



# 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:        | 29 August 2023                       |
| Centre ID:                 | OSV-0000448                          |
| Fieldwork ID:              | MON-0041110                          |

## 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: | 24 |
|--|----|

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                   | Times of Inspection  | Inspector        | Role |
|------------------------|----------------------|------------------|------|
| Tuesday 29 August 2023 | 09:30hrs to 18:00hrs | Rachel Seighthie | Lead |

## What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life supported by a team of dedicated staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy with the care they received and their life in the centre. The inspector heard positive comments such as ' the staff are very good here.'

The inspector was met by the person in charge upon arrival to the centre. Following an introductory meeting, the inspector walked through the centre with the person in charge and this gave the inspector the opportunity to meet residents and observe interactions with staff.

Riverdale Nursing Home provides long-term care and respite care for both male and female adults, with a range of dependencies and needs. Located in the rural village of Ard na Crusha, Co Clare. The designated centre is registered to provide care to 29 residents, there were 24 residents living in the centre on the day of the inspection.

The entrance of the centre led into an open reception, which was visibly clean and spacious. The inspector noted that information for residents was displayed in this area, including photographs of the staff team, activities schedules and details of advocacy services available to residents. The general environment of the centre was clean and tidy. A variety of communal rooms were accessible in close proximity to the reception area, including a dining room, a large communal sitting room and visitors room. The inspector observed that these rooms were clean, spacious and well used by the residents throughout the day of the inspection. The inspector also noted that the provider had made significant improvements to the premises since the previous inspection, including the replacement of carpets with brightly coloured safety flooring, in communal areas, corridors and bedrooms. The grounds of the centre were well maintained and residents had access to a secure garden area.

Resident bedroom accommodation consisted of single and twin rooms, laid over two floors. The first floor of the premises was accessible by stairs or passenger lift. The inspector noted that refurbishment of bedrooms and floor was ongoing on the first floor, and the majority of resident bedrooms in the centre had been redecorated as part of the ongoing refurbishment plan. Several residents informed the inspector that they were happy with their bedrooms and resident bedrooms were seen to be personalised with items of personal significance such as photographs, ornaments and soft furnishings. Call bells and televisions were available in every room.

Handrails were in place along both sides of all corridors, however the inspector noted that safety grab rails were not in place in all communal bathrooms and at bedroom sink units, and this did not ensure residents safe mobility and independence.

Residents were seen to be relaxed and comfortable in the company of staff. The

inspector observed staff were assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Staff were seen to respond promptly to residents' needs and the inspector noted that, on the day of inspection, the large communal sitting room was supervised by staff at all times. Residents told the inspector that they were happy with the length of time it took to have their call bell answered when seeking assistance.

The inspector observed that meal times were relaxed and residents were facilitated to dine in their bedrooms or in the communal areas if this was their preference. A small number of residents expressed to the inspector that they would like more options on the evening tea menu, however feedback in relation to the quality of meals provided was positive overall.

The provider had taken steps to enhance the activities programme since the previous inspection, the inspector viewed the activities schedule which was displayed in the reception area. Planned activities included regular live music sessions, baking, bingo and exercise classes. Residents were supported to attend a scheduled residents meeting on the morning of the inspection, this was followed by a quiz and word games in afternoon. Some residents chose to spend the afternoon watching television and reading the papers in their bedrooms and they informed they inspector that this was their preference.

There was sufficient space for residents to meet with visitors in private. The inspector observed a number of residents receiving visitors in communal areas and in their bedrooms during the inspection.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service provider and present the findings under each of the individual regulations assessed.

## Capacity and capability

This was an unannounced inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on the provider's compliance plan response to the previous inspection in July 2022. The inspector found that on this inspection, the provider had taken action to address previous non-compliance in relation to staffing and residents rights and premises. Notwithstanding these positive findings, further effort was now required to bring the designated centre into full compliance with the regulations.

The registered provider of this designated centre is Cosgrave Nursing Consultancy Limited. A director of the company was the person in charge of the centre. The person in charge had senior clinical support from a clinical nurse manager locally, who assisted with clinical supervision and implementation of the centre's quality

management system. The clinical nurse manager deputised when the person in charge was absent. A facilities manager was employed in the centre, they managed the laundry, house-keeping and catering teams. They also supported the person in charge with staff training and human resource management. Activities, administration and maintenance personnel also make up the staffing complement.

There were management systems in place to oversee the service and the quality of care, which included a comprehensive programme of auditing in clinical care and environmental safety. The inspector viewed a sample of audits and found they effectively identified areas for improvement and had detailed quality improvement plans. There was evidence of regular meetings with heads of department within the centre, to review key clinical and operational aspects of the service. The inspector viewed a sample of quarterly clinical governance meetings. Records of these meetings were maintained and detailed the attendees and the agenda items discussed such as clinical key performance indicators and quality improvement plans. Although there was management oversight of the service, the inspector found that the risk management system in place was not robust. The inspector found that the risks associated with fire and the storage of some chemicals were not managed in line with the centres own risk management policy.

