



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

Issued by the Chief Inspector

Name of designated centre:	Riverdale House Nursing Home
Name of provider:	Cosgrave Nursing Consultancy Limited
Address of centre:	Blackwater, Ardnacrusha, Clare
Type of inspection:	Unannounced
Date of inspection:	11 October 2021
Centre ID:	OSV-0000448
Fieldwork ID:	MON-0034480

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Monday 11 October 2021	09:00hrs to 18:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector met and spoke with several residents during this inspection. The overall feedback from residents was one of satisfaction with the care and service provided. Residents stated that the staff were lovely and very attentive, that they were well looked after and they were happy living in the centre. One resident commented that 'staff would stand on their heads for you'.

On arrival, the inspector observed that the external appearance of the centre was inviting, clean and well maintained.

The inspector arrived unannounced to the centre and the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering and temperature check. Following an opening meeting, the inspector carried out an inspection of the premises, where they also met and spoke with residents in the communal day areas and in their bedrooms.

This centre had an outbreak of COVID-19 at the end of August 2021. During the outbreak the authority was notified of 19 residents and six staff members who had tested positive for COVID-19. Sadly three residents passed away. The outbreak was declared over on 2 October 2021.

On the morning of inspection, some residents were having their breakfasts in the dining room, others were relaxing in the main day room, some watching a gardening programme on television and others reading the daily newspapers. Some residents were still in bed while others were relaxing in their bedrooms. Some residents spoken with told the inspector that they liked to spend time in their bedrooms and could choose to have their breakfast served in their bedroom. Throughout the morning time, the inspector observed that residents could have their breakfast served in the dining room at the time that suited them, while regular drinks and snacks of choice were served to residents in the day room.

During the afternoon, residents were observed partaking and enjoying a number of individual and group activities. To celebrate Christopher Columbus day, residents actively took part in a trivia quiz on the subject. Residents also enjoyed partaking in a baking activity making cookies and preparing crab apples to make jam. There was an activities coordinator on duty Monday to Friday who was seen to encourage participation and stimulate conversation. The weekly and daily activities schedule was displayed and included a variety of activities including baking, flower arranging, art, armchair travel, bingo, music quiz and exercise programme. A dog therapy visit had recently taken place and residents attended yoga classes via Zoom.

Residents spoke of enjoying regular weekly choir practice and were proud to tell the inspector that RTE (Ireland's public service broadcaster) had visited the centre and how they had featured recently on the front line choir programme which was

broadcast on the television.

Residents had access to enclosed garden courtyard areas, the doors to the garden areas were open and they were easily accessible. The garden areas were attractive with landscaped beds, hanging baskets and outdoor furniture provided for residents use. Some residents told the inspector how they enjoyed being able to get outside, go for a walk and get some fresh air. Some residents enjoyed gardening, residents had sown flower seeds and grown their own fruit and vegetables. Staff were observed supporting residents to go outside for walks.

Residents spoken with were happy that visits to the centre had been eased in line with government guidance. There was a bright and spacious visitors room with direct access from outdoors. Residents commented that they were satisfied and happy with the arrangements. The inspector observed that residents received visitors during the day of inspection.

The inspector observed the lunch time meal experience. The majority of residents had their meal in the main dining room. Residents reported that the food was very good and that they were happy with the choice and variety of food offered. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. The inspector observed that a variety of snacks, drinks and home baked goods were offered between meals times.

Throughout the day, the inspector noted that there was a familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

The building is two-storey in design and had been extended and refurbished in recent years. Accommodation for 29 residents is provided on both floors in 11 single and nine twin bedrooms. Several of the bedrooms have en suite shower and toilet facilities. There are additional toilet and shower facilities provided on each bedroom corridor.

Residents' bedrooms were personalised with items of significance to each resident and there was adequate storage facilities for storage of personal possessions. Many residents had their own pictures, framed photographs, paintings, ornaments and furniture. Residents spoken with stated that they liked their bedrooms and found them to be comfortable. The inspector observed that bedrooms were provided with coordinating bed linen and curtains.

