

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007**



Centre name:	Riverdale Nursing Home
Centre ID:	0273
Centre address:	Laragh, Ballon Co Carlow
Telephone number:	059-9159299
Email address:	059-9159869
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Killyglasson Limited
Person authorised to act on behalf of the provider:	Martina McGauran
Person in charge:	Martina McGauran
Date of inspection:	5 December 2012 and 6 December 2012
Time inspection took place:	Day-1 Start: 11:15hrs Completion: 16:00hrs Day-2 Start: 09:15hrs Completion: 12:45hrs
Lead inspector:	Cathleen Callanan
Support inspector(s):	n/a
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	25 (including one resident in hospital)
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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over two days. As part of the monitoring inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Of the 25 residents, nine had been assessed as maximum dependency, 14 at high, and two at low dependency level. The inspector found that there was a good level of care and that the provider was very committed to improving the quality of service as evidenced by a range of reviews and staff training, and the further development of the premises which is, however, still at the planning approval stage.

Actions arising from the previous inspection which did not form part of this inspection where nevertheless followed up and had been completed. These were:

- completion of the statement of purpose
- review of quality of care
- completion of Residents' Guide.

Where an additional action in respect of the suitability of the premises had not been addressed, the completion date of December 2013 had not yet expired at the time of this inspection. Remaining actions from the previous inspection are addressed in the relevant sections below.

Section 41(1)(c) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 2

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Actions required from previous inspection:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Inspection findings

While the action from the previous inspection had been completed, insofar as contracts contained a list of additional charges and these were also posted up clearly in the centre, of the sample of contracts reviewed by the inspector not all had been signed by the parties to the contract, or their representative, within a month of the resident taking up residence in the centre.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge (PIC) is also the provider and is therefore involved at a very operational level in every aspect of the service.

It was clear over the course of the inspection that she had a detailed knowledge of each resident's circumstances and was well known to residents and relatives. There was evidence that she had a strong commitment to the promotion of a quality service through, for example, staff training, auditing, risk management and ongoing review of care planning.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Actions required from previous inspection:

Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so as to ensure completeness, accuracy and ease of retrieval.

Review all written operation policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

Inspection findings

The actions from the previous inspection had been partially completed.

The inspector reviewed the system in place for the management of residents' finances and found that it was clear and transparent.

There was evidence of a commitment on the part of the provider to creating a safe environment for residents. This was reflected in staff training in adult protection and in appropriate referral to the Health Service Executive (HSE) when there had been concern about potential financial abuse of a resident. Reminders to staff were noted in the communications book, to ensure that they had read the elder abuse policy. In addition, the minutes from a residents' committee meeting reflected discussion of elder abuse and encouragement of residents to report any concerns they might have.

While there was an elder abuse policy in place, the inspector was concerned that there were three different versions which were not consistent with each other. This could lead to some ambiguity, in particular in terms of staff understanding of what procedures they might expect to be put in place should an allegation be made against them.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Actions required from previous inspection:

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; self harm.

Ensure the emergency plan is further developed.

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Inspection findings

The actions required from the previous inspection had been completed.

All weekly, monthly and quarterly fire safety checks were up to date. There was evidence that staff had received training in fire prevention and response and staff with whom the inspector spoke confirmed their attendance at such training.

There was a safety statement in place which was signed as having been read by staff.

There was a very proactive approach to clinical and environmental risk management in that at each staff handover report, risks identified for individual residents were reviewed. Examples included risks associated with smoking, walking unescorted to the village, and falls.

The inspector noted that the PIC had put a number of procedures in place to manage smoking. Residents who smoked were required to leave their cigarettes and lighters in the nurses' office; staff were required to monitor cigarette consumption and to supervise some residents while smoking. All smoking was outdoors in a relatively sheltered area to the front of the premises. Minutes from staff meetings, residents' meetings and the complaints log, reflected an ongoing vigilance on the part of the PIC to protect the residents who smoked as well as other residents and staff. The care plans contained very clear instructions to staff on how smoking was to be facilitated .

There was an accident and incident report book which reflected appropriate management of, for example, minor incidents, and referral to GP or allied health services as appropriate.

The inspector noted a generally robust approach to risk management. However, there were some issues requiring attention, such as, the accessibility of small unattached fire extinguishers in the dining room which were quite heavy and could pose a risk in the context of a particular resident with behavioural problems: the provider agreed to address this as the extinguishers were superfluous to the fire regulatory requirements.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Actions required from previous inspection:

Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Provide appropriate medical care by a medical practitioner of the resident's choice or acceptable to the residents.

