

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Riverside Nursing Home
<b>Centre ID:</b>	OSV-0000154
<b>Centre address:</b>	Toberburr Road, St Margarets, Co. Dublin.
<b>Telephone number:</b>	01 840 8329
<b>Email address:</b>	noeline@harveyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Willoway Nursing Home Limited
<b>Provider Nominee:</b>	Denis Shaw
<b>Lead inspector:</b>	Mary O'Donnell
<b>Support inspector(s):</b>	Angela Ring; Conan O'Hara
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	45
<b>Number of vacancies on the date of inspection:</b>	5

## **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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 17 November 2015 07:30 To: 17 November 2015 14:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

The inspection was an unannounced, monitoring inspection as a result of unsolicited information received by the Authority. The information related to care and welfare issues in addition to the cleanliness of the centre and the management of complaints. Inspectors found no evidence to support these concerns. Inspectors also followed up on four action plans from the registration inspection in January 2015. Inspectors observed practices and reviewed documentation such as resident assessments, care plans, medical records, accident logs. The provider had submitted a completed self assessment on dementia care to the Authority with relevant policies and procedures prior to the inspection. The self assessment deemed the service to be in compliance with the Regulations and areas for improvement identified in the self- assessment were found to be completed. There were 34 residents with dementia on the day of inspection and the overall inspection finding correlated with the self-assessment.

Residents' healthcare, nursing and social needs were met to a high standard. Residents had access to medical, allied health and the community liaison team in Connolly Hospital. Residents had comprehensive assessments and care plans in place to meet their assessed needs. Care plans were implemented and regular reviews involved the resident and their family where appropriate.

Appropriate policies and procedures were in place to protect residents from any form of abuse and residents had access to internal and external advocacy services. Inspectors found that residents were consulted with and participated in the running of the centre. Each resident's privacy and dignity was respected and they were enabled to exercise control over their lives. Staff supported residents to make choices about how they wanted to spend their day and residents' quality of life was enhanced with a variety of rooms to choose from and interesting things to do. The centre had two activity facilitators and staff also had a significant role in meeting the social and emotional needs of residents including residents with advanced dementia.

There was a system in place to ensure that the complaints of residents or their representative were listened to and acted upon, and they had access to an appeals procedure.

The centre was purpose built. It was clean and well maintained and most of the residents had a single room and free access to a well maintained, secure gardens and courtyards. Grab rails in communal areas, signage and the use of contrasting colours in bathrooms supported residents with dementia to operate independently.

In the previous inspection regulatory failures related to the maintenance of residents' records, fire drills and the reconfiguration of a multi-occupancy room. The action plans to address these issues were found to be completed. Eleven of the 13 outcomes inspected were found to be in full compliance and two outcomes which were in substantial compliance required minor improvements.

Areas for improvement are included in the action plan at the end of the report.

**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:**

Inspectors were satisfied that effective management systems were in place to support and promote the delivery of safe, quality care services. Measures were in place to ensure that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis.

There was a clearly defined management structure that identified the lines of authority and accountability. Adequate resources were available to support residents and staff and this was confirmed by speaking to senior staff.

Data was being collected each week on the number of key quality indicators and collated. Monthly audits were being completed on several key quality indicators such as complaints, falls, infections and medication management to monitor trends and identify areas for improvement. Inspectors saw that the results of these audits were used to improve practice. For example, following the audit on the management of falls, it was identified that additional staff were required.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was a suitably experienced qualified nurse who worked full time in the centre. The person in charge had good clinical knowledge and had systems in place to monitor the ongoing health and wellbeing of residents. She delivered training to staff on relevant aspects of care, has a hands on approach and knows the residents well. Residents and relatives interviewed said they would approach the person in charge if they had any issues. The person in charge had sufficient knowledge of the legislation and her statutory responsibilities and she engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

**Judgment:**

Compliant

***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):**

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

**Findings:**

In the previous inspection it was found that records relating to individual residents as required under Schedule (4C) were not maintained in an accurate and up to date manner and checklists relating to regular checks on residents relating to specific care needs were not always filled in or up to date.

Inspectors examined care plans, daily nursing notes, care records and fluid intake records and found they were appropriately completed, up to date and signed. This action plan was found to be satisfactorily completed.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was an elder abuse policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse. It incorporated the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures of 2014. All staff spoken with knew what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour. The person in charge and the provider were also very clear of their role if there were any investigations.

Records that were reviewed confirmed that staff had received training on recognising and responding to elder abuse. Staff confirmed that this topic was covered during their induction and they had attended training and updates. It was also discussed at staff meetings.

All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

There were policies in place about managing behaviour that challenges and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Inspectors were informed by some staff that they had training in how to support residents with dementia and those that had behaviours that challenge. Residents were appropriately assessed and there were care plans that set out how residents should be supported if they had behaviour that was challenging. Inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. Staff spoken with were very clear that preventing boredom, redirection and considering how residents were responding to their environment were important in supporting people to feel calm.

