



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

Issued by the Chief Inspector

Name of designated centre:	Riada House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Arden Road, Tullamore, Offaly
Type of inspection:	Unannounced
Date of inspection:	25 June 2021
Centre ID:	OSV-0000529
Fieldwork ID:	MON-0032669

About the designated centre

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

Riada House Community Nursing Unit is a 35 bed facility, located within walking distance of Tullamore town centre. Residents' accommodation is arranged on ground floor level in two units known as San Pio and St. Anthony's Wards. There are 14 single bedrooms, nine twin bedrooms and one bedroom with three beds. All bedrooms have access to en suite toilets and showering facilities. The centre provides care for male and female residents over 18 years of age with continuing care, dementia, respite and palliative care needs. There are two sitting rooms, a dining room, oratory, sensory room and several seated areas off the circulating corridors available to residents. The provider employs nurses and care staff to provide care for residents on a 24 hour basis. The provider also employs GP, allied health professionals, catering, household, administration and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Friday 25 June 2021	09:00hrs to 16:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This inspection was completed over one day and was unannounced. There was an upbeat and happy atmosphere in the centre. Visiting restrictions had eased in line with public health guidance and some residents were enjoying their relatives coming back into the centre to visit them. Residents told the inspector that they were 'very happy' and 'well satisfied' with how their preferences and choices were met and that the centre's management and staff were kind and caring. Residents were satisfied and supported to engage in meaningful and interesting activities.

On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before entering the centre and residents' accommodation. Staff were assisting residents with getting up and organised for their day. The inspector was accompanied on a tour of the centre after a short introductory meeting with the person in charge and clinical nurse manager. This tour of the centre gave the inspector an opportunity to meet with some residents. During the day of the inspection, the inspector met several residents and spoke in more detail with five residents about their experiences with living in the designated centre. In addition to conversing with residents, the inspector spent some time observing residents' daily routines to gain insight into how their needs were met by the staff. This methodology confirmed that staff in this centre respected residents' rights, were kind and provided a high standard of care and support to residents.

Although this designated centre experienced two isolated COVID-19 outbreaks affecting very small numbers of staff in 2020, the infection was contained and no residents were affected to date. One resident told the inspector they 'worried' that despite all the precautions, the infection 'would get into the centre' but now that they had received vaccination, were 'reassured' regarding their safety. Another resident said that watching the news in the evening was a more enjoyable experience now that 'widespread infection in nursing homes' were no longer happening.

The centre was purpose built and provided residents with well maintained, comfortable and accessible accommodation on ground floor level throughout. The premises was in close proximity to the town centre and one resident had recommenced going out to the hairdresser, two other residents were visiting their homes local cafes and to the shops with their families or with the assistance of staff. Access as residents wished was facilitated from several locations along the circulating corridors and from one of two communal sitting rooms to the centre's spacious, landscaped garden.

The centre's activity coordinator was committed to ensuring all residents in the centre had opportunities to continue to enjoy activities that interested them. The inspector observed that all residents including residents who preferred to stay in their bedrooms were actively participating in and enjoying their varied activity

programme. This observation, residents' feedback and review of their activity records clearly demonstrated that activities facilitated in the centre were informed by residents' capabilities and feedback. The garden area had a number of paved areas with outdoor seating and raised flower beds. Painting of the outdoor garden furniture in bright contrasting colours and a large flower mural on one wall was done as an art project that involved the residents. Residents were growing a variety of herbs and vegetables in the raised beds that they then arranged in gift hampers for their relatives and friends. This was part of the residents' activity programme and it enabled them to continue to pursue their gardening interests. Residents' bedrooms were personalised with their photographs and other personal items. One resident who enjoyed art was provided with an easel in their bedroom to make this hobby more accessible for them. Each resident was involved in filling glass covered frames on corridor outside their bedroom doors with symbols and other items made in arts and crafts sessions to represent their life stories and interests.

Communal rooms in the centre consisted of two sitting rooms, a dining room, an oratory and a sensory room. Seated areas were located in a number of areas off circulating corridors, one of which looked out on the garden. These areas were used by residents to sit and relax in or a private area to meet their visitors in. Many of the residents were seen to use assistive equipment including large supportive chairs. This equipment including hoists and wheelchairs for transporting residents short distances around the centre were appropriately stored when not in use. All equipment including residents' assistive equipment was observed to be cleaned to a high standard. A cleaned and ready for use labeling system ensured that equipment cleaning procedures could be monitored and assured.

