



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rivervale Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	Rathnaleen, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	02 February 2021
Centre ID:	OSV-0005519
Fieldwork ID:	MON-0031864

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:	40
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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
Tuesday 2 February 2021	09:00hrs to 17:00hrs	Noel Sheehan	Lead

Capacity and capability

This unannounced inspection of Rivervale Nursing Home took place in light of concerns about the registered provider's management of this centre so as to ensure the care and welfare of the residents living there.

On this inspection the Inspector found that

- the registered provider was not carrying on the business of the designated centre as required by the Health Act 2007 as amended
- the registered provider failed to implement robust governance arrangements in to ensure the sustainable delivery of a safe, effective and reliable person-centred care the management structure committed to in the statement of purpose was not in place and had not been in place since August 2020.
- the person in charge did not report to the registered provider
- the registered provider did not employ the staff working in the centre caring for residents
- the registered provider did not manage and address identified issues pertinent to staff
- the registered provider did not have any involvement in the sourcing, organisation and finance of staff training and development
- the registered provider advised the inspector that she did not consider that addressing regulatory non compliance identified in the report of 30 July 2019 (for example, regulations concerning individual assessment and care planning, health care, and managing behaviour that is challenging) to be her responsibility
- the registered provider did not have the required insurance policy in place there
- the registered provider was no longer providing resources for the designated centre, for example, new equipment, including, dishwasher, ski sheets,
- the registered provider was aware that fair deal payments for resident care were being paid to a third party

The findings from this unannounced inspection of 02 February 2021 demonstrated that the registered provider had:

- had a poor understanding of its legal responsibilities
- had abdicated its responsibility for all other matters related to the safety, care and welfare of the residents of Rivervale Nursing Home
- did not ensure that there were effective governance arrangements for the sustainable provision of a quality and safe service for residents
- was failing in accountability, as required by the Health Act 2007, for the overall quality and safety of services delivered to people using the service

Regulation 15: Staffing

The registered provider had abdicated all responsibility to ensure that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre. Documentation reviewed on the inspection and information provided by staff indicated that the registered provider had ceased employing staff in August 2020.

Following a review of staffing rosters and the staff on duty during the inspection, the inspector found that staffing levels and the current skill-mix were not sufficient to meet the assessed needs of the residents. There were 5.14 WTE staff nurses available to staff the centre on a 24/7 basis according to the statement of purpose and function, rosters reviewed by the Inspector. The inspector found that only one staff nurse was on duty from 16:00 to 08:00. This covered a time period of 14 hours to meet the needs of highly dependent residents.

In the context of COVID-19 crisis, the staffing numbers and skill mix were not appropriate to meet the support requirements of residents. A contingency plan had been developed for the centre should staffing levels reduce. Minimal staffing levels had been risk assessed to ensure that supports affords to residents continued to be provided in a safe and effective manner. Deputising arrangements were in place should the person in charge or other members of the management team be unable to work.

Judgment: Not compliant

Regulation 16: Training and staff development

The registered provider did not have any involvement in the sourcing, organisation and financing of staff training and development and had abdicated all responsibility to underpin staff supervision and training and development.

The registered provider was not sourcing, organising or financing staff training and development.

Judgment: Not compliant

Regulation 22: Insurance

The Inspector was informed that insurance policies for the building that accommodated the designated centre, protection against other risks, including

injury to residents and loss or damage to a resident's property were held by a third party that was not the registered provider.

Judgment: Not compliant

Regulation 23: Governance and management

Management systems in place were not in keeping with the statement of purpose. There has been a failure on behalf of the registered provider to maintain oversight of the quality and safety of care in the designated centre. The registered provider had abdicated its responsibility and was failing in accountability, as required by the Health Act 2007, for the overall quality and safety of services delivered to people using the service and ensuring effective governance arrangements for the sustainable provision of a quality and safe service for residents.

The registered provider was not clear as to whether issues of regulatory non-compliance identified in the previous inspection report in the designated centre were its responsibility to address.

- The registered provider could not evidence consistent participation in management team meetings and staff meetings since August 2020
- The registered provider was not taking any responsibility for staff management issues
- The person-in-charge did not report to the registered provider
- The registered provider was no longer providing required resources for the operation of the designated centre for example:
 - it had not financed the purchase of new equipment such as ski sheets, wheelchairs and fire equipment.
 - the inspector was advised that the registered provider did not intend purchasing equipment required to reduce bed rail usage such as low low beds and crash mats.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in place with the registered provider, however all payments were being made to a third party that was not the registered provider.

Judgment: Not compliant

Regulation 3: Statement of purpose

On the day of this inspection the management systems in place were not in keeping with the statement of purpose and could not consistently and effectively ensure that the service provided was safe and appropriate.

Judgment: Not compliant

Regulation 34: Complaints procedure

The policy and procedure for the management of complaints that identified the complaints officer, the independent appeals process and the person responsible for ensuring that all complaints were recorded and addressed did not reference the registered provider.

Judgment: Not compliant

Regulation 11: Visits

The designated centre was closed to all visitors at the time of inspection in response to the COVID-19 pandemic. There are clear notices displayed at all entrances to the centre prohibiting visitors entering the premises. They have arrangements in place so that residents can maintain contact with their families such as regular telephone calls Skype and other means including an occasional window visits so families can see their relative maintaining the required social distance. While general visiting was restricted, essential visiting on compassionate grounds for residents at the end of life was facilitated with adequate infection control measures in place including the use of PPE to maintain visitor's and residents safety.