There was a variety of communal day spaces including the main ground floor day room, dining room, visitors room as well as seating areas in alcoves and corridors. The communal areas were decorated in a domestic homely style. Grab-rails and handrails were provided to bathrooms and corridors. Residents artwork was framed and displayed on corridors throughout the building. Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre. There was a sign with a word and a picture for bathrooms, dining rooms, day rooms and gardens. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for. There is a lift provided which allowed residents easily access both floors.

Residents were seen to be moving as they chose within the centre.

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 inspection was a one day risk based inspection. The inspection was carried out

- following an application to the Chief Inspector to register a new provider
- following notification to the Chief Inspector of an outbreak of COVID-19
- to monitor compliance with the regulations

The registered provider Cosgrave Nursing Consultancy Ltd had recently taken over the management and operation of the centre on the 27 September 2021. The company is also the registered provider for Cratloe Nursing Home. The company has two directors, both having key roles in the management and oversight of the business. The registered provider representative has experience in the operational and nursing management of Cratloe nursing home. He works full-time and is involved in the day to day operation and management of both centres.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The nursing management and core team of staff had remained working in the centre. There was a full time person in charge who had been working in the role since 2013. The assistant director of nursing deputised in absence of the person in charge. The person in charge was supported by nurses, care staff, activities coordinator, catering and housekeeping staff. The new registered provider had appointed an administrator and human resource and facilities manager to also support the person in charge in their role.

The management team were in the process of reviewing all staff training records and had identified that the mandatory training for some staff was not up-to-date. The training matrix was not available, therefore, the inspector could not accurately determine how many staff had or had not completed mandatory training. Some staff spoken with advised that they had completed recent fire safety training and all staff spoken with stated that they had completed training on infection prevention and control. The management team advised that mandatory training for all staff will be prioritised.

The management team advised that they had reviewed the staffing levels and skill mix of staff in order to meet the support requirements of 26 residents. On the morning of inspection, the person in charge was working as the nurse on the floor. The management team advised that staffing numbers had been reviewed and that a nurse was being rostered from the day following the inspection to include another

nurse in addition to the person in charge. Staffing rosters reviewed confirmed this.

The inspector reviewed a sample of four staff files. These staff had been recruited prior to the provider taking over the business. While all files contained Garda Síochána vetting disclosures, other documents as required by the regulations were not available. This is discussed further under regulation 21: Records.

The management team were in the process of reviewing audit tools and updating systems in place to oversee the quality and safety of care in the centre. There was an existing audit schedule in place. Regular audits and analysis had been carried out in areas such as infection prevention and control, hand hygiene, incidents and accidents, health and safety, wounds, call bells, food and nutrition and hoist usage. However, some of the audits were not found to be meaningful and had not identified areas for improvement. The person in charge outlined how she planned to complete a review of the recent COVID-19 outbreak in the centre to ensure lessons learnt could be used to inform future outbreak management. The provider representative was aware of the requirement to complete an annual review on the quality and safety of care in the centre.

The registered provider representative confirmed that he was in the process of reviewing all existing policies and procedures including all schedule 5 policies, COVID-19 policies and emergency plans to reflect the role of the new management team. He advised that he planned to initially work three days a week in the centre to support the person in charge, oversee staff training and fire safety management, update contracts of care, put in place strengthened systems to oversee the quality and safety of care and get to know residents and staff.

The registered provider representative advised that a computerised documentation system was being provided in order to enhance the quality of nursing documentation. He also advised that improvements to the premises including the replacement of carpet flooring to communal areas including corridors was planned in order to ensure that more effective cleaning could take place and improve overall compliance in relation to infection prevention and control.