The person-centred approach taken to residents' assessments and care planning was observed by the inspector to have a positive impact on their satisfaction with how their needs were met and their feelings of wellbeing in the centre. Residents told the inspector that they were confident that staff knew their individual preferences regarding how their needs, especially their personal care needs were met. Staff who spoke with the inspector were knowledgeable regarding residents' needs and were observed to care in respectful and attentive ways for residents throughout the inspection. One resident told the inspector that they could do very little without assistance when they were admitted to the centre and were 'delighted' with the progress they had made and the level of independence they had regained. This feedback regarding good standards of care and support from residents concurred with the inspector's observations on the day of inspection.

Residents told the inspector that they 'felt involved' in the day-to-day running of the centre and that they felt listened to. Residents were confident that they could talk to management and staff if they were dissatisfied with any aspect of the service.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This service was effectively managed and resourced but the strategy in place for resourcing staffing required review to ensure recruitment to fill a number of vacant staff positions, currently resourced by agency staff providers was completed. This was necessary to ensure unplanned staff leave and crossover of staff roles did not pose risks of cross infection to residents. Although, there was some evidence that compliance was not sustained in some regulations on this inspection, the provider has a good history of compliance with the regulations, especially since extensive refurbishment of the centre premises was completed in more recent years. The management systems in place were effective with ensuring residents were provided with a good standard of health and nursing care and quality of life in the centre. The provider had systems in place to monitor the quality, safety and oversight of the service provided. There was a proactive approach to managing risk and issues that arose were addressed with implementation of appropriate control measures to ensure residents and others were safe at all times.

The Health Service Executive (HSE) is the registered provider for Riada House Community Nursing Unit. As a national provider involved in providing residential services for older people, the centre benefits from access to and support from centralised departments such as human resources and accounts. The provider had a clear governance, management and reporting structure in place and a general manager of older persons services represents the provider regarding this centre. The provider had arrangements in place to ensure the person who represents them maintained oversight of the quality and safety of the service provided in Riada House Community Nursing Unit.

The centre was managed on a daily basis by an appropriately qualified and experienced person in charge. The person in charge had worked in a senior management roles in this and other designated centres for several years and in the role of person in charge in Riada House Community Nursing Unit since March 2021. The person in charge works on a full-time basis in the centre and had a comprehensive knowledge of the requirements of the role of person in charge and the needs of each resident. She is supported in her role by two clinical nurse managers and a staff team of nurses, carers, catering, cleaning, laundry, activity, administration and maintenance staff. A clinical nurse manager deputises during any absences for the person in charge.

The provider implemented a systematic approach to monitoring the quality and safety of the service delivered to residents that included key clinical and environmental audits. Monthly management meetings between the person in charge and person representing the provider ensured consistent review and oversight of the service. Complaints and risk management were standing agenda items discussed at these meetings. This process informed quality improvement plans that were generally actioned to completion or progressed with completion time lines specified.

The provider had a staffing strategy in place where staff vacancies were filled by

agency staff. While the provider tried to maintain consistency with ensuring agency staff availability to replace planned and unplanned vacancies, availability was not always assured. Carer, cleaning and catering duties were completed by staff employed in multitask attendant positions. These staff were trained and assigned to respective roles in response to service needs. As agency staff to replace unplanned leave by staff assigned to cleaning roles were unavailable on the day of inspection, the rostered cohort of multitask attendants providing direct care to residents were also required to carry out cleaning tasks. This resulted in redeployment and reduction of the assessed staffing requirements to meet residents' care needs and posed a risk of cross infection to residents. Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents. Staff training included COVID-19 infection prevention and control precautions and practices. Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were competent with carrying out their respective roles.

The provider had arrangements in place for recording of all accidents and incidents that involved residents in the centre and further to internal investigation, appropriate actions were taken to mitigate recurrence and any leaning identified was implemented. All incidents were notified to the Health Information and Quality Authority as required by the regulations. Systems were in place to ensure all new staff who joined the service were appropriately inducted and that all staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for collection of some residents' social welfare pensions and robust procedures were in place to ensure this process was managed in line with the legislation and best practice.

While residents records were found to be complete and held securely, records of fire safety equipment checks were incomplete and therefore sufficient assurances were not available regarding the operation of this equipment.

