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Rivervale Nursing Home, OSV-0005519, 22 July 2019

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Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Rivervale Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	Old Birr Road, Rathnaleen, Nenagh, Tipperary
Type of inspection:	Announced
Date of inspection:	22 July 2019
Centre ID:	OSV-0005519
Fieldwork ID:	MON-0022878

About the designated centre

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

Rivervale Nursing Home is a purpose-built single storey nursing home that provides 24-hour nursing care. It is located in a rural area close to the town of Nenagh. It can accommodate up to 45 residents over the age of 18 years including persons with dementia. It is a mixed gender facility catering for low to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining room, day room, smoking room, conservatories, hairdressing room and a landscaped secure garden area. Bedroom accommodation is offered in both single and twin rooms with en-suite bathroom facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

39

How we inspect

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
22 July 2019	09:00hrs to 18:30hrs	Mary Costelloe	Lead
22 July 2019	09:00hrs to 18:30hrs	Gearoid Harrahill	Support

What residents told us and what inspectors observed

The inspectors spoke with approximately 15 residents and some relatives during this announced inspection. Nine questionnaires completed by residents in advance of the inspection were also reviewed.

Residents spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for, comfortable and happy living in the centre.

Residents stated that staff were very helpful, kind and caring, and that staff respected their privacy and always knocked before entering their bedroom. They stated that staff were very approachable and they felt listened to.

Residents were complimentary of the quality and choice of foods on offer; they told inspectors that the meals were always very nice.

Others mentioned that they enjoyed the variety of activities taking place. Some mentioned that being able to get outside and access the garden was very important to them. Others told the inspectors that they enjoyed the regular weekly music sessions, attending weekly mass in the centre and going on day trips.

Residents said that visitors were always welcome and there were several places to meet in private if they wished. Relatives mentioned that they were always made feel welcome and offered refreshments.

Residents told the inspectors how they liked their bedrooms and found them to be comfortable. Others mentioned that they liked the bright communal areas and outdoor green areas.

Residents confirmed that they were able to choose how they spent their day, for example they could get up when they liked and go to bed at a time of their choice, they could have meals in their bedroom, dining room or conservatory.

Feedback in one questionnaire identified maintenance and cleaning of the building and equipment as an issue.

Capacity and capability

Governance arrangements required further improvement to ensure that the service

provided was safe, consistent and effectively monitored particularly in the areas of fire safety evacuation, cleaning, infection prevention and control, refurbishing and maintenance of the building and equipment.

While improvements were noted with regard to staff training, governance and management, complaints management, management of responsive behaviour, and healthcare, there were repeated non-compliances in relation to fire safety and evacuation, assessment and care planning, and infection prevention and control.

There were clear management structures and systems in place to review the safety and quality of care. However, while these governance arrangements generally worked well to oversee the quality of care, it was of concern that the systems in place had not identified the issues found by inspectors during the course of this announced inspection. These issues are discussed further under the quality and safety section of the report.

The management team indicated a positive attitude to the areas identified for improvement on the day of inspection and a verbal commitment was given that concerns would be addressed in a timely manner.

The person in charge worked full time in the centre, a clinical nurse manager had been appointed since the previous inspection and deputised in the absence of the person in charge. There was an on-call out-of-hours system in place. The person in charge was further supported by the management team including the registered provider representative, services manager and administrator. The management team met regularly and attended bi-weekly governance team meetings which were held in the centre.

The nursing management team met each other, residents and staff on a daily basis. They knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose.

The team had continued to evaluate its compliance with relevant standards and regulations and there was a comprehensive audit schedule in place. Regular audits and reviews continued to be carried out in relation to clinical care, medicines management, use of restraints, dining experience, hand hygiene, infection control, meaningful activities for residents, laundry, incidents and environment. The results of audits were discussed at the governance team meetings. While some audits were found to be meaningful, informative and used to bring about improvements to the service provided, others had not identified issues for improvement found by inspectors. There was a review completed on the quality and safety of care in the centre for 2019. Feedback from resident committee meetings and resident satisfaction surveys were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to fulfil their roles and responsibilities. They ensured that all staff had An Garda Síochána

vetting (police clearance) in place as a primary safeguarding measure and all documents as required by the regulations were available.