On the day of the inspection, staffing levels were appropriate to meeting the needs of the 24 residents being accommodated at the time. There was evidence that staffing levels were reviewed to ensure they met the needs of residents. For example, the provider had increased laundry and house-keeping staffing resources since the previous inspection. Training records demonstrated that staff had access to education and training, appropriate to their role. This included infection prevention and control training, manual handling, and safeguarding training.

A review of staff files found that records were not managed in line with the requirements of Schedule 2 of the regulations. For example, employment references were not available in one of four staff files examined by the inspector. Additionally, not all staff employed in the centre were included in the duty roster, for example, the maintenance person's hours were not documented on the roster. However, records were held securely and the other records as required by Schedules 2, 3 and 4 were maintained and held in the centre. Staff working in the centre had completed satisfactory Garda Vetting procedures.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Chief Inspector as required by the regulations.

An annual review the quality and safety of the service had been completed for 2022.

## Regulation 15: Staffing

On the day of this inspection there were adequate staff rostered when considering

the size and layout of the centre and the needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff working in the centre had access to a programme of mandatory training which included fire safety training, safe moving and handling and safeguarding training. Staff were also facilitated to attend training including infection prevention and control to ensure they had the necessary skills and competencies to meet residents' needs.

All staff were appropriately supervised according to their roles. The person in charge completed annual appraisals with all staff.

Judgment: Compliant

### Regulation 21: Records

The inspector found that the following information was not kept in the centre and available for inspection;

- Two references were not available in one staff file examined, as required by Schedule 2 of the regulations.
- Two staff files reviewed did not have a full employment history, as there were gaps evident in their curriculum vitae.
- Hours worked by maintenance staff were not recorded on the duty roster.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector found that although significant improvements had been made since the previous inspection in 2022, the system in place to manage risk was not fully effective. Risks associated with storage of chemicals and some fire safety risks had not been appropriately identified by the risk management system, and therefore there was no plan in place to address these risks

Judgment: Substantially compliant



## Regulation 3: Statement of purpose

The statement of purpose required revision to ensure that it;

- accurately reflected the total staffing and management complement, in whole time equivalents for the designated centre. For example, laundry and clinical management staff were not included the total staffing and management complement.

Judgment: Substantially compliant

## Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents, in line with their assessed needs. Improvements to the premises that had been made since the previous inspection in July 2022, helped to enhance the residents living environment. However, further action was required to bring regulations relating to premises, fire safety and infection control into full compliance with the regulations.

Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Clinical risks such as infection, falls and weight loss or gain were regularly monitored by the nursing team. There were no wounds in the centre at the time of the inspection. The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the resident upon admission. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and found that resident individual assessments were completed in a timely manner and care planning documentation reviewed was reflective of residents' needs.

Residents had access to an independent advocacy service, details of which were advertised on the resident information board, There was evidence that residents were supported to avail of these services, as needed. Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. Minutes of residents meetings indicated that residents were consulted about the quality and safety of the service, the quality of the food, laundry services and the staffing. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. The provider had completed refurbishment of resident bedrooms to a satisfactory good and the decor in the centre had been upgraded since the last inspection in July 2022. Further action was required to address storage issues in the centre, this is detailed under Regulation 17: Premises.

Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control, for example monitoring of infection and antibiotic usage, in consultation with the residents general practitioner. However, further oversight was required in relation to the organisation of the laundry facility. This is discussed further under Regulation 27: Infection Control.

There were systems in place to mitigate the risk of fire. Fire doors and fire alarms were checked weekly. Records showed that fire fighting equipment, the fire alarm system and emergency lighting system had been serviced within the required time-frame. Staff had received fire safety training and regular fire drills had been completed to ensure that resident could be evacuated in a safe and timely manner. However, there was no recorded evidence of a simulated full compartment evacuation drill conducted to take account of night time staffing levels and residents evacuation requirements. This is discussed further under Regulation 28: Fire Precautions.

Measures were in place to safeguard residents from abuse. A safe-guarding policy and training programme provided guidance to staff with regard to protecting residents from risk of abuse. The provider was not an agent for any residents' social welfare pensions.

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visitors were observed attending the centre on the day of inspection.

### Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. There were arrangements in place for residents to meet with their visitors in their bedrooms or in the communal areas.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that some parts of the premises were not in compliance with

Regulation 17. This was evidenced by;

- Safety grab rails were missing in a number of resident toilets and at bedroom sink units.
- There was a lack of suitable storage in the centre, as evidenced by storage of clinical and general supplies in resident communal toilets.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector found that some procedures were not consistent with the standards for the prevention and control of health care associated infections, including:

- the use of open bins in communal bathrooms, this posed a risk of cross infection.
- cleaning trolleys and house-keeping supplies were stored in the laundry room, this arrangement increases the risk of environmental contamination.
- there was no visible line to define the clean and dirty areas of the laundry.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required to ensure compliance with Regulation 28, Fire precautions as follows;

- A record of simulated emergency evacuation drills was not available to provide assurances regarding residents' timely evacuation to a place of safety from the centres largest fire compartment in the event of a fire in the centre during the night.
- A review of the fire precautions in the smoking area did not ensure the safety of the residents. For example, there was no call bell or fire fighting equipment available

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. Comprehensive assessments were completed and informed the care plans. Care

plans were maintained under regular review and updated as required.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents in person and were contacted and made aware if there were any changes in the resident's health or well being. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had assured that residents were consulted about the management of the designated centre through participation in residents meetings and undertaking resident surveys. Resident had access to an independent advocacy service.

