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## Riverside Nursing Home, OSV-0000274, 11 January 2021

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**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Riverside Nursing Home
Name of provider:	Riverside Care Centre Limited
Address of centre:	Milltown, Abbeydorney, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	11 January 2022
Centre ID:	OSV-0000274
Fieldwork ID:	MON-0034885

## About the designated centre

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

Riverside nursing home is a 27-bedded nursing home located close to the village of Abberdorney, Co. Kerry. All residents are accommodated on the ground floor in 12 twin and three single bedrooms. The centre provides 24-hour nursing care to both female and male residents with a range of diagnoses, including dementia. Communal space comprises a large combined sitting and dining room, a sitting room and a smaller room that can be used for residents to meet with visitors in private. There is also secure outdoor space.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

24

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 11 January 2022	09:30hrs to 17:30hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that Riverside Nursing Home was a pleasant place to live, and that they felt safe and well cared for by staff. The inspector spoke with several residents living in the centre, and spent periods of time observing staff and resident engagement in the communal areas, throughout the day. The inspector saw that there was a pleasant, relaxed and homely atmosphere in the centre, and residents were treated with respect and were well cared for by staff.

On arrival to the centre, the inspector was effectively guided through the infection prevention and control procedures by a member of staff. An opening meeting was held with the person in charge and the general manager, followed by a tour of the premises. During the walk around of the centre, the inspector saw that staff were assisting residents to get up and dressed for the day. A number of residents were seen resting in the communal areas or finishing breakfast in their rooms.

Riverside Nursing Home is a designated centre for older people which is registered to provide care for 27 residents. The centre is situated very close to the centre of Abbeydorney village, in North Kerry. There were 24 residents living in the centre on the day of this inspection. Residents' accommodation was laid out over one floor, with staff facilities located on the first floor. Bedroom accommodation consists of 12 twin rooms and three single rooms, of which one single room is en-suite. There were a sufficient amount of shared toilet and shower facilities for residents in the centre. Some twin bedrooms, although they met the requirements of the regulations, pertaining to size, were small and may not provide sufficient room if a resident required specialised equipment. The management team informed the inspector that this was assessed on an individual basis, and residents were allocated appropriately following assessment. The inspector saw that some residents bedrooms were personalised and they had brought in memorabilia and pictures from home.

There was a variety of indoor communal space available for residents in the centre, including two sitting rooms, a dining room, a conservatory and an oratory. These were observed to be comfortable, homely spaces and residents were seen to use them to partake in activities, read newspapers, watch television or chat with each other. Residents had access to a secure internal courtyard garden. The inspector saw that the walls outdoors had been painted with bright colours and furniture was available for residents use. The centre also had a friendly pet cat.

The inspector found that the centre was generally clean and in a good state of repair. There was sufficient cleaning staff on duty to maintain the high level of cleanliness. The inspector observed numerous examples of good practice in infection prevention and control throughout the day. Staff were observed adhering to good hand hygiene practices and appropriate wearing of face masks, however, staff and residents were observed not to be social distancing at meal- times, which required

to be addressed and is discussed under regulation 27.

Residents were very complimentary of staff, and the inspector observed a number of positive interactions between staff and residents on the day of this inspection. It was evident that staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach. Communal areas were supervised at all times, and call-bells were observed to be attended to in a timely manner. Staff who spoke with the inspector were knowledgeable about the residents and their needs. Over half (58%) of residents in the centre were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content and relaxed in the company of staff, when observed throughout the day.

There was a varied schedule of activities on offer throughout the week. On the day of this inspection, the inspector observed residents partaking in a reminiscence session, singing sessions, mass, the rosary and bingo. One resident told the inspector that they "really enjoyed the activities and the day flew because there was always something to do". Throughout the day, the inspector observed residents laughing and conversing with staff. The atmosphere was relaxed and homely. The staff with responsibilities for activities demonstrated a commitment and enthusiasm for the role and it was evident that they knew the residents well.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection by an inspector of social services, to monitor compliance with the regulations, and to follow up on the actions from the previous inspection of July 2020. Overall, this inspection found that Riverside Nursing Home was a well-managed centre with effective management systems in place, ensuring the delivery of high-quality care to the residents. The management team was proactive in response to issues as they arose and regularly reviewed practices, to improve services. On this inspection some improvements were required in relation to fire safety and infection control. The inspector also reviewed the actions required from the previous inspection and found that areas identified as not compliant, had been addressed by the registered provider.

The registered provider of the centre is Riverside Care home Ltd, which comprises of two directors. One of these directors works in the centre full-time, and is directly involved in its operational management and day-to-day management. There was a clearly defined management structure in place. From a clinical perspective care is directed through the person in charge. They are supported in this role by an assistant director of nursing and a team of registered nurses, healthcare, domestic,

catering and activities staff.

On the day of the inspection there were adequate resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff had the required skills, competencies and experience to fulfil their roles. Staff had access to education and training appropriate to their role and mandatory training with the exception of managing challenging behaviors, was in date for all staff.