Staff were provided with training and ongoing development opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver high-quality, safe and effective care services to residents. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and skills to treat each resident with respect and dignity, and were able to recognise the signs of abuse and or neglect, and the actions required to protect residents from harm.

Staff delivered care in a respectful, timely and safe manner. The management team reviewed staffing levels on an ongoing basis to ensure that the numbers and skill-mix were sufficient to meet the assessed needs of residents. The person in charge had assessed residents dependencies as 12 maximum, 12 high, eight medium, six low and three independent. On the day of inspection there were two nurses and seven care assistants on duty in the morning time, two nurses and four care assistants on duty in the afternoon, one nurse and four care assistants on duty in the evening up until 10pm and one nurse and two care assistants on duty at night time until 7am. The person in charge, activities coordinator, catering and housekeeping staff were normally on duty during the day time. There were no volunteers attending the centre. Staffing rosters required review to reflect the roles and hours worked by all staff, particularly to ensure that there were adequate hours allocated to cleaning and housekeeping. Further assurances were required regarding the staffing levels at night time to ensure that residents could be evacuated in a timely and safe manner in the event of fire. This is included under Regulation 28: Fire Precautions

Complaints and concerns were listened to and acted upon in an effective manner. The complaints procedure was clearly displayed and the inspectors were satisfied that complaints had been managed in line with the centre's complaints policy. Complaints were logged, investigated and appropriately responded to.

The management team was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed indicated that all staff had completed mandatory training. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which included all details required under Schedule 3 of the regulations and had been updated to reflect recent admissions and transfers.

Judgment: Compliant

Regulation 22: Insurance

The provider had the required policies of insurance in place for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Governance arrangements required improvement to ensure that the service provided was safe, consistent and effectively monitored. Governance systems in place required improvement particularly in the areas of fire safety evacuation, cleaning, infection prevention and control, refurbishing and maintenance of the building and equipment.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

All residents had a contract of care in place which outlined the terms of their residency. Regular fees payable were clearly identified and the contracts included a list of services facilitated which would incur additional charges. Contracts identified whether a resident had a single or shared bedroom. The provider was in the process of updating contracts which had been agreed with residents admitted under the previous provider to ensure they were correct and up to date.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating in order to fully comply with the requirements of the regulations. The narrative description of all rooms, en-suite facilities and associated floor plan required review to ensure they were accurate and specific.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The procedure for making a complaint was clearly posted in a prominent position on the premises, and staff members spoken with were aware of how to receive and record complaints made and refer them to the appropriate managers. The policy had nominated a designated person to manage complaints made in the centre. Records showed that all complaints were recorded and investigated in a timely fashion and in line with centre policy.

Complaints were recorded in a digital online log, identifying the subject of the complaint, and the response by the management to same. The outcome and learning attained was recorded as well as the satisfaction status of the complainant.

Verbal complaints were recorded with the same level of detail as those submitted in writing.

Judgment: Compliant

Regulation 21: Records

Some records as required by the regulations required improvements.

Staffing rosters required review to reflect the roles and hours worked by all staff. The staff roster did not identify the staff member allocated to cleaning duties on some days. The staff roster did not identify the number of hours worked by the staff member allocated to cleaning duties on some days.

Checks carried out on residents using bed rails were not recorded.

Judgment: Substantially compliant

Quality and safety

Overall, residents in this centre were well cared for, and the quality of care provided was to a high standard. As discussed under the capacity and capability section deficits in governance systems impacted on the quality and safety of service. Improvements were required in providing assurances in relation to the safe and timely evacuation of residents, arrangements for maintaining and refurbishing the physical environment including fixtures, furnishings and fittings, arrangements in place for cleaning and disinfection of the facility, and further safeguards were required to enhance the protection of residents' money and ensuring consistency in the nursing documentation.

Residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. There was improved access to the physiotherapist who now visited the centre one day a week. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required.

Residents were protected through medicine management and practices that were in line with national standards. This was also evidenced by audits carried out by the pharmacist and person in charge which found good levels of compliance.

Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. A range of risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral health, pain, and meaningful activities. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. While the inspectors noted many improvements to the nursing documentation and many care plans were individualised, person centred and informative, inconsistencies were still noted. Improvements were required to ensure that care plans were in place for all identified issues, that all care plans reflected the current needs of residents and guided staff in the care of the resident.