There was a low number of documented complaints and there was one open complaint at the time of this inspection that was being managed in line with the centre's policy. While the inspector was assured that all complaints were investigated and managed in line with the centre's own complaints policy and procedures, documentation of the investigation process and complainants' satisfaction with the outcome of investigations required improvement. The inspector followed up on issues raised in unsolicited information received by the Health Information and Quality Authority regarding care of residents' skin, moving and handling procedures, safeguarding residents, residents' contracts and communication. The person in charge was aware of the allegations raised in the information received and the findings of this inspection did not substantiate the concerns received.

Residents were facilitated and encouraged to feedback on the service they received and this information was used to improve the service provided. The annual review of the quality and safety of the service delivered to residents in 2020 was done in consultation with residents.

Regulation 14: Persons in charge

The person in charge was a director of nursing and had experience and a management qualification as required by the regulations. She worked full time in the centre and was supported by two clinical nurse managers (CNMs). A CNM2 deputised in the absence of the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Due to unplanned absence by household staff on the day of inspection, staff providing direct care to residents had to carry cleaning staff duties.

Contingency planning for staff required review to ensure that staff were available for unplanned absences to mitigate risk of infection posed by crossover of roles.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. Staff were appropriately supervised and supported. Training in infection prevention and control procedures including COVID-19 precautions and practices were ongoing to mitigate risk of COVID-19 infection and in preparedness for an outbreak.

Judgment: Compliant

Regulation 21: Records

Records to confirm that fire safety checking procedures were completed, were not maintained in a way that they were easily retrieved and that the service could confirm completeness or remedial actions needed.

Although the person in charge confirmed that fire exit doors were checked weekly to ensure they were operational and in a good state of repair, records of findings were

not available on this inspection.

While records confirming quarterly servicing of the fire alarm and the emergency lighting systems were available, a record of annual fire alarm system certification and a record of the annual emergency lighting certification were not available in the centre on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The strategy in use to provide staff in the centre required review to ensure that staffing levels assessed as needed were consistently maintained and assured. For example the provider relied on agency staff to replace six out of 26 whole time equivalent (WTE) staff employed as multi task attendants and two out of 13 WTE staff nurses. This arrangement posed a risk regarding availability of adequate staff to meet the needs of residents.

As evidenced on the day of inspection, replacement of multi task attendants assigned to cleaning roles was not possible and multitask attendants assigned to caring roles had to also complete cleaning duties. Therefore, improvements were required to ensure that adequate arrangements were in place to replace unplanned leave by staff to ensure that staff carrying out caring and cleaning roles did not pose an increased risk of cross infection to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A Statement of Purpose was prepared for the centre and contained the information as required by Schedule 1 of the regulations. The document described the facilities and the services provided and was recently updated with the change of person in charge details.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the

specified timeframes as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The records of complaint investigations did not contain sufficient information regarding the process and a record of complainants' satisfaction was not recorded to inform need for referral to the designated centre's complaints appeal process.

A person was not nominated other than the designated complaints person as required by regulation 34(3) to ensure that records were complete.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the last three years in line with regulatory requirements. Policies and procedures in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance to date. The new person in charge was in the process of reviewing all policies and procedures to reflect approval in line with the recent changes in the management structure.

Judgment: Compliant

Quality and safety

The management and staff ensured that residents' preferences and choices regarding their care and quality of life were respected and ensuring residents' rights were respected was central to service provision in this designated centre. There were consultations with residents and arrangements were in place to ensure their health and nursing care needs were being met with appropriate access to timely medical services and good standards of nursing care and support. The centre premises provided residents with a comfortable and accessible living environment. Notwithstanding, the arrangements to replace cleaning staff unplanned leave discussed under the Capacity and Capability section of this report, residents were protected from risk of infection.

A good standard of environmental and equipment cleanliness and adherence to

infection prevention and control standard precautions by staff was evident. Isolated incidents of COVID-19 infection affecting a small number of staff were contained and the service managed to protect residents from contracting the virus up to the time of this inspection.

The centre premises was purpose built and organised into two units known as San Pio and St. Anthony's wards. Residents' bedroom accommodation consisted of 14 single, nine twin and one bedroom with three beds. Four single bedrooms had full en suite facilities and five shared shower, toilet and hand basin facilities were located between the other ten single bedrooms adjacent to them. The twin bedrooms and the bedroom with three beds had full en suite facilities provided. The centre is registered to accommodate a maximum of 35 residents. The additional single bedroom with full en suite facilities was used to ensure residents in twin or the bedroom with three beds could be cared for in a single bedroom for their end-of-life care. This bedroom was also used as accommodation for residents in the centre who may become suspect or be confirmed as having COVID-19 infection. The bedroom with three beds was used to accommodate residents admitted on a short term respite basis and this arrangement was described in the centre's statement of purpose. Communal areas, utility facilities and storage provided met the individual and collective needs of the residents in the centre. Residents were supported and encouraged to personalise their bedrooms with their family photographs, favourite ornaments, plants and soft furnishings.

