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:	Riverdale House Nursing Home
Name of provider:	Cosgrave Nursing Consultancy Limited
Address of centre:	Blackwater, Ardnacrusha, Clare
Type of inspection:	Unannounced
Date of inspection:	25 March 2026
Centre ID:	OSV-0000448
Fieldwork ID:	MON-0050043

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:	28

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 March 2026	08:45hrs to 17:20hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed over one day. The inspector found that residents living in this centre received a good standard of care. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful manner. The overall feedback from residents was that they were happy with the quality of the service. The inspector heard positive comments such as 'the staff are so lovely here', ' the staff are all so nice', and 'the care is genuine'.

The inspector was welcomed by the clinical nurse manager upon their arrival to the centre. A number of residents, who were having breakfast in the communal dining room, also greeted the inspector.

Following an introductory meeting with the management team, the inspector walked around the centre with the assistant director of nursing, giving an opportunity to meet with residents and staff.

Riverdale House Nursing Home is registered to provide long term and respite care for up to 29 residents. There were 28 residents living in the centre on the day of inspection. The centre was a purpose built, two-storey facility, situated in Ardnacrusha, Co. Clare.

On a walk around the centre, the inspector observed staff were attending to the morning care needs of residents. There was a calm and welcoming atmosphere, background music could be heard playing softly, and the inspector overheard friendly conversations between residents and staff. A number of residents were relaxing in the communal day room, where activities were taking place, and other residents were receiving support with their personal care needs in their bedrooms. It was evident that the management team were well known to the residents, and interactions observed by the inspector were respectful and kind.

Resident bedroom accommodation was laid out in single and shared bedrooms, on both floors of the centre. The first floor of the centre was accessed by stairs or a passenger lift. Resident communal areas were located on the ground floor, and they consisted of a sitting room, a large dining room and a visitors room. The inspector observed residents spending most of their day in the communal sitting room on the ground floor. A small number of residents chose to relax in their bedrooms. Residents' communal areas were appropriately supervised and those residents who chose to remain in their rooms, or who were unable to join the communal areas, were supported by staff throughout the day.

The inspector noted that residents were supported to personalise their bedrooms with items of significance, such as photographs, personal items and soft furnishings. Televisions and call bells were provided in all bedrooms. The design and layout of the premises was generally suitable for its stated purpose, and met the residents'

individual and collective needs. Resident accommodation areas were clean and tidy. Following a previous inspection, the provider had made some enhancements to the premises, including the purchase of a generator. In order to enhance infection control arrangements in the centre, the provider converted a staff toilet, to facilitate the installation of a janitorial sink unit and storage for house-keeping equipment. The provider committed to regularising the change to the function of the room, and layout of the centre, by way of an application to the Chief Inspector.

The inspector spoke with residents who they had met on previous inspections, and to residents who had moved into the centre more recently. The feedback from residents was positive regarding the quality of the service, and the kindness of staff and management. Two residents expressed individual concerns regarding their seating equipment. Discussion with the management team and a review of documentation, demonstrated that these concerns were known to management, and were being addressed, with input from multi-disciplinary teams.

The resident dining experience was observed to be a relaxed occasion. Dining tables were set with flowers, cutlery and condiments. Food was freshly prepared and specific to resident's individual nutritional requirements. Staff were observed providing discreet assistance and support to residents at lunch-time. Residents were offered a choice of soup to start, followed by a choice of lunch and dessert. Residents were complimentary of the food provided, and said that there were always alternative menu options available. One resident told the inspector that the shepherds pie served on the previous day was 'divine'. Another resident stated that they 'wouldn't miss the lunch', as it was 'beautiful' and they would 'recommend it'.

There was a sociable atmosphere in the centre and the inspector observed many residents receiving visitors during the inspection. The inspector spoke with a small number of visitors who said they were happy with the care their relatives received and the responsiveness of management and staff. Residents were engaged in activities throughout the day and could choose what activities they wished to attend. An activities board was displayed that detailed the planned activities for the day. Residents were observed engaging in an art activity in the afternoon.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced monitoring 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).

This inspection found that the management team were working hard to improve the quality of care in the centre. However, while the provider had systems in place to monitor and review the quality of the service provided for the residents, some management systems in place were not fully effective. This relates to deficits in management oversight of fire precautions, medication storage and individual assessment and care planning.

Cosgrave Nursing Home Limited was the registered provider of the designated centre. The person in charge was a director of the company. They were supported in their role by an assistant director of nursing, and a clinical nurse manager. Additional management support was provided by a facilities manager, and a governance and compliance officer. A team of nurses, support assistants, kitchen, house-keeping, administration and maintenance staff, made up the staffing complement. There were deputising arrangements in the absence of the person in charge.