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

Improvements were required to ensure safer systems of protecting residents' money. Additional safeguards were required to ensure that pensions collected from the Department of Social Welfare were paid into an interest bearing account on behalf of those residents in line with Department of Social Protection guidelines. At the time of the inspection, resident pensions were being transferred into the business account of the service before the balance after expenses was deposited into a resident account. Residents had access to money being managed by the provider at all times. The provider held small amounts of cash and belongings for residents on site, and this was stored securely, with double signing and an accurate log of incoming and outgoing balance providing safeguards for people's valuables.

There was evidence of regular fire safety checks being carried out and all staff had received ongoing fire safety training which included evacuation and use of equipment. The servicing of the fire alarm and fire equipment was up to date. All fire exits were observed to be free of any obstructions. Staff spoken with were generally familiar with progressive horizontal evacuation and the routes to follow to evacuate, however there were inconsistencies in staff knowledge on the most appropriate means of evacuating residents safely and quickly from compartments in the event of an emergency. Records reviewed showed that regular fire drills were being carried out, however, there was no recorded evidence of simulated full compartment evacuation fire drills conducted to take account of night time staffing levels and residents' evacuation requirements when the compartment would be full. Following the inspection an urgent compliance letter was issued in respect of this matter. The urgent compliance letter was responded to within the required time frame.

Staff continued to promote a restraint-free environment, guided by national policy. There were fourteen residents using bed rails at the time of inspection, some of which at the residents' own request. The inspectors noted that risk

assessments and consent in line with national policy were documented in all cases. Risk assessments indicated a clear rationale for using the bed rails along with other alternatives that had been tried or considered. However, care plans were not in place to guide staff in the care of residents using bed rails, staff spoken with confirmed that regular checks were carried out on residents using bed rails but these checks were not recorded.

There continued to be a positive approach to the management of behavioural, psychological symptoms and signs of dementia. Nursing staff spoken with were clear that they needed to consider the reasons why people's behaviour changed, and would also consider and review residents for issues such as infections, constipation, and changes in vital signs. Most staff had completed training in dementia care and management of responsive behaviours.

The design and layout of the centre encouraged and aided residents to be independent. Appropriate signage was provided to assist residents in finding their way around the centre. There was a good variety of communal day spaces which were bright and spacious. However, inspectors noted that many areas of the building as well as equipment and furniture were not clean and were not maintained in a good state of repair. This is discussed further under Regulations 17: Premises and 27: Infection Control.

Regulation 11: Visits

There was no unnecessary restriction on visitors coming into the centre. There were multiple rooms and areas in the building in which residents could receive their visitors in private. A visitor log in the front lobby recorded people coming and going from the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Arrangements in place to ensure that all laundered clothes were returned to residents required improvement. Inspectors observed that there was some items of clothing and a large bag of assorted socks in the the laundry and staff did not know to whom they belonged. Some residents had mentioned that mislaid clothing was sometimes an issue. Arrangements in place regarding individual residents' personal toiletries and items such as razors, brushes and combs in shared bedrooms required review. Inspectors noted that these items were not labelled or stored separately to ensure that each person exclusively used, or were assisted with, their own personal items.

Judgment: Substantially compliant

Regulation 17: Premises

The centre was designed around a large central atrium with corridors leading to single and twin bedrooms. There were multiple large and small communal sitting rooms, a dining room and two conservatory sun rooms, which provided a variety of environments in which resident could spend their time, receive visitors, eat their meals, relax or socialise. The environment was bright, relaxed and uncrowded.

Bedrooms varied in design and decor and had been personalised to the residents' preference with photographs, artwork, and personal items. Residents had their own televisions and twin rooms had privacy screening available between the bed spaces. There was adequate storage space for people's clothes and belongings in the bedrooms.

A laundry and kitchen service was available on site, as was a hairdressing salon which residents enjoyed. The centre was designed to assist safe navigation of residents alone or with assistance, all corridors were free of obstruction and lined with handrails, floor coverings were safe with no trip hazards or steps, and the centre made good use of clear pictorial signage to assist orientation. All areas of the centre were equipped with emergency call bells, and these were observed being answered promptly.