Regulation 15: Staffing

There were adequate staff on duty on the day to meet the needs of residents. The management team advised that additional nursing staff had been recruited and were due to commence next month. The registered provider representative undertook to ensure staffing levels were kept under review having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were in the process of reviewing all staff training records and had identified that the mandatory training for some staff was not up-to-date. The training matrix was not available, therefore, the inspector could not accurately determine how many staff had or had not completed mandatory training. See also Regulation 7: Managing behaviour that is challenging; Regulation 8: Protection and Regulation 28: Fire Precautions.

Judgment: Not compliant

Regulation 21: Records

Documents as required by the regulations were not available in some staff files reviewed such as

- Evidence of the persons identity including a recent photograph
- Details and documentary evidence of accredited training
- Two written references including a reference from the persons most recent employer.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider Cosgrave Nursing Consultancy Ltd had recently taken over the management and operation of the centre on the 27 September 2021. The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. They were positive in attitude and demonstrated a willingness to comply with the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect recent changes to the management of the centre, to accurately reflect the conditions of registration, to include the management arrangements in the centre in the absence of the person in charge and accurately reflect the staff numbers including their whole time

equivalents.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints policy and complaints procedure required updating to reflect changes to the persons involved in the management of complaints. This action is included under Regulation 4: Written policies and procedures

The person in charge advised that there had been no recent or open complaints.

The registered provider representative outlined that complaints will be logged on the new computerised documentation system which is planned.

Judgment: Compliant

Regulation 4: Written policies and procedures

All existing policies and procedures including all schedule 5 policies, COVID-19 policies and emergency plans required updating to reflect the role of the new management team.

Judgment: Substantially compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported.

Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities. All residents had an activities assessment and 'How I like to spend my day' plan in place which outlined their individual preferences and interests. There was a range of interesting and stimulating activities taking place.

Nursing documentation reviewed indicated that residents needs had been assessed using validated tools. These included assessment of dependency needs, falls risk, nutritional risk, social assessment and risk of impaired skin integrity. Care plans were found to be informative, individualised and person centered. The

recommendations from allied health professionals including the dietitian and speech and language therapist were reflected in residents care plans. However, some inconsistencies were noted in the nursing documentation and are discussed further under Regulation 5: Individual assessment and care plan.

Most residents had access to their general practitioner (GP) and other allied health services throughout the pandemic through a blend of remote and face to face consultations. However, the system and provision of medical care required review to ensure that appropriate medical care is provided to all residents. This is discussed further under Regulation 6: Health care.

All residents and the majority of staff had received their COVID-19 vaccinations. Nursing staff confirmed that observations of residents continued to be monitored daily as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity, however, these daily monitoring checks and observations were not being recorded on a daily basis in line with national guidance.

On the day of inspection, there was evidence of good practices in relation to infection control. The premises and equipment used by residents was found to be visibly clean. Nursing management confirmed that staff had all received training in standard precautions, including hand hygiene and respiratory and cough etiquette, transmission-based precautions and the appropriate use of personal protective equipment (PPE). The management team and staff were aware of the requirements to manage visiting in line with each resident's wishes and the HPSC guidance.

The centre normally operated an open visiting policy but due to the Covid-19 pandemic visiting restrictions were in place in accordance with national guidance. Visiting was now being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. There was evidence of daily and weekly fire safety checks. The fire equipment, fire alarm and emergency lighting had been serviced. Fire exits were observed to be free of obstructions. The person in charge confirmed that she continued to assess the evacuation needs of residents prior to allocating bedroom accommodation and had ensured residents with lower dependency had been accommodated in the largest compartment in order to reduce risk. A personal emergency evacuation plan (PEEP) had been documented for each resident, however the inspector noted that further clarity was required to some plans to ensure clear guidance for staff. Fire safety training for some staff had taken place in March 2021 but training records available did not provide assurances that all staff had up-to-date fire safety training. Regular fire drills had been completed simulating both day and night time scenarios, however, on-going assurances were required. Improvements required to fire safety management are further discussed under Regulation 28: Fire precautions.