The inspector found that there were sufficient resources in place in the centre. On the day of inspection, there was adequate staff available to meet the needs of the current residents, taking into consideration the size and layout of the building.

There was a training programme in place for staff, which included mandatory training and other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures, and safeguarding residents from abuse. Additional training was provided in areas including infection control and restrictive practices. The daily allocation of staff was overseen by the assistant director of nursing, and there were systems in place to supervise staff.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. Key clinical performance indicators were used to monitor clinical risks including wounds, weight loss and infections. A clinical governance report was developed quarterly, and made available to the inspector for review. Records demonstrated that audits were completed in areas including health and safety, medication management and the resident dining experience. Quality improvement plans were developed in line with the audit findings. At the time of inspection, the management team were completing the actions identified from a recent pharmacy audit, including a review of the volume of medications administered to residents, at particular times.

A review of the incident and accident records showed that there was a low number of adverse incidents in the centre. The provider had systems in place to analyse incidents and to identify areas where practice could be improved. For example, an analysis of falls identified the need for increased resident supervision in the afternoon. The provider increased the number of staff and reviewed the staffing allocation in response to this finding. This action contributed towards a reduction in resident falls in the centre. Notifiable incidents, as detailed under Schedule 4 of the

regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. There was a low number of complaints recorded.

A sample of staff files reviewed contained the necessary information as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

An annual report on the quality of the service had been completed for 2025 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

There were sufficient numbers of staff available with an appropriate skill mix having regard for the needs of the residents and the layout of the centre. A review of the rosters confirmed that there was a registered nurse on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had attended mandatory training which included training on fire safety, manual handling and safeguarding. A review of training records indicated that staff had also completed training in dementia care, restrictive practices and infection prevention and control.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Some management systems were not sufficiently robust to ensure the service provided was effectively monitored. For example:

- Supervision and monitoring of some aspects of the service, including assessment and care planning and medication management.
- There was inadequate oversight of fire precautions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector of Social Services within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There were opportunities available for social engagement and staff were observed to be respectful and kind towards the residents. There was a person-centred approach to care, and residents' wellbeing was promoted. However, assessment and care planning, medication management and fire precautions did not achieve full compliance with the regulations.

A review of resident care records demonstrated that each resident had a comprehensive assessment of their health and social care needs carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools to identify areas of risk, specific to each resident. The outcomes of these assessments were used to develop an individualised care plan for each resident, which addressed their individual abilities and assessed needs. However, the inspector found that some individual assessment and care planning documentation did not always contain up-to-date information to guide staff to meet the needs of the residents. For example, mobility care plans developed for two residents did not reflect specific information regarding their seating needs and preferences, as described by the residents' and the management team to the inspector. This is described under Regulation 5: Individual assessment and care planning.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Daily safety checks were in place to ensure means of escape were unobstructed. A new, addressable fire alarm system had been installed since the previous inspection. However, that the provider had not made adequate arrangements for evacuating residents from the centre in a timely manner, with the staff and equipment resources available. This is detailed further under Regulation 28: Fire precautions.

Overall, there were effective medication management systems in place. However, a small number of practices in relation to the storage of medicines was not in line with the requirements of the regulations.

The was a choice of menu available to residents for all meals. Drinks, snacks and refreshments were available, and the inspector saw that there were an adequate number of staff available to support residents at mealtimes. Residents' nutritional and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored, and records showed that residents were referred to allied health professionals or their general practitioner for additional support, if required.

Residents’ health and well-being was promoted. Residents had timely access to general practitioners (GP), specialist services, and health and social care professionals, such as palliative care services, and tissue viability nurse specialists, as required. There were no pressure related wounds in the centre. A physiotherapist attended the centre on a weekly basis.

Records of resident transfers viewed by the inspector demonstrated that the National Transfer Document for residential care facilities was used when residents were transferred to and from acute care, and other residential centres. This document contained relevant medical details which supported the sharing of and access to information within and between services.

Residents had access to internet, television, radio, newspapers and books. Religious services and resources were available. A programme of activities was provided to residents which included arts and crafts, chair yoga and music therapy. There was an independent advocacy service available and details regarding this service were displayed in the centre. Residents' meetings were convened to ensure residents had an opportunity to express their concerns or wishes. A sample of completed of resident questionnaires was reviewed by the inspector, and resident and relative commentary was positive.

Visiting arrangements in place were appropriate and met the needs of residents. The inspector observed that visitors were made welcome in the centre, and residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

Visiting was facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were complimentary about the quality and quantity of food in the centre. Food was freshly prepared and cooked on site. There was a varied daily menu. Residents had access to refreshments and snacks. Meal times were coordinated to ensure residents had appropriate assistance and supervision from staff.