There were designated indoor and outdoor areas in which residents could smoke, and a centrally located garden. This garden was safe, secure and accessible, visible from the primary communal areas, and some residents enjoyed doing gardening work there.

During the day of inspection, inspectors noted that many rooms in the building, as well as equipment and furniture, were not clean and not maintained in a good state of repair. This impacted upon the pleasant appearance of the centre, as well as affecting the ability of some surfaces and items to be cleaned effectively in line with good practice standards for the prevention and control of healthcare-associated infections. Examples included:

- Staining on walls in bedrooms and communal areas
- Dust and cobwebs on walls and ceilings, in corners, behind furniture and equipment.
- Paint and plasterwork on walls damaged by beds and other equipment
- Dust, debris and plaster flakes collecting on the floor behind doors and underneath beds
- Armchairs with damaged upholstery
- Doors, door frames and wooden furniture damaged and worn
- Rusting on commode chairs in bathrooms
- Some areas with spiderwebs or dead insects in corners and gaps
- Unclean or unsuitable items in bathrooms and sluice rooms

- Sealing strips on wall-floor junctions in many bedrooms were defective and peeling away

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met. Meal times were observed to be an pleasant experience. The nutritional status of residents was assessed regularly using a validated nutritional screening tool. This was documented in the care plan to ensure staff were aware of the nutritional status and dietary requirements of each resident. Some residents required assistance with their meals and this was provided by staff in a discreet and sensitive manner. Residents spoke positively on the quality and choice offered at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

There were contracts in place for the regular testing and servicing of equipment including the fire alarm, fire detection and extinguishing equipment, and hoists.

All residents had an up-to-date personal emergency evacuation plans in place.

There was a comprehensive risk register in place, however, control measures identified were not always implemented.

Judgment: Substantially compliant

Regulation 27: Infection control

Inspectors noted that procedures and practices consistent with good practice standards for the prevention and control of healthcare-associated infections were not implemented, for example

- Many parts of the building and some equipment were not maintained in a clean condition
- Equipment which was rusted could not be effectively decontaminated.
- Worn and defective surfaces could not be effectively cleaned
- The staff roster did not identify the staff member allocated to cleaning duties on some days

- The staff roster did not identify the number of hours worked by the staff member allocated to cleaning duties on some days
- Arrangements in place for the segregation of soiled and clean laundry items were inadequate.
- Arrangements for the storage of residents' personal toiletries and items such as razors, brushes and combs were inadequate in shared bedrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

Reassurances were required in relation to safe and timely evacuation of residents in the event of fire, particularly at night time. There were inconsistencies in staff knowledge on the most appropriate means of evacuating residents safely and quickly from compartments in the event of an emergency. Records reviewed showed that while regular fire drills were being carried out, there was no recorded evidence of a simulated full compartment evacuation fire drill conducted to take account of night time staffing levels and residents' evacuation requirements.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was evidence of generally good medicines management practices and sufficient policies and procedures to support and guide practice. Medicines were regularly reviewed by the general practitioners (GPs) and good supports were available from the local pharmacist. The inspectors reviewed a sample of medicine administration charts and noted that medicines were being administered as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inconsistencies were noted to the nursing documentation which was recorded on a computerised nurse documentation system. The inspectors reviewed a sample of files and noted improvements were required to

- ensure that care plans were in place for all identified issues such as use of bedrails, risk of developing pressure ulcers, high risk of falls.

- ensure that all care plans reflected the current needs of residents, for example, recommendations from the dietitian were not reflected in the residents care plan.
- ensure care plans guided staff in the care of the resident, for example, there was no guidance provided on the use of pressure relieving equipment including mattresses, there was no guidance on strategies for dealing with individual residents responsive behaviours in some files reviewed.

Judgment: Not compliant

Regulation 6: Health care

The health care needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a choice of general practitioner (GP) services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic, tissue viability and psychiatry of later life services. Chiropody, optical and dental services were also provided. All eligible residents were made aware of the national health screening service and arrangements were in place to support residents who wished to avail of the services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy on managing responsive behaviours which outlined guidance and directions to staff how to respond to and strategies for dealing with behaviours that challenge. Staff had attended training in relation to dementia care and the management of challenging behaviour. Residents also had access to support and advice from the community psychiatric team who visited the centre. There was evidence of regular reviews by the GP, as well as regular reviews of residents medicines. Psychotropic medicines were prescribed for a small number of residents on an 'as required' PRN basis and were administered occasionally by nursing staff. Records were maintained to indicate a clear rationale for administration of these medicines in line with restraint policy guidance. Some care plans reviewed outlined very clear and comprehensive person-centred information and strategies for dealing with individual residents responsive behaviours but this was not consistent in all care plans reviewed. This action is included under Regulation 5: Individual assessment and care plan.