For some residents 'as required' medication had been prescribed, and could be administered if residents remained anxious. For those residents who had those prescriptions, inspectors saw records that confirmed that medications were reviewed regularly.

Inspectors also observed the staff interacting with residents, and taking steps to support individuals when they started to communicate distress or anxiety. For example, moving residents to a more tranquil room or taking them for a cigarette or a walk.

There was a policy on restrictive practices which promoted a restraint free environment. Bedrails were the only restrictive device in use at the time of inspection, 42% of residents used bedrails and the use of bedrails was regularly audited. Alternatives such as low-low beds with crash mats and movement alarms were used. The Authority had been notified about the numbers of residents using bed rails when quarterly notifications were submitted.

Inspectors reviewed incident reports in relation to resident's behaviour, and it was seen that a follow up of each incident was carried out with a risk assessment, and identification of any changes needed to reduce the possibility of it occurring again.

The centre was not managing the finances of residents however, they managed petty cash for some residents at their request. There was a clear system to monitor the lodgements and withdrawals, with double signatures for all transactions. When checked the account records and cash correlated.

Inspectors judged this outcome it as moderately non-compliant. The improvement relates to the implementation of the National Policy "Towards a Restraint Free Environment".

**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):**

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

**Findings:**

At the previous inspection records of fire drills were not being maintained as required within Schedule 4 (10). Fire drill records have now been added to the fire training records in the centre. Records show that six fire drills were held since February 2015. All staff interviewed confirmed that they had participated in fire drills and had a good knowledge of fire safety procedures. Records viewed confirmed. Records of fire drills showed that the most recent drill was held on 29 Sept 2015 and that it was attended by all staff on duty. Inspectors were satisfied that night staff had also participated in fire drills. However, records did not show the time or the zone where the fire drill took place.

Learning from the training was not documented.

**Judgment:**

Substantially Compliant

**Outcome 09: Medication Management**

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

There was evidence of good medication management practices regarding the prescribing and administration of medication.

Some residents required medication on a PRN (as needed) basis and information was recorded on the use of psychotropic drugs.

Some residents also required their medication to be crushed. The inspectors reviewed a sample of their prescription and administration records and saw that the medication was individually prescribed as requiring crushing in line with professional guidelines. Nurses were observed using good practice when administering medication during the inspection.

A secure fridge was provided for medications that required specific temperature control. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines. The pharmacy staff carried out medication audits which were reviewed by inspectors and they were informed that support and advice was also provided as necessary.

Inspectors saw that nursing staff had attended medication management training and the assistant director of nursing explained that the person in charge completed annual medication competency assessments with each nurse.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care was available. Residents were assessed prior to admission regularly post admission, care plans were person centred and risk assessment tools were used to monitor potential risks. Wound care seemed to be well managed, however it was not possible to determine whether care planning for a resident with behaviours that challenged contained the most up to date information to ensure it reflected their current status as it was not presented clearly.

The inspectors reviewed the management of clinical issues and found they were well managed. Falls were well managed with post fall assessments completed and interventions such as increased supervision and alarms. Residents had access to GP services and Psychiatry of later life services were available as required.

A full range of other services was available on referral including speech and language therapy (SALT), dietetics and occupational therapy (OT) services. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

The centre employed two activity staff to cover the seven days each week and all staff were involved in meeting the social and activity needs of residents. Inspectors noted that the activity facilitator attended the staff handover meetings and had relevant information about each resident. Each resident's file held a social needs assessment and had a care plan in place to address social and occupational needs which reflected their particular interests and capacity. Residents were seen enjoying various activities during the inspection. Resident's preferences were assessed and this information was used to plan the activity programme. A programme of events was displayed and included live music, interactive music, quizzes, and the fun club where residents chose an activity from a range of activities on offer. Several residents and relatives commented positively on the activities available in the centre. Residents also told the inspector about the various activities that were underway at the moment such as painting a mural on the wall. Photographs were on display around the centre of the various outings and activities and the completed craft work was on display.

Residents with cognitive impairment or dementia related conditions were included in all aspects of live in the centre. They were supported to participate in the group activities and the activities album held pictures of the various activities from which they could

choose. They had access to Sonas (a multisensory programme) and a relaxation lounge which had a bubble tube. Staff spent time with these residents in conversation and they offered manicures and hand massages to provide sensory stimulation. Male residents enjoyed the 'Mens Club' on Sunday and raised flower beds were provided for residents with an interest in gardening. Interactions with staff were seen to be positive with laughter and fun incorporated into everyday activities.

