



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Riverdale House
Name of provider:	Riverdale Nursing Home Limited
Address of centre:	Blackwater, Ardnacrusha, Clare
Type of inspection:	Unannounced
Date of inspection:	08 February 2018
Centre ID:	OSV-0000448
Fieldwork ID:	MON-0020768

About the designated centre

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

Riverdale House is a two storey, recently refurbished nursing home. It can accommodate up to 29 residents. It is located in a rural area, six kilometres from Limerick city and close to many local amenities. Riverdale house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, palliative care, respite and post operative care. The centre does not accommodate persons with acquired brain injury or intellectual disability. It does not have a dementia specific unit. Bedroom accommodation is provided on both floors in 11 single and nine twin bedrooms. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors room. Residents also have access to a secure enclosed garden area.

The following information outlines some additional data on this centre.

Current registration end date:	23/11/2019
Number of residents on the date of inspection:	28

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 February 2018	09:30hrs to 17:30hrs	Mary Costelloe	Lead

Views of people who use the service

The inspector spoke with approximately 10 residents during this unannounced inspection.

Residents spoke highly of the service and care provided. Residents commented that the staff were very kind, that they felt well cared for and nothing was too much trouble for staff. Others mentioned that they enjoyed the variety of activities taking place, in particular the weekly arts and crafts sessions and live singing. Some residents mentioned that they enjoyed attending weekly mass in the centre. Residents told the inspector that they enjoyed living in the centre and would recommend it to others.

Capacity and capability

This centre had a good history of compliance and there were no actions to be followed up with from the previous inspection.

There was an effective governance structure in place that was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management team, including both directors of Riverdale House Nursing Home Ltd, worked full-time in the centre and were involved in the day-to-day running of the centre. The management team knew residents well and knew their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose.

The management team demonstrated good leadership and a clear commitment to promoting a culture of quality and safety. Regular audits and reviews were carried out in relation to incidents, falls, medication management, restraint, health and safety, hoists, end-of-life care, residents' records, food and nutrition, policies, complaints, and finances. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice. Feedback from residents' committee meetings and resident satisfaction surveys were also used to inform the review of the safety and quality of care delivered to residents. This ensured that the centre could improve the provision of services and achieve better outcomes for residents.

The management team were aware of the legal requirement to notify the Chief

Inspector of incidents and accidents. To date, all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

Safe and effective recruitment practices were in place to ensure that staff had the required skills, experience and competencies to fulfill their roles and responsibilities. The management team ensured that all staff had Garda Síochána (police) vetting in place as a primary safeguarding measure and all documents, as required by the regulations, were available.

Staff were provided with training and ongoing development opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver high-quality, safe and effective services to residents. Training included specialist training in relation to care of the older person in areas such as dementia, management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), dysphasia and reducing the use of restraints. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and skills to treat each resident with respect and dignity, and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

The management team reviewed staffing levels on an ongoing basis to ensure the numbers and skill-mix were sufficient to meet the assessed needs of residents. The person in charge had the required experience and qualifications to manage the centre and meet its stated purpose, aims and objectives.

Staff spoken with said that all staff members played a role in delivering person-centred care and supports to residents. There was a low turnover of staff in the centre and no dependency on the use of agency staff, which ensured continuity of care for residents. There was a mutually respectful relationship between management and staff which led to effective communication to ensure that residents' individual needs were met in a timely way and that contingency plans were put in place easily and quickly. For example, when a staff member was unable to attend work.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult. The person in charge was knowledgeable of the regulations, HIQA's standards and her statutory responsibilities. She demonstrated very good clinical knowledge. She knew the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge worked full-time in the centre. The assistant director of nursing deputised in the absence of the person in charge and they both worked on different weekends to supervise the delivery of care. Residents and staff spoken with told the inspector that they felt well supported and could report or discuss any issue with any member of the management team.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies. Many of the policies were in the process of being updated at the time of inspection. Staff spoken with were familiar with the policies which guided practice in the centre.

Judgment: Compliant

Quality and safety

Appropriate support mechanisms were in place to ensure residents were enabled to lead a fulfilling life. Residents were supported and encouraged to have a high quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of appropriate recreational and stimulating activities was offered.

A detailed pre-admission assessment was completed for potential new residents to ensure that their specific needs could be met in the centre. Comprehensive, up-to-date nursing assessments were completed in areas such as nutrition, falls, dependency, manual handling, bedrail use, oral care and skin integrity. Nursing assessments informed the care plans, which were found to be person-centred, individualised and clearly described the care to be delivered. Care plans identified issues and guided staff in the specific care needs of residents. Systems were in place to ensure that care plans were reviewed and updated on a regular basis to ensure that residents' current care needs were met. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

The design and layout of the centre encouraged and aided residents to be independent. The centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. There was a lift provided which allowed residents to independently access both floors. Appropriate signage was provided to assist residents in finding their way around the centre.

Bedroom accommodation met residents' needs for comfort and privacy. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Residents' artwork was displayed throughout the centre and in residents bedrooms.

Caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Support and advice was available from the homecare and local hospice care team so that an integrated, multidisciplinary approach to end-of-life care was provided.

Residents were offered a daily menu with a choice of main meal that reflected their dietary preferences and requirements. Meals were unhurried social occasions and staff took the opportunity to engage, interact and chat with residents.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Staff continued to promote a restraint- free environment, guided by national policy. Many staff members had recently received training in positive practice, leading to a reduction in the use of restraints. There was a small number of bedrails in use for some residents following consultation, consent and risk assessment.