Improvements were noted in the centre's induction process for new staff, since the previous inspection. There was now a more comprehensive induction process initiated. The inspector reviewed a sample of three staff personnel files, however, not all had the required information as per Schedule 2 of the regulations, which is detailed further under Regulation 21.

Regular management meetings were taking place to discuss key operational issues impacting on the running and quality of care at the centre. Staff were seen to be knowledgeable about residents' care requirements and regular staff meetings took place. There was evidence of consultation with residents in the planning and running of the centre and resident satisfaction questionnaires were completed to help inform ongoing improvements and required changes in the centre.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time due to the global pandemic. The centre had experienced an outbreak of COVID-19 in August 2021, where residents and staff were affected. During the outbreak, the centre had engaged with the local public health team for support and advice. The Health Service Executive ( HSE) had organised for a nurse with expertise in infection prevention and control to do an on site inspection during the outbreak. The management team had implemented its contingency plan for staffing and its communication strategy for residents and their relatives during the outbreak. A review of the management of the COVID-19 outbreak had been completed and included lessons learned, to ensure preparedness for any further outbreaks. Contingency plans were in place should the centre experience another outbreak. On the day of this inspection, there were no residents in the centre with confirmed COVID-19.

All incidents occurring in the centre were notified to the Chief Inspector, as required by the regulations. An effective complaints' procedure was in place and included a regular follow-up process completed by the person in charge with complainants, to ensure that there was ongoing satisfaction with the service.

## Regulation 14: Persons in charge

There was a person in charge of the centre, who worked full-time. The person in charge is a registered nurse with the required nursing and managerial qualifications, as per regulatory requirements. The person in charge was knowledgeable regarding the specific care requirements of each residents living in the centre and were well

known to residents and staff.

Judgment: Compliant

### Regulation 15: Staffing

On the day of the inspection the number and skill-mix of staff in the centre was appropriate to meet the assessed needs of residents, in accordance with the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were supported and facilitated to attend training. A review of training records indicated that all staff had completed up-to-date training in mandatory areas such as manual and people handling, fire safety and safeguarding residents from abuse. However, training in the management of challenging behaviours had expired for all staff.

Judgment: Substantially compliant

### Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed three staff personnel records. One staff file did not have references available for review, which is a requirement as per Schedule 2 of the regulations. These were sourced following the inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles and detailed responsibility for all areas of care provision. There were robust management systems in place to ensure that the service provided was safe appropriate, consistently and effectively monitored.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents and accidents which occurred in the centre was well maintained. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the Chief Inspector. Incidents such as falls were regularly analysed and reviewed, to identify any trends, and minimise the risk of reoccurring at the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of the complaints records found that complaints were promptly managed in line with the regulatory requirements. The outcome of all complaints was recorded, as was the complainants level of satisfaction. The complaints policy and procedure was available and prominently displayed within the centre.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Riverside Nursing Home, which was respectful of their wishes and choices. Residents told the inspector that they felt safe and supported living in the centre. The inspector was assured that residents' medical and health care needs were being met.

Residents received a good standard of healthcare in the centre. Residents had access to health care services including occupational therapy, physiotherapy, speech and language therapy, dietetics, optometry, dentistry, mental health services, psychiatry of older age and tissue viability nursing. The residents' general practitioners (GPs) attended the centre for regular medical reviews, and residents had access to specialist geriatrician services where required. Each resident had a comprehensive assessment of their health, personal and social care needs on admission to the centre. This included the use of validated screening and assessment tools, and there was evidence of input from appropriate allied health care professionals where necessary. Care plans were person centred and updated

four monthly, as per regulatory requirements.

Some improvements were noted with regards to fire safety since the previous inspection. Frequent fire drills were now taking place in the centre, including evacuations of full compartments. However, these were done with optimal staffing levels and had not been carried out with minimal staffing levels available during the night. An immediate action plan was issued to the provider and some assurances were provided following the inspection, which is detailed under Regulation 28 along with some other areas for improvement, in relation to fire precautions. Service records evidenced that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The management team was recording risks in the centre and there was a risk management policy in place; however, the frequency of review was not evident, which is discussed under regulation 26.

There were appropriate arrangements in place to monitor for the risk of COVID-19 being introduced into the centre. There was signage available throughout the centre reminding staff, residents and visitors of the protocols to follow in maintaining effective infection prevention and control measures. Throughout the inspection, these measures were observed to be adhered to by staff and residents.

From discussion with the person in charge and staff, and observations of the inspector, there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff, using effective de-escalation methods. This was reflected in responsive behaviour care plans. Some improvements were required in the use of bed-rails, to ensure that practices and policy were in line with national guidance, which is discussed further under regulation 7.

The inspector observed that the residents were comfortable throughout the day and that staff respected their privacy and dignity. Residents' rights and choices were respected. Residents' meetings took place monthly and the provider sought feedback from residents via surveys. There were also opportunities for residents to participate in meaningful activities.

## Regulation 11: Visits

There were comprehensive systems in place to guide visitors through appropriate COVID-19 safety checks at the centre, at the entrance. On the day of this inspection visits to the centre was restricted to window visits, in response to a suspected case of COVID-19. The inspector observed window visiting taking place in the conservatory.

