



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:	28 July 2022
Centre ID:	OSV-0000448
Fieldwork ID:	MON-0037532

About the designated centre

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

Riverdale House is a two storey nursing home. It can accommodate up to 29 residents. It is located in a rural area, six kilometres from Limerick city and close to many local amenities. Riverdale house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, palliative care, respite and post operative care. The centre does not accommodate persons with acquired brain injury or intellectual disability. It does not have a dementia specific unit. Bedroom accommodation is provided on both floors in 11 single and nine twin bedrooms. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors' room. Residents also have access to a secure enclosed garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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
Thursday 28 July 2022	06:30hrs to 16:30hrs	Helen Lindsey	Lead

What residents told us and what inspectors observed

The inspector spoke with about eight residents, who were generally positive about the care and support they received. Residents spoke very positively about the staff and said they were very kind. Some residents did comment that the days were long if there were no organised activities. Residents were noted to be in the sitting room with no organised engagement in the morning, and they did not know what activities were on that day, if any. There were no posters or notice boards saying what would be taking place that day. A bingo session was delivered in the afternoon, with ice creams, which residents were seen to enjoy.

The inspector arrived at 6.30am to observe the morning routine. There were two staff on duty, and no residents were up in the communal areas. On a walk around the centre, the inspector noted two residents were awake and all the others were sleeping. One resident who was awake had chosen to get up and dressed early, and was listening to the radio in their room. It was noted by the night staff at the 8am handover to the day staff that residents had been given porridge and medications. As residents were sleeping it was evident that they had been woken to receive medications, and had returned to sleep following their administration. This is institutional practice, as it does not reflect the residents preferred routines and waking times.

Throughout the inspection staff were seen to be engaging positively with residents. It was evident staff knew residents care and support needs, and preferred communication approaches. For example, providing the preferred snacks and drinks of individuals and knowing their preferred routines.

The inspector noted residents had access to drinks and snacks through the day. Some residents were seen to take meals in the dining room, and others took meals in their bedrooms or the sitting room. Meals served in the dining room, or on trays were nicely presented. Feedback from residents was very positive about the meals, and choices available. The dining room was bright and well presented, and staff supported residents to get the meals and drinks of their choice. Some residents required support taking their meals, and this was provided discreetly by staff who sat with one resident to provide support and encouragement. Drinks were offered, with snacks in the morning and the afternoon.

Residents were seen to be receiving visitors during the course of the day. They chose to meet with them in the dining room, or the outside areas. The gardens were well presented, offered a range of seating including benches and chairs, and had been planted with flowers.

A walk around the centre found that some refurbishment and decoration was required. Carpets in the entrance hall and along corridors were worn, some walls and doors were scuffed, and there was water staining from water leaks in some bedrooms. It was also noted there was insufficient storage for equipment. The

inspector noted items stored on the corridor, in bathrooms and on the fire escape landing which should be kept clear. It was also noted, not all twin rooms would support residents privacy while allowing the other resident to move around freely, due to the location of the privacy curtains and furniture. Also, not all twin rooms provided a chair for each resident.

The nursing home was seen to be generally clean with the exception of the staff changing room and bathroom. It was discussed with the facilities manager that the sink in the toilet was not clean, and the cupboard for storage of staff belongings did not offer separation to reduce the risk of cross contamination. There was clear signage in the centre to make it clear where additional precautions were required due to a COVID-19 outbreak, and staff were clear of the need to be using enhanced cleaning procedures.

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

While residents were receiving a good standard of care, improvements were required in a number of areas, including the premises and resident's rights to ensure compliance with the regulations.

This was an unannounced risk inspection by an inspector of social services to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider is Cosgrave Nursing Consultancy Limited. They took over as the registered provider in September 2021. At the time of the inspection the provider was implementing a new management systems and putting in place a quality improvement plan for the centre. One of the directors of the company had oversight of the nursing home on the day of the inspection, as the nursing management team were on leave. As per the staff rosters, normal staffing arrangements would include a person in charge, supported by an assistant director of nursing, nursing staff and healthcare assistants. There was also a facilities manager, who managed the household staff team.

A review of the roster identified that the staffing in place at the time of the inspection did not fully align with the staffing levels described in the statement of purpose. Also during the inspection it was noted there were insufficient staff to ensure the service was delivered fully in line with the regulations and standards. The social care needs of the residents were not observed to be met. There were no one in the full time role of activities staff at the time of the inspection, but the statement of purpose recorded there would be two. While the provider had allocated a specific health care assistant some hours each afternoon to provide social care to

residents, residents were seen to be without meaningful activities during the morning. Some residents reported to the inspector that there was not enough going on to occupy them every day. This was also a strong theme provided in the resident questionnaires the provider had collected.

The model of staffing in the centre had previously been to have a person employed in the role of activities coordinator. The provider confirmed this role had been vacant since earlier in the year. The staff member had not been replaced at the time of the inspection, and one staff had been allocated the task of engaging in social care activities each afternoon. It was evidence from observations on the day, and feedback from residents to the inspector, and to the provider in the resident questionnaires that this had a significant impact on the residents quality of life.