Resident nutritional and hydration needs were monitored. The inspector saw evidence of completion of monthly nutritional assessments. Residents at risk of weight loss were referred to a dietitian and interventions were recorded in resident care plans. Additional nutritional supplements were provided when it was recommended by dietitians. Residents who were identified as having swallowing difficulties had access to speech and language therapy.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving

hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital. Records of transfer documents were stored electronically.

Judgment: Compliant

Regulation 28: Fire precautions

This inspection found that there was inadequate arrangements in place for evacuating residents from the centre in a timely manner, with the staff and equipment resources available. For example;

- While staff had participated in a fire evacuation drill in January 2026, which demonstrated a strategy of progressive horizontal evacuation, there had been no fire drill completed to show that staff could carry out a vertical evacuation of residents living on the first floor of the centre, using the evacuation equipment available, if required. Consequently, simulated fire evacuation drills did not provide assurance that residents could be evacuated from the centre, in a safe and timely manner.

There were inadequate arrangements for the containment of fire in the centre. For example;

- there were holes visible in the ceiling surface of an emergency escape stairwell area on the first floor of the centre. This could impact the effectiveness to contain fire, smoke or fumes in this area.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge failed to ensure that medicinal products which were no longer in use by a resident was stored in secure manner in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Several care plans reviewed did not contain up-to-date information, to direct staff regarding the interventions required to ensure residents' care needs were met. For example:

- the seating and mobility requirements of two residents' described to the inspector by the residents' concerned, and the management team, did not align with the information contained in the residents' care plans.
- one resident care plan did not contain up-to-date information regarding their specific social care needs and the interventions required to mitigate risks associated with their choice of activity.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health and well-being were promoted, and residents had timely access to general practitioners (GP), specialist services, and health and social care professionals such as physiotherapy, dietitian and speech and language therapy, as required.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that the privacy and dignity of residents was respected by staff. Staff were observed to interact with residents in a caring, patient and respectful manner.

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Independent advocacy services were available.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverdale House Nursing Home OSV-0000448

Inspection ID: MON-0050043

Date of inspection: 25/03/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. A new Nursing Governance & Compliance Officer (previous PIC in organization) re employed in new role within NH business since October 2025. This senior nursing professional will assist the new PIC (as of 01/04/2026) complete the supervision and monitoring of Clinical Assessment, Care Planning and Medication Management of all individual resident care processes within the NH.

2. The new PIC will be assisted by the CNM 1 to complete clinical supervision daily/weekly with the Nursing Team ensuring appropriate levels of supervision and monitoring is achieved and which is reflected in improved standards of personal care for all residents. The Governance & Compliance Officer will complete Clinical Supervision Training with the new PIC & CNM 1 by 29/05/2026 to assist them in understanding their role and function as Clinical Managers.

(NB. ADoN vacancy currently open. When filled, this senior nursing professional will also provide support to the PIC & CNM 1 to complete their roles and functions within the Team, but in the interim they will be supported by the Governance & Compliance Officer).

3. The Nursing Governance & Compliance Officer is due to complete Clinical Audits on Assessment & Care Planning (Nursing Documentation), Medication Management and management of Restrictive Practice Procedures within the NH by the 30/06/2026, which will provide additional measures and assurance on the Training and Development/supports provided and additional action planning will follow from these clinical audits.

4. Oversights highlighted in relation to Fire Precautions discussed under regulation 28 below.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. (Informal) Vertical Fire Evacuation simulations were performed by the whole Team on 29/04/2026 and 30/04/2026 (3 simulations with minimal staffing numbers) via all the Fire Escapes on the First Floor. All were completed satisfactorily and within the required time frame.
2. Formal Fire Training is planned to be completed by 29/05/2026 with external Fire Consultants where further vertical and horizontal (simulated) evacuations will be included in the training exercise. These evacuations will be recorded to demonstrate the efficiency and effectiveness of the training, and which can be used as future training aids for all staff to learn form.
3. The holes identified in the ceiling surface on an emergency escape stairwell will be filled with the required fire-retardant sealant by 29/05/2026.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
1. The PIC will discuss the new/updated Medication Management Policy with her Nursing Team at their next Nurses Meeting planned for 21/05/2026 and will reiterate the policy on the storage of medicines within the center.
2. The Nursing Governance and Compliance Officer is due to complete a Medication Management Audit by 30/06/2026, where feedback and action planning will be provided to the PIC and the Nursing Team in relation to the results of the Audit completed.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1. Please see points 2 & 3 above under Regulation 23 Governance and Management which will support Regulation 5: Individual Assessment & Care Planning being brought into full compliance by 29/05/2026.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/05/2026
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	29/05/2026
Regulation 28(2)(i)	The registered provider shall	Substantially Compliant	Yellow	29/05/2026

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	21/05/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	29/05/2026