Clinical and environmental risks were identified and proactively managed. Incidents and accidents involving residents were reviewed and any learning identified was implemented in addition to actions to mitigate risk of recurrence. Review of risks identified in the centre was a standing agenda item in clinical and senior management meetings. An emergency policy was in place and arrangements for alternative accommodation for residents in the event of an emergency was identified in the event of full evacuation of the centre.

Measures were in place to protect residents and ensure their safe evacuation in the event of a fire incident in the centre. Each resident's evacuation needs were assessed and they each had a personal emergency evacuation plan (PEEP) in place that clearly described their equipment and staff needs. Staff were facilitated to complete fire safety training and to participate in simulated emergency evacuation drills in the centre. emergency exits were not obstructed, Fire safety equipment was regularly serviced by an external contractor and internal checking procedures were also in place.

Residents nursing and care needs were comprehensively assessed and were met to a high standard. There was satisfactory evidence that residents had timely access to healthcare and medical services. Monitoring procedures were in place to ensure any deterioration in residents' health or wellbeing was identified without delay. Monitoring procedures in place for residents included indicators of COVID-19 infection. For the most part residents' care plans were person centred and provided sufficient detail regarding their individual care and support preferences. Residents' care plans were regularly updated in consultation with residents or their families, as

appropriate.

Residents' rights were respected and their privacy, dignity and access to social activities were assured. Residents' activity programme was meaningful, varied and fulfilled residents' interests and capabilities. Residents who needed additional one-to-one support were supported with meaningful activities that suited their individual needs. Residents were facilitated to continue to practice their religious beliefs. Residents had access to newspapers, television and telephones.

A minimum restraint environment was promoted. Residents predisposed to responsive behaviours due to their diagnosis were well supported to avoid experiencing these behaviours. However, there was opportunity to improve accessibility of the information in some residents' behaviour support care plans to ensure a consistent approach to their care, especially as some staff were employed on an agency basis and may not be as familiar with these residents' needs. The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections including training of all staff to recognise any signs of abuse and a reporting system in place ensured any disclosures or suspicions were escalated and investigated without delay.

Regulation 11: Visits

Residents were encouraged and supported by staff to maintain their personal relationships with their families and friends. Scheduled visits were safely facilitated in the centre with in line updated public health guidelines. Unrestricted window visits were continuing.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the centre premises and facilities provided met residents' individual and collective needs. All parts of the centre premises were maintained to a good standard.

Judgment: Compliant

Regulation 26: Risk management

The centre's risk management policy set out the identification of risks and controls are required in regulation 26(1)(c).

Hazards in the centre were identified, risk assessed and documented in the centre's risk register which was reviewed and updated by the management team. Controls were specified to mitigate levels of assessed risk. COVID-19 related risks were identified with controls detailed and responsibilities were assigned to mitigate risk to residents, staff and visitors. Arrangements were in place to identify, record, risk assess and investigate any adverse events involving residents or others. Learning was implemented to prevent recurrence.

An emergency plan including the procedures to be followed in the event of residents' emergency evacuation was prepared and available to inform response to any major incidents that posed a threat to the lives of residents.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control measures in place ensured that residents were protected from risk of infection including COVID-19 infection. The facilities available, procedures and staff practices reflected the recommendations of the national infection prevention and control standards and public health guidance regarding prevention and control of COVID-19 infection.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety equipment checking procedures were in place to ensure residents' safety in the event of an emergency in the centre . Servicing of the fire alarm system and the emergency lighting system were completed at regular intervals by an external contractor who also provided an on-call service.

Each resident's emergency evacuation needs and supports were assessed, documented and were updated regularly. Annual fire training was completed by all staff. Fire drills were undertaken as part of fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering,

prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of residents' medicines met with regulatory requirements and reflected professional guidelines.

The pharmacist who supplied residents' medicines was facilitated to complete audits and areas needing improvement were communicated to the service. There were procedures in place for the returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and maintained in line with best practice professional guidelines including checking of balances. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated tools and care plans were developed as required. The information in residents' care plans was generally person-centred and for the most part, this information described residents' individual care preferences and wishes. There was opportunity for improving the quality of some residents' personal care plans to inform their preferences and usual routines. Residents' care plans were regularly reviewed and updated including in response to their changing needs.

