



**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:	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:	28 September 2022
Centre ID:	OSV-0000529
Fieldwork ID:	MON-0037745

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:	25
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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
Wednesday 28 September 2022	09:30hrs to 18:30hrs	Oliver O'Halloran	Lead

What residents told us and what inspectors observed

Overall the feedback from resident's was positive about their experience of living in the centre. The inspector spoke with multiple residents throughout the day, who described staff as kind and responsive to their requests for support. One resident described that 'the place is just so good, the staff are kind and they care'. Another resident explained that 'the staff just couldn't be better, this place is fantastic, it really is'.

On arrival at the centre, the inspector was met by the person in charge and clinical nurse manager. Following an introductory meeting with the person in charge, the inspector walked around the centre accompanied by the person in charge and clinical nurse manager.

The inspector observed a calm unhurried atmosphere in the centre. Staff were observed to be kind and respectful when interacting with residents, and when meeting their personal care needs. The inspector observed that call bells were responded to promptly by staff.

The centre was laid out over a ground floor area. Resident accommodation comprised of single and twin room accommodation, with one triple room which was identified on the centres statement of purpose for use for individuals availing of respite care. There were two sitting rooms, a dining room, an oratory and a sensory room for resident communal use, in addition there were comfortably furnished seating areas along corridors. Throughout the day residents were observed spending time in these communal areas. Visitors were observed coming and going in the centre throughout the day. There was a landscaped enclosed garden which had unrestricted access for residents. There was a second recently developed garden area, which residents accessed accompanied by staff.

Resident bedrooms had adequate storage space, which included a bedside locker and wardrobe space for each resident. Bedrooms had space for residents to display items of personal significance. The inspector observed that photographs, ornaments and other items of personal significance were displayed in residents' bedrooms. Where residents shared bedrooms, the inspector observed that there was appropriately placed privacy screens to ensure residents could undertake personal activities in private. There were memory boxes, outside resident bedrooms, displayed in glass cabinets, these were in place to both personalise the residents private accommodation entrance and to assist residents who were experiencing cognitive impairment in locating their bedroom. While all communal areas had call bell access, the inspector observed that not all resident bedrooms had call bell access to enable residents to call for assistance when needed. The centre facilitated residents' who smoked, by providing a designated area to smoke outdoors, in a sheltered area in the centres enclosed garden, the inspector observed that there was no fire fighting equipment easily accessible in this area.

The inspector observed that resident's personal laundry was laundered in the centre and that there was a discrete clothing identification system in place for the identification of personal laundry. There was a system in place in the laundry to ensure cross contamination of dirty to clean laundry did not occur.

The inspector observed that the lunch time dining experience was a social occasion. Where residents required assistance staff were observed to provide the assistance in a way that ensured the dignity and respect of the residents. The lunch time meal was observed to be an unhurried experience. Residents' told the inspector that there 'was always a choice of food'. The meals observed by the inspector appeared appetising and well presented.

The inspector observed residents engaged in group activities, facilitated by an activities co-ordinator in the morning and afternoon. There was an activities schedule in place seven days a week. There was an activities notice board prominently displayed which informed the residents what activities were on offer to choose from. A number of resident's had recently attended a garden party in the local area.

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

Capacity and capability

The inspector found that there were management systems in place to ensure that residents received a high standard of care. However, improvements were required to ensure compliance with Regulation 16, Training and staff development.

This was an unannounced risk inspection carried out over one day by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The Health Service Executive (HSE) is the registered provider of the centre. The provider had a clear governance structure in place with lines of authority and accountability clearly defined. The centre had access to resources within the provider organisation at older persons community health organisation level such as, human resources, accounts and clinical support resources such as infection prevention clinical nurse specialist. The person in charge was supported by the providers older persons services manager. In the centre the person in charge was supported by three clinical nurse managers. There was one clinical nurse manager who worked predominantly in an oversight and supervision role. The two remaining clinical nurse managers worked predominantly providing direct care, with some time each week worked in a supervisory role. A clinical nurse manager deputised in the absence of the person in charge. The on site management team was supported by a

team of nursing, health care assistant, administration and support staff.

The inspector observed that the number and skill mix of staff available on the day of inspection was sufficient to meet the assessed needs of the twenty five residents in the centre. There were a number of staff vacancies across nursing, healthcare assistant and multi task attendant roles in the centre. The inspector noted that to support the centre's staffing structures, staff had been redeployed from a day care service which was currently suspended. The registered provider ensured support from agency healthcare workers to ensure that the number and skill mix of staff was appropriate.