**Judgment:**

Substantially Compliant

***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):**

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

**Findings:**

At the registration inspection a reconfiguration of room 1 was required in order to meet the specific needs of its occupants and to ensure adequate access and privacy should it be fully occupied. Inspectors viewed this room and found that the curtain rail had been moved and the screen now provided adequate space to support the privacy and dignity of residents.

Overall it was found that the location, design and layout of the centre was suited to its stated purpose and met the individual and collective needs of residents. Many parts of the centre had been decorated and it was found to be clean and homely throughout.

The single story building was purpose built and the original building had been extended in 2013. The centre combines of single and shared occupancy accommodation. There were 38 bedrooms, eight of which were twin and two or which are triple occupancy. There were only two residents being accommodated in the smaller of the triple bedrooms. Inspectors found that the bedroom accommodation met the needs of all residents currently residing in the centre. There was ample storage available for resident's belongings but the built in wardrobe space one triple room was smaller than the other rooms. While it met the needs of existing residents consideration should be given to providing additional storage space to residents using this room. Resident's bedrooms were personalised in accordance with the preferences of each resident. There were televisions and radios available to all residents, and many residents had decorated their rooms with soft furnishings, pictures and paintings.

There was suitable matt flooring and grab rails in all communal areas. Photographs of events and excursions along with arts and crafts created by residents were on display in communal areas throughout the centre. Signage throughout the centre supported people to find their way and signs on toilet and bathroom doors were in picture and word format. Some residents had pictures on their doors to help them to identify their bedroom. Pictures such as a horse or a post box related to the residents' previous occupation.

Residents had a choice of day rooms and lounges to choose from. The extension had been designed to maximise the use of natural light with a number of bright day rooms and lounges from which residents have free access to secure gardens in courtyard areas. Many residents also had access to these courtyards directly from their own rooms.

The centre was also found to have adequate laundry and sluicing facilities available. It was found that there were an adequate number of toilets and bathrooms for the numbers accommodated. Toilets and bathrooms had dark grab rails to maximise the independence of residents who had dementia. An accessible bath was available to residents should they be required. There was also a visitors room which provided private space for residents to meet with visitors and also overnight accommodation for a family member should they need to stay in the centre.

Staff told inspectors that the system for maintenance and servicing equipment in the centre was effective. The maintenance of the centre was managed by a team who serviced the company's five centres. Inspectors reviewed maintenance records which showed that there were no maintenance issues outstanding for a long period. The maintenance issues sampled showed that issues reported were addressed promptly. On the day of inspection, inspectors observed two maintenance personnel who were on site were responding to issues that were reported the previous day.

**Judgment:**

Compliant

***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:**

There was a system in place to ensure that the complaints of residents or their

representative were listened to and acted upon, and they had access to an appeals procedure.

There was a complaints policy in place and the complaints procedure was displayed prominently in the centre. The policy was summarised in the residents guide book. Throughout the inspection it was clear that residents and relatives were familiar with the person in charge, and would find the person in charge easy to approach with any concerns or complaints.

Inspectors reviewed the complaints records on file since January 2015. The centre recorded the details of each complaint, action taken, any investigation taken and whether or not the complainant was satisfied with the outcome. There was a nominated person from another nursing home within the group appointed to review complaints to ensure complaints were appropriately managed in line with the policy.

**Judgment:**

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:**

Staff provided end of life care to residents with the support of their general practitioner and the community palliative care team. The inspectors reviewed a number of 'End of Life' care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care, key people they wished to be present and funeral arrangements. Single rooms were available for end of life care and accommodation for family who wished to stay overnight. Staff and residents were afforded an opportunity to pay their respects and attend requiem services. Relatives were invited to an annual memorial service held in the centre to remember the residents who died. Staff outlined how religious and cultural practices were facilitated within the centre. Some residents attended Mass in the community and they could also access church TV.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

***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 discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There were systems in place to ensure residents' nutritional needs were met and that they did not experience poor hydration. The menus had been reviewed by a dietician and amended in line with recommendations. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained.

Inspectors joined residents having their breakfast and lunch in the dining room, and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on high calorie, diabetic and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Mealtimes in the dining room were social occasions, noise was controlled and staff were unhurried and they sat with residents while providing encouragement or assistance with the meal. Meals were staggered to provide opportunities for residents to use the main dining room.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that residents were consulted with and participated in the running of the centre. Each resident's privacy and dignity was respected and they were enabled to exercise control over their lives.

The inspector saw that residents were supported to make choices about many aspects of their lives. Residents told inspectors that they had a choice in relation to what time they got up. They could have breakfast in bed, in their bedroom or in the dining room. Inspectors saw that staff offered choices to residents with various menu options for breakfast and dinner. They were also asked where they would like to sit for their meals. One resident who required full assistance had been supported to have a cigarette and an omelette before joining other residents for her morning cup of coffee the dining room.