Judgment: Compliant

Regulation 17: Premises

Overall the premises were generally suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The design and layout of the centre correlated with the aims and objectives of the statement of purpose and the centre's resident profile.

The centre accommodated 45 residents in 19 single bedrooms and 13 twin bedrooms. 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, eat their meals, relax or socialise. 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. There was adequate communal space and adequate dining space for all residents to comfortably eat their meals in the dining room. There was ready access to secure outdoor space with garden furniture for residents to sit outside in suitable weather conditions.

A laundry and kitchen service was available on site, as was a hairdressing salon. 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.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide did not accurately reflect the terms and conditions relating to residence in the designated centre notably it did not reflect the withdrawal of the registered provider from active management of the designated centre.

Judgment: Not compliant

Regulation 27: Infection control

The findings of this inspection were that residents were at risk of infection as a result of the provider failing to ensure that procedures, consistent with the standards for infection prevention and control were implemented by staff. In particular the provider did not demonstrate adherence to and compliance with the Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units, a guideline issued by the Health Protection (HPSC) to safeguard and protect residents from infection. For example a number of staff were observed having a break together in a small staff room and not socially distanced; staff and residents were observed not to be socially distanced at all times in the day room

and dining room.

Staff were noted to adhere to local protocols such as checking of temperature and completion of contact tracing prior to commencement of duty. The inspector reviewed process in place for ensuring staff were well and had their temperatures taken and recorded. Strict adherence to uniform policy is also emphasised. Zoned areas had been identified.

The centre was observed to be very clean. All staff have access to personal protective equipment and there was up to date guidance on the use of these available. The entrance to the centre and the room used by the inspector was observed to be clean.

Alcohol gel was observed to be available and hand hygiene notices were displayed and staff and residents have been training in good technique. The person in charge said they had received adequate supplies of PPE and were confident staff were trained and knowledgeable in the correct use of same. They had introduced a number of initiatives to support best practice in hygiene.

All residents and staff members had been swab-tested as a precaution in the previous weeks and swab results were back where all were negative.

Judgment: Not compliant

Regulation 8: Protection

The registered provider failed to demonstrate that she had taken to take all reasonable measures to protect residents from abuse.

Residents finances, petty cash etc. were now being managed by a third party.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Rivervale Nursing Home OSV-0005519

Inspection ID: MON-0031864

Date of inspection: 02/02/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none">-The process of "transfer of undertakings" for all staff back to Blockstar Ltd had begun prior to the inspection. The Registered Provider has resumed responsibility for all staff within the centre from March 8th 2021.-One WTE staff nurse has been recruited from overseas and is due to commence employment at the centre in the coming weeks.-Staffing levels will be fully reviewed by the Registered Provider in the coming weeks and the roster adjusted to reflect the dependency levels of the residents.	
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> <ul style="list-style-type: none">-The Registered Provider has resumed responsibility for all staff from March 8th 2021, including training and staff development.	
Regulation 22: Insurance	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 22: Insurance: -The Registered Provider holds the insurance policy for the centre which includes the building that accommodated the designated centre, protection against other risks, including injury to residents and loss or damage to a resident's property.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: -The Registered Provider has, from March 8th 2021, resumed its responsibility for the governance and management of the centre as per the Statement of Purpose.</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: -All financials at the nursing home is now being managed by Blockstar Ltd. as per resident's contracts of care.</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: -As and from March 8th 2021 management systems in place at the nursing home once again reflect that outlined in the Statement of Purpose.</p>	
Regulation 34: Complaints procedure	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>-The complaints procedure once again references the Registered Provider.</p>	
Regulation 20: Information for residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>-The complaints procedure has been revised and now contains up-to-date information including the current governance and management structure in place.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>-Additional areas in the center have been identified and have been made available to staff for their break times ensuring at least 2 metres distance between staff and a maximum of 2 staff in each area at any one time.</p> <p>-Staff continue to inform residents re the necessity to adhere to social distancing guidelines and encourage this practice, chairs are kept at a distance of 2 metres apart with consent from the residents.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>-The Registered Provider ensures the safety and protection of residents at all times. As and from March 8th 2021 the Registered Provider has resumed the responsibility for the management of the nursing home, ensuring robust clinical governance and management structures are in place.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/05/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	15/03/2021
Regulation 20(1)	The registered provider shall prepare and make available to residents a guide in respect of a designated centre.	Not Compliant	Orange	12/03/2021
Regulation 22(1)	The registered provider shall effect a contract of insurance against injury to residents.	Not Compliant	Orange	08/03/2021

Regulation 22(2)	The registered provider may insure against other risks, including loss or damage to a resident's property and where such insurance is effected the resident shall be advised accordingly.	Not Compliant	Orange	08/03/2021
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	15/03/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	08/03/2021
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms	Not Compliant	Orange	08/03/2021

	relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	15/03/2021
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.	Not Compliant	Orange	08/03/2021
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall make each resident and their family aware of the complaints	Not Compliant	Orange	08/03/2021

	procedure as soon as is practicable after the admission of the resident to the designated centre concerned.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Not Compliant	Orange	08/03/2021
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Not Compliant	Orange	08/03/2021
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all	Not Compliant	Orange	08/03/2021

	complaints promptly.			
Regulation 34(1)(e)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall assist a complainant to understand the complaints procedure.	Not Compliant	Orange	08/03/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Not Compliant	Orange	08/03/2021
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant	Not Compliant	Orange	08/03/2021

	promptly of the outcome of their complaint and details of the appeals process.			
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Not Compliant	Orange	08/03/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	08/03/2021
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.	Not Compliant	Orange	15/03/2021