Judgment: Compliant

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

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

| Regulation Title                                  | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>                    |                         |
| Regulation 15: Staffing                           | Compliant               |
| Regulation 16: Training and staff development     | Compliant               |
| Regulation 21: Records                            | Substantially compliant |
| Regulation 23: Governance and management          | Substantially compliant |
| Regulation 3: Statement of purpose                | Substantially compliant |
| <b>Quality and safety</b>                         |                         |
| Regulation 11: Visits                             | Compliant               |
| Regulation 17: Premises                           | Substantially compliant |
| Regulation 27: Infection control                  | Substantially compliant |
| Regulation 28: Fire precautions                   | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant               |
| Regulation 6: Health care                         | Compliant               |
| Regulation 9: Residents' rights                   | Compliant               |

# Compliance Plan for Riverdale House Nursing Home OSV-0000448

Inspection ID: MON-0041110

Date of inspection: 29/08/2023

## 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 21: Records  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>• All references for all Staff in employment now collected post organizational holidays in August 23</li> <li>• A New Word Document has been implemented on the back of Staff CV’s outlining why Staff member have had “gaps in employment”, managed by HR Team.</li> <li>• All Staff including Maintenance Staff are now included in the Staffing Roster.</li> </ul>   |                         |
| Regulation 23: Governance and management  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• New (external) Storage Area now identified for Cleaning Trolleys (when not in use), and Staff will park their cleaning trolley in this locked storage area when not in use.</li> <li>• Fire Evacuation Simulation Exercises (of the Largest Compartment) were implemented in August and September 23, alongside x 5 other simulation exercises that were completed in 2023 in different compartments, ensuring all staff are knowledgeable in the Fire Evacuation Procedure throughout the NH.</li> <li>• New Procedural Document implemented in Sept 23 explaining to staff how to activate the Fire Alarm in any zone (Red Alarm Box), and how to open a Fire Door (Green Box) without the Fire Alarm being sounded.</li> </ul> |                         |

|   |                         |
|---|-------------------------|
| Regulation 3: Statement of purpose  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> <li>• The Statement of Purpose and Function has been updated in Sept 23 to reflect the current staff numbers working and rostered within the NH.</li> </ul>  |                         |
| Regulation 17: Premises   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Areas that were identified as not having Safety Grab Rails have now been prioritized and safety rails have been ordered for implementation by the end of Oct 23</li> <li>• New Storage cabinets (for general and clinical supplies) have been ordered for individual resident bathrooms. Due for implementation by the end of Dec 2023. Residents using communal bathrooms will bring their own supplies with them (or assisted to do so) and these supplies will be returned to the Residents own room when they have completed using same.</li> </ul> |                         |
| Regulation 27: Infection control  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• All open bins in communal bathrooms have been replaced with pedal top bins, assisting to reduce the risk of cross infection, completed by end of Oct 23.</li> <li>• Cleaning Trolleys and housekeeping supplies now stored in locked storage shed when not in use (see Regulation 23).</li> <li>• The Floor in Laundry Room has been repainted with clear divisional line drawn defining the clean and dirty area.</li> </ul>  |                         |
| Regulation 28: Fire precautions   | Substantially Compliant |



Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- As in Regulation 23, Fire simulated evacuation drills were completed in Aug and Sept 23 post HIQA Audit. Seven simulation exercises have now been completed in 2023 with one final simulation exercise planned in Nov 2023.
- A Fire Extinguisher and Fire Blanket has been implemented in this defined smoking area as of 31st Oct 2023. There is also a Fire Evacuation Mattress insutu and all Residents (who wish to smoke) are risk assessed to have the ability to do so safely.

## 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 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. | Substantially Compliant | Yellow      | 31/12/2023               |
| 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      | 30/11/2023               |
| 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                                 | Substantially Compliant | Yellow      | 31/10/2023               |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | effectively monitored.   |                         |        |            |
| 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.  | Substantially Compliant | Yellow | 31/10/2023 |
| Regulation 28(1)(a) | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.  | Substantially Compliant | Yellow | 31/10/2023 |
| 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 | 29/09/2023 |
| Regulation          | The registered   | Substantially           | Yellow | 29/09/2023 |

|                  |   |                         |        |            |
|------------------|---|-------------------------|--------|------------|
| 28(2)(iv)        | 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.  | Compliant               |        |            |
| 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 | 29/09/2023 |