While the management team had taken measures to safeguard residents from being

harmed or suffering abuse, some further improvements were required. The person in charge confirmed that Garda Siochana (police) vetting was in place for all staff and persons who provided services to residents in the centre. A sample of staff files reviewed confirmed this to be the case. Residents spoken with told the inspector that they felt safe and well looked after in the centre. However, some staff had not completed specific mandatory training in the protection of vulnerable people and other staff members had not completed recent refresher training.

Staff continued to promote a restraint free environment. There was one resident using bed rails at the time of inspection. However, the assessment required to support the use of these restraint measures and comply with the national standards required review. This is discussed further under Regulation 8: Protection.

Regulation 11: Visits

Visiting was being facilitated in line with the latest guidance COVID-19 Guidance on visitation to residential care facilities to reflect the importance of visiting for residents

Visits were facilitated seven days a week. The inspector observed visitors coming and going throughout the day of inspection.

Residents spoken with stated that they were happy with the current arrangements.

Judgment: Compliant

Regulation 27: Infection control

On the day of inspection, there was evidence of good practices in relation to infection control and the provider representative outlined plans to further enhance infection prevention and control.

Examples of good practice included:

- staff had completed training in infection prevention and control and hand hygiene
- staff had access to PPE and there was up to date guidance on it's use
- staff were observed to be wearing surgical face masks as per the relevant guidance
- clinical hand wash basins were available for staff use on each floor
- alcohol gel dispensers were available and observed in use throughout the build

- appropriate signage was in place to prompt staff, visitors and residents to perform frequent hand hygiene
- individual resident slings for manual handling purposes were available so that residents did not need to share equipment
- there were suitable arrangements in place for the segregation and flow of soiled laundry
- the management team had systems in place to oversee cleaning and environmental hygiene
- the bed pan washer was serviced annually
- carpets had been recently steam cleaned.

The provider representative outlined how he was in the process of reviewing existing cleaning systems and had identified some improvements required to further enhance infection prevention and control. He advised that he was about to introduce a flat mopping system for floors and replace existing carpet floor covering to the communal areas with a more readily cleanable floor finish.

Judgment: Compliant

Regulation 28: Fire precautions

Some improvements were required to fire safety management.

- Personal emergency evacuation plans (PEEP's) require review and updating to ensure clear guidance for staff.
- All staff did not have had up-to-date training in fire safety.
- Regular fire drills simulating the evacuation of the largest compartment (up to 10 residents) are required to provide assurances that residents can be evacuated safely and in a timely manner. The last fire drill simulating the evacuation of this compartment took place in February 2021.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While the overall standard of assessment and care planning was good, some inconsistencies were noted in the nursing documentation, for example

- Some risk assessments had not been recently updated.
- There were no care plans in place for a resident who had been recently admitted to the centre and therefore no guidance available to staff to guide the care of the resident.
- There was no care plan in place to guide the care of a resident assessed as

- being at high risk of developing pressure ulcers.
- There were no systems in place to record the involvement of residents and their relatives in the development and review of their care plans.
- Daily monitoring checks for signs and potential symptoms of COVID-19 were not being recorded on a daily basis in line with national guidance.

Judgment: Not compliant

Regulation 6: Health care

The system and provision of medical care required review to ensure that appropriate medical care is provided to all residents.

While residents had a choice of general practitioners (GP) and most residents had been recently reviewed by their GP, the inspector was informed that some residents had not had a recent medical review. The inspector reviewed a number of residents files and noted that one resident had no medical review since admission several months earlier and another had not been reviewed since October 2020.

Systems and documentation in place to oversee the medical resuscitation status of residents required review to ensure that information is accurate at all times and signed by a medical practitioner.

Judgment: Substantially compliant

Regulation 8: Protection

While the management team had taken measures to safeguard residents from being harmed or suffering abuse, further improvements were required. Some staff had not completed mandatory specific training in the protection of vulnerable people and some staff members did not have up-to-date training completed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. The atmosphere in the centre was calm and relaxed, and a sense of well being was evident. Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were

happy living in the centre.

