents were met. However, some residents' end of life care plans had not been reviewed/updated since 2014 to reflect changes in their wishes or needs.

The centre provides accommodation and refreshments for relatives of residents at the end stage of their lives to facilitate residents to have their families with them at this time. Members of the local clergy from various faiths attended residents as requested to provide pastoral and spiritual support at the end stage of their lives. The centre had an oratory which was available to residents in the centre.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector observed staffing levels and skill mix on the day of the inspection and reviewed staff rotas. The inspector observed that the needs of residents were met on the day of this inspection. The person in charge based staffing levels and skill mix on the assessed dependencies of the residents and discussed the challenges in maintaining staffing levels to meet the needs of residents. The inspector observed that approximately two to three and a half whole time equivalent (WTE) carer hours were contracted from an external provider. Contracted staffing hours required to backfill vacant care staff posts were requested by the person in charge following approval by the provider nominee on a weekly basis for the following week. Although the person in charge took every opportunity to ensure the same staff were contracted on a continuing basis, this arrangement did not provide assurances of staff availability or ensure continuity of staffing for residents. In addition, this arrangement compromised the ability of the person in charge in assuring the professional development and mandatory training needs of staff contracted on a sessional basis were met. The person in charge

demonstrated that a reduction in resident admissions was implemented to ensure current residents' needs were met. Night time staffing levels also required review to ensure the needs of residents at risk of fall were met and that adequate staffing resources were provided to ensure residents could be safely evacuated in the event of an emergency.

The inspector was provided with the staff training records which were reviewed. While mandatory training requirements, care of residents with dementia and cardiopulmonary resuscitation was in progress and completed or scheduled for completion, professional development training required attention to ensure staff had contemporary knowledge and skills to meet residents' needs. The training records did not confirm that all staff had participated in a night time evacuation drill.

Members of the staff team spoken with were found to be committed to meeting the needs of residents and ensuring they had a good quality of life. Staff were knowledgeable regarding residents' needs and preferences. There were arrangements to ensure staff were supported and supervised according to their role in their daily work caring for residents in the centre. A clinical nurse manager had responsibility for each of the two resident units and a clinical nurse manager rotated on to the night duty rota to support the staff team at night.

Judgment:

Non Compliant - Moderate

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 report¹

Centre name:	Riada House Community Nursing Unit
Centre ID:	OSV-0000529
Date of inspection:	14/03/2016
Date of response:	12/05/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

A draft plan of building works to address improvements required to the premises at the time of the last inspection in December 2014 was not progressed to date.

Two to three and a half whole time equivalent staffing positions are vacant on a continuous basis.

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

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

(1) A draft plan for building works has been prepared. This was submitted to the National Social Care Directorate & HSE Estates Department. We are pleased to advise we have secured capital funding which will allow us to address a number of challenges during Phase 1 including 1) reduce number of multi-occupancy rooms to double bedrooms with en-suite facilities 2) refurbish and upgrade on-site pantry facilities for the residents 3) provision of an additional day room. See attached Projected Delivery Target Programme

(2) Staffing requirements are reviewed on weekly basis. Where there it is indicated that period of leave will be for a longer than the week (or more) approval will be granted for this period.

A local task force has been established to investigate the conversion of agency to staff to return its findings within 8 weeks. Post review it is anticipated it could take between 6-8 months for conversion to be complete.

Proposed Timescale: (1) Subject to planning – 30/04/2016 & (2) 01/02/2017

Proposed Timescale: 01/02/2017

Theme:

Governance, Leadership and Management

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

Development of some action plans required improvement to ensure that address of any areas of deficit identified in audits was timely and responsive. Some audits did not comprehensively inform the safety and quality of care in some key areas.

2. 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:

Review of systems of audit currently underway. It is to be completed by End May 2016.

Proposed Timescale: 31/05/2016

Theme:

Governance, Leadership and Management

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

An annual review of the quality and safety of care delivered in 2015 was not available on this inspection, however was in progress.

3. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The Older Persons Governance Group in the HSE Midlands, at which Riada House, is represented is finalising a standardised Annual Review Format which will incorporate track/trend analysis etc. This will be completed for Riada by 2 May 2016.

Proposed Timescale: 02/05/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Some parts of the information required by Schedule 3, Paragraph 3 of the regulations to be recorded in the directory of residents was not included in respect of each resident in the record maintained in the centre.

4. Action Required:

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

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

This is now complete. Residents directory includes Next of Kin details etc. Date and name of place of discharge/transfer.

Proposed Timescale: 29/04/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Parts of the fabric of the building was in disrepair and a water outlet from a sink in a toilet area drained into an open drain.

5. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the

standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The Maintenance Department retrofitted water closer and sink outlet on 20/03/16

Proposed Timescale: 20/03/2016

Theme:

Safe care and support

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

The inspector also observed that there were some gaps in fire safety management checking records.

6. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Daily, weekly, fortnightly fire safety monitoring checks are completed by Nursing staff and by PIC which include fire exit clearance, fire safety equipment, fire alarm panels. Service of equipment and fire safety checks are completed as part of a schedule list for building.