Inspection findings

The actions required from the previous inspection had been satisfactorily implemented.

Of the sample of files reviewed by the inspector all had been the subject of three monthly reviews by GP, assistant director of nursing and pharmacist.

Medication, including controlled drugs, was stored and administered according to An Bord Altranais agus Cnáimhseachais na hÉireann Guidelines.

There was a system in place for recording errors and near misses and evidence in staff meeting minutes of learning from these incidents. There was evidence of medication audit and staff training in medication management. The inspector noted that the administration of medication complied with An Bord Altranais agus Cnáimhseachais na hÉireann Guidelines.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment

Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Actions required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Ensure that when a resident requires speech and language therapy, access to such service is facilitated by the registered provider or by arrangement with the HSE.

Inspection findings

The actions required from the previous inspection had been completed.

The inspector reviewed six care plans and found that they all had ongoing three-monthly reviews and, where appropriate, had been signed by the resident or their representative. In addition to the master care plan, there was a shorter, two page care plan kept in the resident's wardrobe for immediate retrieval by staff, and to facilitate the regular updating of the master care plan.

Care plans contained evidence of referral to allied health professionals such as ophthalmic, speech and language and physiotherapy.

Where bedrails were in use there was a full assessment and evidence of a commitment to a restraint-free environment. For example, efforts had been made to discontinue the use of a lap belt for one particular resident, but it had been reinstated after appropriate professional assessment and advice.

An audit of care plans had been carried out in April 2012 and actions arising out of that, which had been identified by the PIC, had been completed.

There was an activities coordinator in place for 24-hours per week who facilitated a range of activities, and care plans reflected the residents' participation in activities and the monitoring, for example, of their exercise regimes as advised by the physiotherapist. Three residents availed of day care services in the community.

There was a hairdressing service available once a week and the inspector noted that a number of ladies attended the hairdresser on one of the days of inspection.

Where the issue of challenging behaviour arose with a resident, the inspector noted the leadership demonstrated by the PIC in facilitating staff to manage it in a calm, informed, and respectful manner.

Outcome 12

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Actions required from previous inspection:

Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.

Provide necessary sluicing facilities.

Maintain the equipment for use by residents or people who work at the designated centre in good working order.

Provide suitable changing facilities for staff.

Ensure that there is suitable provision for storage in the designated centre.

Inspection findings

Actions required from the previous inspection had been partially implemented in that sluicing facilities had been upgraded by the installation of a bedpan washer, and equipment had been serviced as required. However, the remaining actions in relation to the dining space, staff facilities and storage, were dependent on the completion of the larger project to extend the premises which the provider expected to have completed by the end of 2013.

The premises was generally clean and was enhanced by pleasant views of the surrounding countryside. There were personal belongings and memorabilia in bedrooms. Call-bells were in working order and the heating and ventilation was appropriate to the needs of the residents. There was a maintenance person employed two days per week and the inspector noted that a maintenance book was used to communicate the need for minor repairs.

The inspector was concerned about unrestricted access to the laundry, sluice and linen storage areas, given that there were items available within such as chemical cleaning fluids and plastic protective equipment which could pose a risk to a resident with cognitive impairment.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was complaints policy and procedure which was available in the reception area and it identified the person to whom complaints could be made and the appeals procedure available.

The inspector reviewed the complaints records and noted that complaints were addressed and resolved in a timely manner with details of the complaint, the action taken and whether the complainant had been satisfied with the outcome. There was evidence contained in staff meeting minutes that staff were instructed to encourage residents and families to complain if they were dissatisfied with any aspect of the service. In addition, the facility to make complaints had been discussed at a residents' meeting in August 2012.

Outcome 15

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Care plans reflected management of weight and nutritional intake as appropriate and there was evidence of the involvement of a dietician in the compilation of the menu. The inspector noted that the food looked appetising and was presented in an attractive manner and that residents had tea or snacks outside of the normal mealtime routine. Some residents preferred to dine in their rooms and this was accommodated. Where residents required assistance with eating, this was done as discreetly as possible.

There was a range of choice available on the menu and residents were consulted late in the morning about what they wished to have for lunch that day. A number of residents were on liquid or soft diet and the chef was knowledgeable about each resident's preference and dietary needs.

The centre had been the subject of an environmental health inspection in August 2012 and a small number of non compliances had been noted.

The kitchen was clean and well equipped but would benefit from the planned refurbishment and general upgrading of the premises which has yet to be completed.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action required from previous inspection:

Obtain in respect of all staff the information and documents specified in Schedule 2.

Inspection findings

The actions required from the previous inspection had not been fully met.