The inspector observed that the privacy and dignity of residents was well respected by staff. There was adequate privacy curtains in shared bedrooms, bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place. There were televisions provided to all residents bedrooms and large smart televisions were provided to the communal areas. The activities co-ordinator mentioned how residents regularly accessed a variety of entertainment using 'You Tube' and activities such as yoga classes via Zoom.

Social care assessments and life stories were in place for residents which outlined their individual preferences and interests. These assessments informed the programme of activities in place.

There were no restrictions on resident's movements within the centre. Residents were observed coming and going from their bedrooms and the communal day areas throughout the day. Residents were fully informed of and understood the ongoing and changing restrictions to visiting as per HPSC guidelines.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff continued to promote a restraint free environment. There was one resident using bed rails at the time of inspection. However, the risk assessment used to determine the need and rationale for the use of the bed rail had not been updated since 2018.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Riverdale House Nursing Home OSV-0000448

Inspection ID: MON-0034480

Date of inspection: 11/10/2021

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We use outside Training Agencies and online training and we also have staff trained in "Train the Trainer Courses" in:</p> <ul style="list-style-type: none"> • Infection Control and Prevention • Manual and Patient Handling • CPR for Adults • Safeguarding and Protection of vulnerable Adults • Fire Safety • Health and Safety • Induction Training • Bowel Evacuation <p>Therefore, this Training and Development of Staff will continue on a 12 month cycle, including mandatory training, to ensure all staff who work within the business achieve their maximum competence in ensuring the care needs of all Residents are met. The Training Matrix for Riverdale NH is now currently being developed after the Management/HR team have completed a "Training Needs Analysis" on what the current short falls are within the business and an individual staff training plan will be developed (and documented in the Training Matrix). The Registered Provider will have the Training Matrix for Riverdale NH up and functional by 30th November 2021</p>	
Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
 All staff records are now being reviewed and updated in line with Regulation 21. Training Plans and Training Records will be added to Staff Files as same are completed and as advised by the Management Team. The Management/HR/Administration will ensure that every employee has two documented references in their personnel files again as recommended by Regulation 21. The Registered Provider will ensure that all records as per Regulation 21 are brought up to the required standard by 30th November 2021.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 The Statement of Purpose and Function for Riverdale NH has now been completed to include and reflect:

- the most recent changes to the Management Team within the Centre
- the conditions of Registration
- the Management Arrangements within the Centre in the absence of the Person in Charge
- and now accurately reflect the Staffing Numbers including Whole Time Equilivant Employees.

Task completed by Registered Provider as of Friday 29th October 2021

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 All existing Policies and Procedures, including all schedule 5 policies, Covid 19 policies and emergency plans to reflect the roles and function of the new management team will be reviewed and updated by the 30th November 2021 by the Registered Provider.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: In relation to Fire Safety Management:

- Personal Evacuation Plans (PEEPs) have now been recorded on each Resident living in Riverdale NH and uploaded onto our computerised Documentation System for all Staff to be aware of.
- These Individual PEEPs have been colour coded Red, Yellow, Green (to denote the Risk and Dependency of each individual Resident that might require evacuation in the event of a fire or carbon monoxide poisoning etc., and how they should be evacuated). Then these PEEPs are:
 - Placed on the back of each residents bedroom door to alert and inform Staff, the Fire Brigade, and all other helpers the needs and dependencies of each resident that may require evacuation.
 - PEEPs are also made available to the Fire Officer (in the event of a Fire and Evacuation) in Reception, enabling the Fire Officer to coordinate his team in the event of an evacuation. (PEEP's in reception are locked in a Red Fire Box, the Keys being held by the Nurse in Charge to maintain the Data Protection of all Residents who live in the Nursing Home)
 - PEEPs are updated as the Dependency of each Resident changes.
 - These Tasks have been completed as of the 12th November 2021 by the Registered Provider and the PIC

As documented in Regulation 16 (Staff Training & Development) and Regulation 21 (Records), The Staff Training and development Matrix are being reviewed and updated and staff are being allocated the most appropriate training courses to meet the Fire Safety and Health and Safety needs of the business at this time. Staff Fire Safety Training dates have been booked with an external agency thus ensuring that all staff will have training in fire safety by the 30th November 2021.