The provider had oversight systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. An audit schedule was in place, audit activity was seen across clinical and environmental aspects of the service. A review of the audit schedule in place and audit completed in 2022 evidenced that quality improvement arising from audit findings was actioned by communication to the appropriate departments at weekly meetings, there was evidence that quality improvement had taken place arising from audit findings. The person in charge attended six weekly meetings with the provider senior management team, a review of minutes of these meetings evidenced that centre specific issues were discussed and addressed through that forum. However, management systems had not identified risks observed on the day of inspection, and where risk was identified such as the risk associated with staff not having access to appropriate training, there were no plans in place to mitigate against this risk.

An annual review of the quality and safety of the care delivered to residents had taken place for 2021, which was informed by resident feedback.

There was a system in place to monitor staff training. A review of this system evidenced that there were a significant number of staff who did not have access to appropriate training in line with the centres own policy, this finding will be discussed further under Regulation 16, Training and staff development. The person in charge had ensured that staff had access to other relevant training such as crisis prevention intervention training and open disclosure training which supported them in their role.

There were effective record and file management systems in place. All records, such as staff personnel files, and residents records were well maintained and stored securely in the centre. A review of a sample of staff personnel files found that they contained all the required documentation, as set out in schedule 2 of the regulations.

A record of incidents was maintained in the centre and on review inspectors found that the Chief Inspector had been informed of notifiable incidents in line with regulatory requirements.

There was a complaints policy in place in the centre. The procedure was on clear display in the centre and set out clearly the process for making a complaint. Residents who spoke with the inspector, understood what action to take in the

event that they needed to make a complaint about the service. A review of complaints records in the centre evidenced that records contained sufficient detail of the nature of the complaint, and the investigation carried out. The records also evidenced communication with the complainant and the complainants satisfaction with the outcome was well documented.

Regulation 15: Staffing

There was an adequate number and skill mix of staff to meet the assessed needs of the residents, on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the system for recording staff training in the centre evidenced that:

There was a significant number of staff who had not been provided with access to appropriate training, for example staff did not have up to date provision of training in people moving and handling, this was not in line with the centres own policy.

Judgment: Substantially compliant

Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While there were management systems in place, they had not been fully effective in ensuring that the service provided was appropriate and effectively monitored. For example,

- There were fire safety risks observed on the day of inspection, that had not

been identified such as the risks associated with residents smoking in an outdoor area.

- There was a significant number of staff who required appropriate training, as required by the centres own policy, there was no plan in place for the provision of this training.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that incidents were notified to the Chief Inspector within the required time-frame specified by the regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed. There was a complaints policy which set out the process to follow for verbal and written complaints. Complaints were recorded and managed in line with the requirements set out under Regulation 34.

Judgment: Compliant

Quality and safety

Residents received a good quality service that met their assessed needs. However, the inspector found that action was required to comply with Regulation 17, Premises and Regulation 28, Fire precautions.

Residents' had a comprehensive assessment of their health, personal and social care needs on admission to the centre. The assessment was undertaken using validated assessment tools. This assessment informed the development of resident's care plans. A review of a sample of resident's care plans evidenced that they were developed in consultation with the resident, and where appropriate, their relatives. Care plans were reviewed at periods not exceeding four months and more frequently where the resident's condition necessitated a review being undertaken.

Residents were facilitated to access a general practitioner (GP). A system of referral was in place that ensured residents had access to allied health and social care

professionals. A review of residents care records evidenced that recommended treatment plans from allied health professionals were adhered to, and incorporated into resident's care plans.

The design and layout of the centre was appropriate to support the resident's needs. There was adequate indoor private and communal space, residents could independently access the centres enclosed garden. The inspector found the centre to be well lit and warm throughout, on the day of inspection.

The inspector found that in a sluice room tiles were missing from the wall. There were armchairs which were not in a good state of repair as the covering was damaged. These findings will be discussed under Regulation 17, Premises.

The premises was visibly clean. The centres management team had identified the need to carry out works on hand wash basins in the centre to ensure compliance with standards for the prevention and control of health care associated infections. There was a plan in place for the completion of these works. There was a cleaning schedule in place, which included staff rostered for cleaning seven days a week. Staff with responsibility for cleaning demonstrated awareness of their role and there were processes in place to minimise the risk of cross contamination. For example, there was a colour coded mop and cleaning cloth system in place, staff demonstrated awareness of the use of this system, and how it minimised the risk of cross contamination.