Of the sample of personnel files reviewed by the inspector, not all contained evidence of medical fitness even though a self declaration had been obtained from all staff. In addition, there were several staff for whom no Garda Síochána vetting had been completed but there was evidence that the applications for vetting had been made.

On the days of inspection the staffing levels were as outlined below.

Staff	PIC	Nurses	Care Staff	Catering	Cleaning Laundry	Admin	Other
Morning	1	1	4	1.5	1	1	*
Afternoon	1	1	4	1	1.5	1	
Evening		1	4				
Night		1	1				

*Maintenance two days per week

There was evidence that staff had engaged in fire training and moving and handling training and staff confirmed to the inspector their knowledge of these areas. Training records and staff minutes reflected participation in training on, for example, the use of restraint, and smoking in a designated centre. Staff had participated in a range of training such as:

- dementia care
- dysphasia
- assessment tools
- nutrition and hydration
- palliative care
- continence promotion
- hand washing.

There was evidence of staff appraisal and supervision appropriate to their roles and the communication book contained reminders to staff to familiarise themselves with particular policies.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, senior nursing staff, and administrator, to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Cathleen Callanan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

7 November 2012

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report *

Centre Name:	Riverdale Nursing Home
Centre ID:	0273
Date of inspection:	5 December 2012 and 6 December 2012
Date of response:	21 December 2012

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

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

Agreeing a contract with the resident within one month of the admission of the resident to the designated centre.

Action required:

Agree a contract with the resident within one month of the admission of the resident to the designated centre.

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

Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Contracts have been agreed with all residents who have been admitted within the last month.	Completed

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: Ensuring that there is a policy in place for the prevention, detection and response to abuse.	
Action required: Ensure that there is a policy in place for the prevention, detection and response to abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Riverdale Nursing Home has its own local policy on the prevention, detection and response to elder abuse, which incorporates the management of suspected elder abuse. However, on the day of the inspection, the HSE policy on elder abuse, which was streamlined in early November 2012, was with our local policy as we were in the process of incorporating it into our local policy. This is now complete and we have updated our local policy to meet the new guidelines.	Completed 20 December 2012

Outcome 7: Health and safety and risk management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Ensuring that the designated centre has a comprehensive written risk management policy in place and that it is implemented throughout the designated centre.</p>	
<p>Action required:</p> <p>Ensuring that the designated centre has a comprehensive written risk management policy in place and that it is implemented throughout the designated centre and addresses the risk of infection control associated with the shared use of personal hygiene materials.</p>	
<p>Action required:</p> <p>Ensuring that the designated centre has a comprehensive written risk management policy in place and that it is implemented throughout the designated centre and addresses the risk associated with free standing fire extinguishers in the dining room.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 4: Privacy and Dignity Standard 26: Health and Safety</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Riverdale Nursing Home has a comprehensive written risk management policy in place, which is reviewed annually (or more frequently as necessary), which is implemented throughout the designated centre.</p> <p>The two free standing fire extinguishers in the dining room were removed on the day of the inspection as they were superfluous to the fire regulatory requirements.</p>	<p>Completed</p>

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Providing adequate sitting, recreational and dining space separate to the residents' private accommodation.</p> <p>Providing suitable changing and storage facilities for staff.</p>

Ensuring that there is suitable provision for storage in the designated centre.	
Action required: Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.	
Action required: Provide suitable changing and storage facilities for staff.	
Action required: Ensure that there is suitable provision for storage in the designated centre.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: When our new extension is completed in December 2013 it will provide adequate sitting, recreational and dining room space. There will be suitable changing and storage facilities for staff. There will also be suitable storage for equipment.	31 December 2013

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect: Employing persons to be members of staff for whom full and satisfactory information is not available in relation to them in respect of the matters set out under Schedule 2.
Action required: Employ persons to be members of staff for whom full and satisfactory information is available in relation them in respect of the matters set out under Schedule 2.
Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff have been requested to obtain medical clearance, specific to their role, from their general practitioner (GP).</p> <p>Garda vetting applications had been submitted for all new staff prior to the inspection and we are still awaiting their return.</p>	<p>Ongoing</p>

Any comments the provider may wish to make¹:

Provider's response:

On behalf of the management and staff of Riverdale Nursing Home I would like to acknowledge the professional and courteous manner in which the inspector carried out the inspection of the nursing home.

I would like to take this opportunity to thank the staff of Riverdale Nursing Home who have embraced the Authority's *National Quality Standards for Residential Care Settings for Older People in Ireland* and who have worked diligently to improve our service based on the Regulations, legislation and Standards.

Provider's name: Martina Mc Gauran

Date: 21 December 2012

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