Risk assessments indicated a clear rationale for using the bed rails along with other

alternatives that had been tried or considered. However, care plans were not in place to guide staff in the care of residents using bed rails. This action is included under Regulation 5: Individual assessment and care plan.

Improvements were required to ensure that regular checks carried out on residents using bed rails were recorded in line with the restraint policy. This action is included under Regulation 21: Records

Judgment: Compliant

Regulation 8: Protection

Residents told inspectors they felt safe and well looked after living in the centre. All staff had attended training in safeguarding of vulnerable adults and were familiar with the procedure to follow in the event of an alleged, suspected or actual incident of resident abuse. Inspectors were assured that events which had been notified by the provider had been investigated and responded to appropriately in line with the centre policy. The provider advised that all people who worked in the centre were vetted by An Garda Síochána, and in a randomly selected sample of personnel files, evidence of vetting was present.

Systems were in place to safeguard residents' finances and belongings which the provider was looking after onsite. However, improvement was required to ensure that arrangements in place for the collecting of pensions was in line with Department of Social Protection guidelines. At the time of the inspection, resident pensions were being transferred into the business account of the service before the balance after expenses was deposited into a separate resident account.

Judgment: Substantially compliant

Regulation 9: Residents' rights

During the inspection staff were observed engaging positively with residents, and were generally friendly and respectful towards them. Where assistance and support was required, it was delivered discreetly and with staff explaining what was happening when mobilising people. Resident independence and choice of what to do with their day was facilitated, and inspectors observed residents navigating the centre, going to and from their bedrooms, the bathrooms, garden and communal areas without difficulty.

Inspectors observed the dining experience during lunchtime. Staff sat beside residents who required assistance with their meals, assistance was offered discreetly. The mealtime was observed to be relaxed and unhurried. Some residents

were provided with assistive equipment such as non-spill mugs and plate guards to help them eat and drink independently. Residents were offered the choice of having clothing protectors and staff were observed respecting people's decision to go without them. Some residents chose to eat in the conservatory or central atrium, and this was facilitated without issue. Butter, salt, pepper and gravy were available on the tables for residents to help themselves to the amounts they preferred.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A varied programme of appropriate recreational and stimulating activities was offered. There was a full time activities coordinator employed, who was familiar with the residents, their backgrounds, interests, preferences and personalities. In addition to scheduled group activities, the activity coordinator made sufficient time in their day to provide meaningful individual social engagement for residents who spent their day in their bedroom or would benefit from more relaxed, individual activity. Records were maintained of resident participation in all activities and of those who declined to partake. This allowed the management team to oversee attendance and whether more suitable or interesting alternatives may need to be considered. The provider had arrangements in place for external parties to provide activities such as music groups and animal therapy who visited regularly. Some residents were also facilitated and assisted to go into town, to the library, cinema or hurling matches. Residents were registered to vote in elections and referenda and were facilitated to do so in the centre. Weekly mass was celebrated in the centre by a visiting local parish priest.

Regular meetings were held by an external advocate, in which resident provided feedback and suggestions on the running of the centre. The record of these meetings included follow-up actions from issues raised in previous sessions. Residents who did not wish to attend the group meetings were visited individually by the advocate to ensure that all residents were afforded the opportunity to have their say.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	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	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rivervale Nursing Home OSV-0005519