Sufficient detail was mostly included in each resident's care plan to inform the frequency of residents' individual care procedures and the optimal clinical parameters that should be maintained to ensure their ongoing health and wellbeing.

Where possible, residents were consulted with, regarding their care plan development and subsequent reviews. Families were consulted on behalf of individual residents who were unable to be actively involved in their care planning and review process. Records were maintained of this consultation process.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with good standards of evidence based health and nursing care. They were supported to safely attend out-patient and other appointments in line with public health guidance. Residents had timely access to a general practitioner (GP) who attended the centre on a weekly basis or more often as necessary. There was good access provided for residents to specialist medical and nursing services including psychiatry of older age, community palliative care and

tissue viability specialists. Allied health professionals attended the centre and provided timely assessment and support for residents as appropriate on a referral basis.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who were predisposed to responsive behaviours as part of their diagnosis were responded to in a dignified, respectful and compassionate ways by staff using effective person-centred de-escalation strategies.

The service promoted a restraint free environment and had only two full length restrictive bed rails in use following trials of alternatives including modified length bedrails. There was evidence of ongoing assessment and trialling of less restrictive methods and arrangements were in place to minimise the amount of time full-length bedrails were in use and to ensure they were used safely.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from risk of abuse and any allegations of suspected, witnessed or disclosed abusive interactions were investigated. All staff were facilitated to complete up-to-date safeguarding training and staff who spoke with the inspector were aware of the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The service provided in the centre was directed by the preferences and needs of the residents. Residents' rights and choices were promoted and respected in the centre by all staff. The inspector found that the centre premises and staff practices promoted residents' privacy. . Residents had opportunities to continue to practice their religious faiths and had access to newspapers, radios and televisions.

Residents activities were informed by their interests and capabilities and were coordinated by an activity coordinator over six days and a care staff member on one day. This arrangement ensured residents had good access to meaningful and varied group activities each day. Staff ensured that residents who preferred to spend time

in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities to meet their capabilities and wishes. Records of the activities residents participated in and their level of engagement were maintained by the activity coordinator.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially 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	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riada House Community Nursing Unit OSV-0000529

Inspection ID: MON-0032669

Date of inspection: 25/06/2021

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The strategic policy and contingency plan will be reviewed to ensure the staffing level and skill mix to meet the assessed needs of residents is ensured at all times, including unplanned absences. The arrangements to ensure the minimum reliance on agency staff will be reviewed and included in updated contingency plans to address any shortfall in both planned and unplanned staff absences.</p> <p>A review to ensure a sufficient allocation of deployment and skill mix of staff to mitigate any risk in the cleaning schedule and cross cover between staff roles and duties will form part of this review and contingency planning.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Fire safety records and procedures for storage and maintenance onsite have been reviewed and refined. 15-07-2021 Completed. Documented record of Fire exit door weekly check is now available and accessible to maintenance personnel, person in charge and clinical nurse managers for review and to confirm completeness of any required actions.</p> <p>Records confirming quarterly service schedule of fire alarm panel and lighting systems are now available for 2021 in the centre. The annual review of the fire alarm system for certification and review of annual emergency lighting certification is scheduled for</p>	

certification for 2021.	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The strategic policy and contingency plan will be reviewed to ensure the staffing level and skill mix to meet the assessed needs of residents is ensured at all times, including unplanned absences. The arrangements to ensure the minimum reliance on agency staff will be reviewed and included in updated contingency plans to address any shortfall in both planned and unplanned staff absences.</p> <p>Recruitment to fill current WTE vacancies will be progressed with the Human Resource Department.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Learning identified from review of complaints log and documentation relating to recent number of complaints has resulted in review and update to local complaints procedure. Completed 12-07-2021</p> <p>The Complaints Procedure and name of the nominated complaints officer are displayed in a prominent position within the Centre. Details of the appeals process and contact information for the Office of the Ombudsman are documented and disseminated to family members and residents. A record of complainants satisfaction will be recorded on a new point of escalation form specific to the Centre and the need for referral to the designated Centres Complaints appeal process.</p> <p>An audit of the complaints received will be scheduled by a clinical nurse manager not directly involved in the complaint resolution process.</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.	Substantially Compliant	Yellow	31/12/2021
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	15/07/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	31/12/2021

	effective delivery of care in accordance with the statement of purpose.			
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.	Substantially Compliant	Yellow	12/07/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	12/07/2021