Judgment: Compliant

## Regulation 13: End of life

A sample of care plans reviewed evidenced that staff had actively engaged with residents to elicit their end-of-life care wishes. All residents living in the centre had Advanced Care Directives in place.

Judgment: Compliant

## Regulation 26: Risk management

The risk management policy and risk register was available for review and complied with the legislative requirements. There were also arrangements in place to review incidents and accidents. However, the centres risk register did not reflect or indicate when these risks had last been reviewed and evaluated. Therefore, it was difficult to ascertain if risks documented were relevant and if the measures and actions to control each risk were being monitored to ensure that measures in place to mitigate or eliminate identified risks were effective.

Judgment: Substantially compliant

## Regulation 27: Infection control

The inspector found that although there was some good practices in relation to infection control at the centre, the following areas required improvement:

- grab-rails in a bathroom were rusted, therefore, staff cleaning could not be assured.
- staff were observed not to be social distancing at break time as per public health guidelines.
- care staff were observed entering the kitchen, without following appropriate procedures and wearing appropriate attire, which was an infection control risk and may increase the risk of cross infection.
- the layout of the laundry facilities required review to ensure that dirty and clean laundry were segregated appropriately.
- there was no bedpan washer or macerator in the centre. Manual cleaning and disinfection must be avoided as the risk of contamination is too high.
- there was no wash hand basin in the sluice room.
- the clinical hand wash sinks in the centre did not comply with current recommended specifications.
- residents were not social distancing at dinner and were observed to be congregated in a small dining area, which increases the risk of transmission

of infection.

Judgment: Not compliant

### Regulation 28: Fire precautions

The following required to be addressed pertaining to fire precautions:

- The inspector was not assured that residents could be safely evacuated in the event of a fire at night, when staffing levels in the centre were reduced to two people. An immediate action plan was submitted to the provider, following this inspection of which the provider actively engaged. The provider submitted a fire drill report, which provided assurances. However, further drills were required to ensure the competency of all staff and that appropriate evacuation times could be maintained.
- The inspector found that two fire doors were not functioning appropriately, as they would not close, thus being ineffective in the event of a fire. The management team agreed to review all doors following the inspection. It was also found that fire doors were not always checked weekly, in accordance with relevant guidance.
- personal emergency evacuation plans (PEEPs) required to be updated for some residents, to ensure they accuracy reflected the level of assistance residents required to evacuate, in the event of an emergency.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Improvements were noted in medication management since the previous inspection. Controlled drugs were checked and counted at each shift change, in line with professional guidelines. There was a system in place for storage and disposal of medication that were no longer required or out of date.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans. It was evident that the standard of care planning was good. Validated risk assessments were regularly and routinely completed to assess various clinical risks, including risks of malnutrition, pressure

ulcers and falls. A comprehensive assessment was completed for residents within 48 hours of admission, in line with the regulatory requirements.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their general practitioner (GP). Residents also had access to a range of allied health care professionals. Improvements were noted in the assessment and monitoring of wounds since the previous inspection. There was a low incidence of pressure ulcer development in the centre.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The process for assessing residents prior to use of restraint required review, as it was found to be outdated and did not reflect recommendations of national policy. Staff training in managing behaviours that challenge had also expired, which is actioned under regulation 16.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Overall, the inspector found that the rights of residents were respected in Riverside Nursing Home. Residents living in the centre were provided with opportunities to participate in regular activities, in accordance with their interests and capacities. It was evident that residents were consulted with regularly and their opinions and suggestions were sought, with the aim of improving their quality of life.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Riverside Nursing Home OSV-0000274

Inspection ID: MON-0034885

Date of inspection: 11/01/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Management of Behaviours that Challenge training has been scheduled for all staff.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Verbal references will be documented correctly going forward.	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: The current risk register is reviewed monthly. A register of identified active risks is being developed and will be reviewed monthly.	

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The grab rails in the bathroom have been replaced. All staff have been reminded about the correct social distancing and this has been displayed on the notice board in the staff area since March 2020. The Dining Arrangements were reviewed immediately following the inspection. The sluice room is scheduled for an upgrade and all appropriate equipment will be put in place. The laundry system is currently under review.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In 2021 we completed 31 full compartment evacuations to ensure that all staff have the knowledge to evacuate the residents effectively and to ensure that all residents are aware of the procedures also. In 2022 we have scheduled 35 full compartment evacuations. These will include minimum staffing level evacuations. To ensure that we maintain fast evacuation times we ensure a range of resident mobility requirements in each compartment. The PEEP's were due for review in January and this is complete. Maintenance on the 2 fire doors is complete and all fire doors are checked weekly.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Staff training has been scheduled for all staff. We are reviewing our current restraint assessment for the use of bed rails.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	14/02/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	28/02/2022
Regulation 27	The registered provider shall ensure that	Not Compliant	Orange	30/04/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	14/02/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	14/02/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe	Substantially Compliant	Yellow	14/02/2022

	placement of residents.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	28/02/2022