Inspection ID: MON-0022878

Date of inspection: 22/07/2019

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Fire Safety:</p> <p>All staff within the centre had up to date fire safety training on the date of inspection. The Nursing Home shall continue to ensure compliance with regards to fire safety training in the future.</p> <p>All resident Personal Emergency Evacuation Plans (PEEP's) were up to date at the time of inspection. These PEEP's have now been placed at the back of the door in each residents bedroom to inform staff of the level of assistance required to individually evacuate residents.</p> <p>The location of equipment to assist evacuating residents has been reviewed, particularly in the larger compartments of the nursing home. Assistive equipment such as wheelchairs have been strategically placed throughout the building to allow for a more timely evacuation of residents in the event of a fire.</p> <p>The dependency levels of all residents within each compartment were reviewed to ensure staff can safely evacuate each compartment in a timely manner. No change's are required at present.</p> <p>The Fire Alarm system was serviced on the 12th of July 2019 and the Fire Alarm is tested on a weekly basis. The Fire Extinguishers were serviced in March 2019. The Fire Hydrants annual inspection has taken place for 2019 and all hydrants were deemed in "good condition". A member of the Local Fire Service visited the Nursing Home already in 2019 and was given an updated site plan and all other relevant information pertaining to the Nursing Home.</p> <p>Fire Evacuation Drill's were simulated during day hours on the following dates in 2019:</p>	

23.01.2019, 25.01.2019, 14.03.2019, 20.06.2019, 28.06.2019, 10.07.2019, 16.07.2019, 19.07.2019, 21.07.2019. A fire evacuation drill was completed on the 24.07.2019 to simulate the evacuation of residents during the hours of 10pm – 7am. This was conducted with members of night staff coming off duty. Further evacuation drills of a similar nature shall be completed on a regular basis in the immediate future to assess the level of night staff competency to safely evacuate residents in a timely manner. Records of these evacuation drills will be submitted to the authority in the coming weeks.

The local fire service and emergency services are located in close proximity to the nursing home to provide assistance in the event that a full evacuation of all residents in the nursing home was required

Residential accommodation in close proximity to the nursing home has been sourced in the event of a full evacuation to ensure the safe placement of all residents.

The current Zone Chart as per the floor plan of the Nursing Home shall be redeveloped and distributed in more area's around the nursing home. This is to provide staff, residents and visitors with more visual information on the procedure to follow in an emergency situation.

All aspects of Fire safety within the Nursing Home shall be now be reviewed fortnightly during management team meetings to ensure objectives are met and full compliance with all relevant national regulation.

Staffing levels remain under constant review and change according to occupancy and resident dependency levels.

Cleaning, Infection and Prevention Control:

An additional member of housekeeping staff has been hired to meet the needs of an increase to cleaning hours allocated on weekly basis.

New equipment to replace older rusted equipment has been ordered from our medical equipment supplier.

Staff rosters have now been updated to reflect the person(s) allocated to cleaning duties and the number of hours worked daily.

A new operating system has been implemented in the laundry to ensure the segregation of soiled and clean laundry items.

Personal toiletries for all residents have been labelled individually and individual storage is now available to ensure that items are stored separately for each resident.

Regular audits shall be completed by the management team to ensure full compliance with the actions stated above.

Refurbishment and Maintenance of the building and equipment:

The nursing home is in the process of hiring a fully dedicated maintenance person to ensure that the centre is maintained in a good state of repair.

The registered provider shall complete all necessary repairs and refurbishments required throughout the premises as highlighted during the inspection.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The statement of purpose shall be updated to ensure all required information relating to rooms, en-suite facilities and associated floor plan are accurate and specific to the design and layout of the centre.

Regulation 21: Records

Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

Staff rosters have now been updated to reflect the person(s) allocated to cleaning duties and the number of hours worked daily.

Checks carried out on residents utilising bed rails are now being recorded on an online touchcare system.

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Personal toiletries for all residents have been labelled individually and individual storage is now available to ensure that items are stored separately for each resident.

All assorted clothing for residents that was in the laundry has been allocated back to relevant residents where possible. All staff have been educated by management to ensure personal items for residents are labelled appropriately before use. Residents and

their family / representatives have been informed of the importance of bringing new items of clothing for labelling before use. The laundry has been cleared of unnecessary items and equipment to additional storage will be put in place.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
The nursing home is in the process of hiring a fully dedicated maintenance person to ensure that the centre is maintained in a good state of repair.
The registered provider shall complete all necessary repairs and refurbishments required throughout the premises as highlighted during the inspection.
An additional member of housekeeping staff has been hired to meet the needs of an increase to cleaning hours allocated on weekly basis.
Regular audits shall be completed by the management team to ensure all aspects of cleaning within the centre is carried out appropriately.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:
The risk register shall be reviewed in full to ensure control measures identified are implemented in full and highlighted in the register as additional controls required for completion.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
The nursing home is in the process of hiring a fully dedicated maintenance person to ensure that the centre is maintained in a good state of repair.
The registered provider shall complete all necessary repairs and refurbishments required throughout the premises as highlighted during the inspection.
An additional member of housekeeping staff has been hired to meet the needs of an increase to cleaning hours allocated on weekly basis.