There was a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Nursing staff spoken with were clear that they needed to consider the reasons why people's behaviour changed, and would also consider and review residents for issues such as infections, constipation, and changes in vital signs. Residents had access to support and advice from the community psychiatric team who visited the centre regularly. This ensured there was an integrated multidisciplinary approach to managing residents' behavioural and psychological symptoms.

Systems were in place to promote safety and effectively manage risks. There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors.

High standards of hand hygiene were promoted among residents, staff and visitors. Hand sanitiser dispensing units were located at the front entrance and throughout the building. The building was found to be clean and odour free.

Residents' rights were protected and promoted. Residents were treated a dignified manner and in a way that maximised their choice and independence. Residents had access to advocacy services and information regarding their rights. Residents' committee meetings continued to take place on a regular basis. Recent issues

discussed included positive ageing week, policies in relation to residents' rights, dignity, respect, privacy and confidentiality. Feedback from residents was used by the management team to inform the updating and review of policies.

Residents continued to maintain links with the local community. Local choirs, musicians and school students visited regularly. Many fundraising events took place in the centre and members of the local community attended these.

There was an open visiting policy in place. Relatives spoken with confirmed that they were always made to feel welcome by staff.

Residents had access to the centre's cordless phones and many residents had their own mobile handset device. Staff were aware of residents' different communication needs and care plans set out interventions for those who had a communication impairment.

Regulation 11: Visits

A large, bright and homely visitors' room with tea and coffee making facilities was provided.

Judgment: Compliant

Regulation 13: End of life

Residents were given the opportunity to discuss their end-of-life care including their wishes in relation to advance care planning which were then documented in their care plans. Staff were provided with training and guidance in end-of-life care. A care-of-dying review was completed following each death whereby staff reflected on the care given and used the opportunity to learn and improve practice.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be homely and accessible and provided adequate space to meet residents' needs. It was well maintained, clean and nicely decorated. There was a good variety of communal day space such as the dining room, day room and visitors' room. Additional seating was provided in the hallways and alcoves. Residents had access to an enclosed paved and landscaped garden area which was easily accessible from the ground floor day areas.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met. Meals and meal times were observed to be an enjoyable experience. The nutritional status of residents was assessed regularly using a validated nutritional screening tool. This was documented in the care plan to ensure staff were aware of the nutritional status and dietary requirements of each resident. The menu varied daily and took into account feedback from residents. Some residents required assistance with their meals and this was provided by staff in a discreet and sensitive manner.

Judgment: Compliant

Regulation 26: Risk management

There were adequate arrangements in place to manage risk and protect residents from risk of harm. Staff spoken with and training records reviewed confirmed that staff had received up-to-date training in relation to fire safety, manual handling and infection control. Systems were in place to ensure that the risk register was regularly updated, fire policies and procedures were followed (including the servicing of all fire equipment and fire alarm systems) and that daily and weekly fire safety checks were carried out. The service records of all equipment such as hoists, wheelchairs and the lift were up to date.

Judgment: Compliant
Regulation 27: Infection control
Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals. Regular infection control reviews were carried out to ensure compliance with policies and best practice.
Judgment: Compliant
Regulation 28: Fire precautions
Records indicated that all fire fighting equipment had been serviced in July 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in November 2017. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular monthly fire drills took place involving both staff and some residents.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Staff spoken with were knowledgeable and could outline strategies for dealing with individual residents who presented with responsive behaviours. The inspector observed this taking place in practice. However, improvements were required to ensuring that this information was reflected in the care plans.
Judgment: Substantially compliant
Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a choice of general practitioner (GP) services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic and psychiatry of later life services. Chiropody and optical services were also provided. This allowed residents to be referred to and avail of these services in-house, as required. A social care assessment was completed for all residents which detailed what activities and pastimes were of specific interest and appropriate for them. Details of how each resident liked to spend their day was clearly documented so that staff could facilitate and support residents with their preferred daily routines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with were knowledgeable about and could outline strategies for dealing with residents' responsive behaviours. The inspector observed this taking place in practice. All staff had attended training in relation to the management of challenging behaviour and non-violent crisis intervention during 2017. There was evidence of regular review by the general practitioner (GP), as well as regular reviews of medicines. There was evidence of access and referral to psychiatry services. Nursing management closely monitored the use of prescribed psychotropic medications (PRN), medicines administered as required, and ensured that they were administered as a last resort when other strategies for managing responsive behaviour had failed.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. There were

comprehensive policies on the prevention, detection and response to abuse. The activities coordinator, who was also a nurse, had completed 'train the trainer' in safeguarding the vulnerable adult and provided training to staff on a regular basis. Each resident using bedrails had a risk assessment completed to ensure the resident's safety, and other less restrictive strategies were considered or trialled before bedrails were used. Care plans outlined guidance for staff to ensure that bedrails were appropriately used for the shortest possible duration and that residents were checked regularly to ensure their safety and comfort.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Residents had access to radio, television, the Internet and Skype. Some residents had been supported to go on day trips to the local coffee shop, public house, sight seeing and shopping trips. A poster was displayed in the centre informing residents of the up coming reminiscence sessions due to be held in conjunction with the local Hunt museum.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverdale House OSV-0000448

Inspection ID: MON-0020768

Date of inspection: 08/02/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans have now been audited and are all up to date and in compliance with Regulation 5.</p> <p>Going forward, we will ensure that all care plans remain in compliance.</p>	

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 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	