There was an activities schedule in place for residents to partake in seven days a week, which provided residents with access to activities in line with their interests and capabilities, such as music quizzes, bingo and imagination gym sessions. There were opportunities for residents to participate in group and one to one activities. Residents were kept informed and consulted about changes in the operation of the centre through participation in resident's forum meetings which took place monthly in the centre, and also by participation in resident feedback surveys. Resident's had provided feedback that they would like to go out more. The centres management team were seen to be responsive to resident feedback, a number of resident's had been facilitated to attend a garden party in the local area in recent weeks.

Records maintained evidenced that maintenance and servicing of of the fire alarm, emergency lighting systems and fire fighting equipment were carried out in line with regulatory requirements. Staff demonstrated awareness of the centres fire safety and evacuation procedures. However, action was required to ensure that residents who smoked had adequate fire protection precautions in place and that fire doors in the centre would contain smoke and fire in the event of an outbreak of fire. These findings will be discussed further under Regulation 28, Fire precautions.

Regulation 17: Premises

Action was required to ensure compliance with Regulation 17, Premises. There were

areas where the premises were not in a good state of repair. For example;

- There were wall tiles missing from a sluice room wall.
- There were three cloth upholstered armchairs observed to have areas of the chairs that the cloth upholstery was no longer intact, these chairs were not in a good state of repair.

Also, not all bedrooms had emergency call facilities, there were two residents who had no call bell access from their beds.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of health care associated infections published by the authority were in place, and were being implemented by staff in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Arrangements in place were not fully effective for containing a fire in the event of an outbreak of fire in the centre. For example:

- There were gaps seen in fire doors when the doors were in the closed position.

In addition, a review of the centres arrangements for taking adequate precautions against the risk of fire evidenced that the provider had not taken adequate precautions against the risk of fire in an area outdoors, where residents were smoking. There was no fire blanket in this area and no easily accessible fire fighting equipment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents assessments and care plans were reviewed. A comprehensive assessment was in place that guided the development of care plans. The assessments were undertaken using validated assessment tools to identify resident

need. Care plans provided sufficient detail to guide staff to meet residents individual needs. Care plans were reviewed at intervals not exceeding four months in consultation with the resident and where appropriate their family.

Judgment: Compliant

Regulation 6: Health care

Resident's had timely access to a General Practitioner (GP). A review of residents records evidenced that resident's had access, by a system of referral, to the expertise of allied health professionals, such as physiotherapists, occupational therapists and dietitian.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents enjoyed a variety of activities, some examples being bingo, music quizzes and imagination gym.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in residents surveys.

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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riada House Community Nursing Unit OSV-0000529

Inspection ID: MON-0037745

Date of inspection: 28/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In-Person training scheduled for 24/11/2022 and 01/12/2022 for 16 Staff members with moving and handling trainer. Access to electronic training platform available for staff to complete theory content online in advance of in-person training.</p> <p>The training matrix is reviewed routinely to identify the refresher training needs of all staff and to ensure professional development is maintained up to date.</p>	
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>Fire safety risk assessment reviewed and updated for one Resident who chooses to smoke in an outdoor area of garden. Fire blanket provided for use in outdoor area. Fire safety training and fire evacuation training provided for staff members and residents onsite on the 11-10-2022. Training needs reviewed and additional training date scheduled by Fire Officer for December.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Person specific arm-chairs have been sent for re-upholstery to external company.</p> <p>Emergency call bell facilities visual check and review completed on 28-09-2022. Each resident has a functioning call bell with accessible reach. Two Residents identified by Inspector during onsite inspection without call bell access have been provided with call bells. A review/audit of call bells will be completed to ensure all residents have call bell accessible.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door assessment scheduled for completion on 16-11-2022 by external fire prevention specialist company. Retrospective correction of doors will be scheduled when report and findings are available. The fire doors will be adjusted to ensure they are in compliance with fire regulations and ensure fire containment. Access to fire blanket and fire fighting equipment for use in external garden has been reviewed on 29-09-2022. Thumb-turn door handle fitted externally, to staff canteen door for ease of access to additional equipment from the garden side.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/12/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	29/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	11/10/2022
Regulation 28(1)(a)	The registered provider shall take adequate	Substantially Compliant	Yellow	16/11/2022

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	29/09/2022