New equipment to replace older rusted equipment has been ordered from our medical equipment supplier.

Staff rosters have now been updated to reflect the person(s) allocated to cleaning duties and the number of hours worked daily.

A new operating system has been implemented in the laundry to ensure the segregation of soiled and clean laundry items.

Personal toiletries for all residents have been labelled individually and individual storage is now available to ensure that items are stored separately for each resident.

Regular audits shall be completed by the management team to ensure full compliance with the actions stated above.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All staff within the centre had up to date fire safety training on the date of inspection. The Nursing Home shall continue to ensure compliance with regards to fire safety training in the future.

All resident Personal Emergency Evacuation Plans (PEEP's) were up to date at the time of inspection. These PEEP's have now been placed at the back of the door in each resident's bedroom to inform staff of the level of assistance required to individually evacuate residents.

The location of equipment to assist evacuating residents has been reviewed, particularly in the larger compartments of the nursing home. Assistive equipment such as wheelchairs have been strategically placed throughout the building to allow for a more timely evacuation of residents in the event of a fire.

The dependency levels of all residents within each compartment were reviewed to ensure staff can safely evacuate each compartment in a timely manner. No changes are required at present.

The Fire Alarm system was serviced on the 12th of July 2019 and the Fire Alarm is tested on a weekly basis. The Fire Extinguishers were serviced in March 2019. The Fire Hydrants annual inspection has taken place for 2019 and all hydrants were deemed in "good condition". A member of the Local Fire Service visited the Nursing Home already in 2019 and was given an updated site plan and all other relevant information pertaining to the Nursing Home.

Fire Evacuation Drills were simulated during day hours on the following dates in 2019: 23.01.2019, 25.01.2019, 14.03.2019, 20.06.2019, 28.06.2019, 10.07.2019, 16.07.2019, 19.07.2019, 21.07.2019. A fire evacuation drill was completed on the 24.07.2019 to simulate the evacuation of residents during the hours of 10pm – 7am. This was conducted with members of night staff coming off duty. Further evacuation drills of a similar nature shall be completed on a regular basis in the immediate future to assess the level of night staff competency to safely evacuate residents in a timely manner. Records of these evacuation drills will be submitted to the authority in the coming weeks.

The local fire service and emergency services are located in close proximity to the nursing home to provide assistance in the event that a full evacuation of all residents in the nursing home was required

Residential accommodation in close proximity to the nursing home has been sourced in the event of a full evacuation to ensure the safe placement of all residents.

The current Zone Chart as per the floor plan of the Nursing Home shall be redeveloped and distributed in more area's around the nursing home. This is to provide staff, residents and visitors with more visual information on the procedure to follow in an emergency situation.

All aspects of Fire safety within the Nursing Home shall be now be reviewed fortnightly during management team meetings to ensure objectives are met and full compliance with all relevant national regulation.

Staffing levels remain under constant review and change according to occupancy and resident dependency levels.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 All nursing staff shall receive refresher training from the centre manager in relation to assessment and care planning whilst utilising our online care system.

Relevant care plans have been updated to reflect all issues identified during the inspection report.

Care plan's shall be regularly audited by the management team to ensure full compliance going forward.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A separate resident account has been set up and correspondence between the nursing home and department of social protection is ongoing to ensure resident pensions are made directly into the separate resident account. All expenses are then debited to the business account.</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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	31/08/2019
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to	Substantially Compliant	Yellow	31/08/2019

	store and maintain his or her clothes and other personal possessions.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/10/2019
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	26/07/2019
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively	Not Compliant	Orange	31/10/2019

	monitored.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/09/2019
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/08/2019
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 placement of residents.	Not Compliant	Red	25/07/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/08/2019

Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Yellow	30/09/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2019
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/08/2019