Residents could also choose from a range of day rooms or they could spend time in their bedrooms listening to the radio, TV or reading. The library had a selection of books and the daily activity programme was based residents interests and wishes. Residents who spoke with inspectors were especially pleased that they had chosen Glasnevin cemetery for a recent outing. Recent developments to assist residents with dementia to make choices included an album of meals to assist with menu option and a picture album of activities. Residents who preferred not to engage in activities had their wishes respected. Inspectors saw that the activity facilitator spent time with less able residents in their bedrooms and staff had a role in meeting the holistic and social needs of residents. Inspectors observed and heard staff interacting with residents in a courteous and respectful manner and addressing them by their preferred name. Inspectors monitored the quality of interactions with residents and staff and found that staff displayed meaningful connection with residents. For example chatting and having fun with residents at the breakfast table, helping a new resident to get to know other residents. When undertaking care tasks staff did not focus entirely on the task at hand but used the opportunity to connect with the residents as a person by discussing issues of significance for the resident and inquired about family members.

Personal care plans were in place which guided practice in relation to elimination needs and washing and dressing. These included information about the resident's preferences for male or female carers. Residents had a choice of a bath or a shower. At least six residents had a bath or a shower on the day of inspection and residents presented as well groomed. Many ladies had manicured nails and wore earrings and other pieces of jewellery. Staff were reminded at handover about residents who preferred a specific gender of carer for personal care. Staff used a sign 'personal care do not disturb' when they were assisting residents in their rooms.

Staff were observed knocking on bedrooms, toilet and bathroom doors and waiting for permission to enter. Residents right to refuse treatments was respected. One resident refused to wear his hearing aid and sometimes residents refused to take medications and this was documented in the medication records. Residents were consulted in relation to their end of life care wishes. Residents were supported to vote and to

practice their religion if they wished to do so.

A residents' representative committee had been set up and met twice in 2015. The minutes of these meetings highlighted suggestions regarding menu choice and day trips and a wish not to be left waiting for morning medications. Practices changed as a result of the issues that residents had raised. The hairdresser acted as an advocate for residents, she also attended residents meetings and there was evidence that issues she raised were followed up by management. The 'residents guide' had contact details for external advocacy services. The centre operated an unrestricted visiting policy in relation to residents receiving visitors.

**Judgment:**

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:**

Inspectors found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents.

Inspectors found there was an appropriate number and skill mix of staff to meet the holistic, assessed needs of the residents, and in particular residents with a dementia. Residents and staff spoken with felt there was adequate levels of staff on duty. Staff were supervised appropriate to their role and appraisals were also conducted.

An actual and planned roster was maintained in the centre with any changes clearly indicated. Inspectors reviewed staff rosters which showed there was clinical nurse manager and nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included activity therapists, catering, housekeeping and laundry staff. The person in charge ensured that nursing and care staff were assigned to teams to provide continuity of care to the residents. There was an activity therapist rostered to work for seven days and an assistant director of nursing were rostered to

ensure that a senior nurse manager was on duty every day including weekends. The centre used bank staff who were familiar with the residents when additional staff were needed.

There was a varied programme of training for staff. Staff were supported to attend external education programmes and the person in charge also facilitated a range of training courses for staff in the centre. The two activity facilitators were participating in programmes, one was doing a music therapy course and the other was doing an online programme. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, manual handling and fire safety. Staff had attended dementia care, deaf and hearing awareness courses and wound care courses. Planned training events included infection control, palliative care and end of life care.

Systems were in place to support staff communicating. Shift handover meetings were attended by all grades of staff including the activity facilitator to ensure that all staff had up to date information about the residents. The person in charge held meetings regularly with health care staff and with nurses. These meetings were used to support person centred practices. Records of the meeting showed that issues such as supporting new staff members to feel part of the team, communication with residents and reminding staff to adhere to good documentation and manual handling practices.

Inspectors did not review the recruitment policy or staff files and this was found to be compliant in the last inspection.

**Judgment:**  
Compliant

## 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:***

Mary O'Donnell  
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 report<sup>1</sup>

<b>Centre name:</b>	Riverside Nursing Home
<b>Centre ID:</b>	OSV-0000154
<b>Date of inspection:</b>	17/11/2015
<b>Date of response:</b>	15/12/2015

### 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 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:

Records of fire drills did not show the time or the zone where the fire drill took place. Learning from the training was not documented.

#### 1. 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

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

of fire.

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

The timing and zones where the regular fire training is conducted will be recorded in the minutes together with any learning shared with staff for review

**Proposed Timescale:** 15/12/2015

**Outcome 11: Health and Social Care Needs**

**Theme:**

Effective care and support

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

It was not possible to determine whether care planning for a resident with behaviours that challenged contained the most up to date information to ensure it reflected their current status as it was not presented clearly.

**2. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

This care plan has been re-written to ensure that it is clearer for the reader

**Proposed Timescale:** 15/12/2015