This is an ongoing weekly process.

Proposed Timescale: Weekly (last check 03/05/16)

Proposed Timescale:

Theme:

Safe care and support

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

The training records did not confirm that all staff had participated in a night time evacuation drill.

7. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Training records and evacuation records are updated as fire safety training/evacuation drills are completed, re-scheduling of training dates can occur at times and the service records these occurrences into the fire safety management folder retained at

local level. 2 dates (April and July) are currently scheduled for training and evacuation drill for 2016, training will be provided for all staff.

On 26/04/16 - 13 WTE's completed fire evacuation training. On 05/07/16 scheduled fire evacuation training is planned where all staff will have access to fire training.

Proposed Timescale: 05/07/2016

Theme:

Safe care and support

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

Although in progress, evacuation risk assessments for residents did not clearly account for their staffing and equipment needs during the day and at night.

While, there was a record of a simulated night-time evacuation completed in January 2015, none was completed since to account for changing resident profiles, needs and staffing resources.

8. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Individual Personal emergency evacuation plans have been reviewed at local ward level and are updated as Residents profile/ health status changes for day and night time evacuations. Dates for night time simulated evacuation drills are scheduled

Proposed Timescale: 26/04/16 and 05/07/16

Proposed Timescale: 05/07/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The needs of some residents were not informed by a corresponding care plan and the interventions listed in some other care plans did not comprehensively inform the care activities to address some residents' needs.

9. 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:

Care planning and documentation review and update is currently in progress.

Proposed Timescale: 31/05/2016

Theme:

Effective care and support

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

Residents' documentation did not reference their or their representative's involvement in care plan reviews completed four monthly or more often if a resident's needs changed.

10. Action Required:

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:

An assurance document separate to the minimum data set is in use clearly recording names of Individuals present during the review and update of care plans. Any changes are noted into the Identified Goal section of the care plan.

Proposed Timescale: 31/05/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The physical environment in some parts of the premises did not meet its stated purpose.

11. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

(1) A draft plan for building works has been prepared. We are pleased to advise we have secured capital funding which will allow us to address a number of challenges during Phase 1 including 1) reduce number of multi-occupancy rooms to double bedrooms with en-suite facilities 2) refurbish and upgrade on-site pantry facilities for the residents 3) provision of an additional day room. See attached Project Delivery

Target Programme.

(2) Furthermore an updated Minor Capital/Maintenance submission has been made to the GM Older Persons Manager for consideration, response expected by 31/05/16

(3) An internal review of the blinds/screens and overhead hoist function to be completed by 31/05/16

Proposed Timescale: 1) Subject to Planning – completion due 30/04/2017

2) 31/05/2016

3) 31/05/2016

Proposed Timescale: 30/04/2017

Theme:

Effective care and support

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

Parts of the premises were not in line with requirements of Schedule 6 of the regulations.

12. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

(1) A draft plan for building works has been prepared. We are pleased to advise we have secured capital funding which will allow us to address a number of challenges during Phase 1 including 1) reduce number of multi-occupancy rooms to double bedrooms with en-suite facilities 2) refurbish and upgrade on-site pantry facilities for the residents 3) provision of an additional day room. See attached Project Deliver Target Programme

Proposed Timescale: 30/04/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

While the person in charge advised the inspector that complainants' satisfaction with the outcome of investigations was obtained verbally, there was limited details of this in the records maintained.

13. Action Required:

Under Regulation 34(1)(f) you are required to: 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.

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

Review of Complaints Process to ensure it is compliant with HSE Guidelines. Under Regulation 34(1)(f) you are required to: Ensure that 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. Management will comply with same.

Proposed Timescale: 30/04/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Some residents end of life care plans had not been reviewed/updated since 2014 to reflect changes in their wishes or needs.

14. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

End of life care plan documentation is currently under review to ensure updates meet regulatory requirements

Proposed Timescale: 31/05/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Although the person in charge took every opportunity to ensure the same staff were contracted on a continuing basis, this arrangement did not provide assurances of staff availability or ensure continuity of staffing for residents.

Night time staffing levels required review to ensure the needs of residents at risk of fall were met and that adequate staffing resources were provided to ensure residents could be safely evacuated in the event of an emergency.

15. 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:

Night duty staffing review completed by Director of Nursing to ensure that the number and skill mix of staff on duty will meet the needs of Residents. Rosters are reviewed daily and weekly and staffing resources are deployed based on the dependency category of residents.

recent fire evacuation report conducted on 26/04/16 sent to HIQA.

Proposed Timescale: 26/04/2016

Theme:

Workforce

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

Professional development training required attention to ensure staff had contemporary knowledge and skills to meet residents' needs.

The training records did not confirm that all staff had participated in a night time evacuation drill.

16. Action Required:

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

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

All staff have been reminded of the Training opportunities available.

Night Time Evacuation simulation training was undertaken on 26/04/16. On 05/07/16 further fire training scheduled for evacuation.

Proposed Timescale: 1) Completed 26/04/16 & 2) 05/07/2016

Proposed Timescale: 05/07/2016