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:
 Individual Assessments and Care Plans of all Residents in Riverdale NH will become more systematic with the introduction of our Computerized Documentation (Assessment & Care Planning) System, which has been implemented since 18th October 2021. The Registered Provider is also working with an IT Professional in setting up a synchronized Computer, IT and Email System for both Nursing Homes (Cratloe & Riverdale), is providing additional computers, software and staff training in implementing the system. Staff in Cratloe NH are assisting the training and development of staff in Riverdale in navigating the computerised system and uploading the old (paper) Care Plans and Risk Assessments onto the computerised System.

The (paperback) Care Plans and Risk Assessments identified as outstanding by the HIQA Officer were all updated and completed as of 24th October 2021 and the Registered Provider has set a target date of 31st January 2021 to have all current and new resident care plans and risk assessments uploaded onto the computerised system with his Nursing Team (and including the Person in Charge).

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 All residents in Riverdale NH are currently provided with their own choice of General Practitioner and it is the intention of the Registered Provider to implement two visiting GP's to Riverdale NH onto our Clinical Governance Team to assist in the Governance of our monthly "Key Performance Indicators" . The Registered Provider is currently speaking to GP's that are visiting the Nursing Home to identify our own "in-house" GP that will assist the Person in Charge and the Nursing Team have all residents reviewed as per Regulation 6 on a quarterly basis or more frequent if required.

All Residents have now been reviewed by their GP's, formally, by telephone review with the Resident and the PIC/Nurse on Duty or via Telephone/Video interview with the Resident and the Nurse on Duty (planned to complete all quarterly by 31st December 2021). Again, and as in Regulation 5 above, the introduction of the Computerised Documentation Systems for all Residents makes the process of clinical review more systematic, transparent and easier to capture as all GP's and Allied Health Professionals visiting both Nursing Homes are provide with their own unique ID and Passwords to complete their own professional records and documentations.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 As per Regulation 16, 21 and 9, the Staff Training and Development Plan for Riverdale NH is being reviewed and updated. Those staff that require mandatory training on Safeguarding and Protection of Vulnerable Adults in Healthcare Settings are being sent the most appropriate online training course to be completed before 30th November 2021 and who are being assisted in doing this by our HR and Administration Team.
 Our Practice & Professional Development Nurse Consultant has been booked to visit both Nursing Homes on week of the 10th January 2022 to complete Mandatory Training with all Nursing Home Staff employed by Cosgrave Nursing Consultancy Ltd in the year 2022.

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>Our Plan is as documented in Regulation 8 above. Fire Training, Safeguarding & Protection Training, Managing Behaviour that is Challenging and management of Infection Control and Prevention Training are being prioritized presently and which should be completed by all Staff by the 30th November 2021. Internal formal mandatory training will commence once again in both Nursing Home as of 10th January 2022 (where evidence of learning, development and retainment of information and knowledge) from the staffs prior eLearning training will be assessed and added to by re introduction of internal formal mandatory training by our Practice & Professional Development.</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.	Not Compliant	Orange	30/11/2021
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	30/11/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and	Substantially Compliant	Yellow	30/11/2021

	escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
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.	Substantially Compliant	Yellow	30/11/2021
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.	Substantially Compliant	Yellow	30/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned	Substantially Compliant	Yellow	29/10/2021

	and containing the information set out in Schedule 1.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/11/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	18/10/2021
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	Orange	18/10/2021
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	Not Compliant	Orange	30/11/2021

	where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	30/11/2021
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	29/10/2021
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	30/11/2021