The centre was experiencing a COVID-19 outbreak in the centre on the day of the inspection. The inspector found there were inadequate levels of cleaning staff available in the centre to ensure the outbreak could be managed appropriately. The statement of purpose identified that there should be the equivalent of two and a half full time posts and one part time post, but the hours on the roster accounted for less than two whole time posts. There was one cleaner rostered to work a six hours shift that day, and they described completing day-to-day tasks and the need to deep clean the bedrooms of those exiting a period of isolation. This workload impacted on the overall cleaning schedule in the centre. For example the staff changing areas were not cleaned to an appropriate standard.

The provider had a structure for governance and management of the centre, and was embedding this in to the nursing home systems. The governance and management team met on a regular basis, and covered a range of areas of the business including workforce, clinical care, resources and the premises. Records showed the provider was proactive in addressing issues that had been identified, for example meeting records showed that issues in relation to the premises had been identified, and a program of refurbishment was to commence in September. This included the replacement of flooring throughout the centre, and redecoration. It also noted that issues with televisions were being picked up and addressed by servicing or replacement of TVs in communal areas and bedrooms.

There was a program of audits in place, and for those completed, it was noted there was a list of actions to be completed, who was responsible, and the time frame it was to be completed. The audits covered a wide range of areas including staff training, the environment, and equipment. Key clinical indicators were also audited such as pressure areas, falls and medications. While practice was seen to be improving in some areas, such as training and fire safety management, it was noted some audits did not fully identify issues seen by the inspector. For example, the staff changing rooms were not identified as an issue on an infection prevention and control audit.

The provider had introduced a system to monitor staff training. The system recorded when staff had completed training, and when they were due to complete refresher training. A review of the document showed that staff were up to date with

mandatory training, with fire safety training planned to take place.

Regulation 15: Staffing

There were insufficient staff to meet the needs of residents on the day of inspection.

There were not enough cleaning staff in relation to the size and layout of the building. At the time of the inspection there was an outbreak of COVID-19, however the roster showed that during the week of the inspection there were three days with one cleaner, only working from 8am to 2pm, with no one allocated to cleaning duties in the afternoon and evening. Rosters showed the same for the previous week.

There were periods of time where residents were not supported to engage in activities or meaningful activities as staff were managing the care needs of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

There was a training matrix in place that set out when each staff member had completed training, and when they were due to complete refresher training. All staff had completed training in safeguarding adults at risk, and the majority had completed fire safety training, with additional sessions booked. There were a range of training opportunities for staff including Children First, infection prevention and control courses and manual handling.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider was implementing a range of systems to drive improvement and ensure the nursing home was operating in line with the regulations, action was needed to ensure the service delivered was safe and consistently met residents needs.

Examples of care practices were seen that were institutional in nature. Also residents were not supported to engage in activities and occupation that was meaningful to them. While there was a plan to address the premises, on the day of the inspection flooring in the entrance hall was not safe, and other areas required

decoration.

There was a comprehensive audit program in place, but action was required to ensure all issues were picked up and brought to the attention of the management team. For example, the storage and infection prevention and control issues identified during the inspection.

The staffing on the day of the inspection was not in line with the staffing levels set out in the statement of purpose. For example, there were no activities coordinators employed at the time of the inspection, while the statement of purpose said there would be two posts. The document stated two and a half full time equivalent cleaners would be provided, but there were less than two full time post hours accounted for on the roster.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts were reviewed. They were signed by the resident or their representative, and included the room to be occupied.

They set out fair deal contributions, where they were in place, and any additional fees to be paid.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place that set out the process to follow for written and verbal complaints. Feedback in residents questionnaire set out that residents were aware of the complaints policy.

One complaint had been made in 2022 and the records confirmed that the process had been followed.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care, however action was required to

ensure residents rights were respected and that they could engage in activities of interest to them. In addition, action was required to ensure that the premises was safe, well maintained and met the needs of residents. Improvement was also required in relation to the management of infection control, to ensure compliance with the regulations.

An electronic care records system had been introduced, and staff were receiving training on how to complete records in the new system. The provider had brought in support to train the team in using the new system, and to ensure care plans were completed with a person centred focus. A sample of residents records were reviewed, and they were seen to reflect residents skills, abilities and preferences. While there were a lot of records for each resident, overall they covered the expected areas. Where residents had identified healthcare needs, there were care plans in place that set out how they were to be addressed. Care plans were reviewed on a four monthly basis or more frequently as required.

The provider, staff and residents described four organised activities that happened every week, including bingo, reiki and a visiting singer. However, there was not a current schedule in place covering the full week. Feedback from residents and their families in the resident feedback forms noted a change from earlier in the year when there had been a wider program in place. The provider advised a health care assistant had been allocated hours each afternoon, and a new coordinator was due to take up post in the weeks following the inspection.

Residents provided positive feedback about the meals and snacks provided in the centre. There were policies in place relating to meals and mealtimes, including planning menus, the environment, and communication regarding residents dietary needs to kitchen staff. An audit of the mealtime experience had been carried out, along with a review of residents nutrition needs. A review of the kitchens found a variety of snacks for residents including pastries, biscuits and crisps and a range of drinks including fresh juices, cordials and carbonated drinks. There were fresh and frozen storage areas, and the kitchen staff described the delivery frequency for fresh produce, to ensure there were sufficient supplies at all times.

There was a quality improvement plan in place to address the premises. The inspector noted a number of issues that needed to be addressed including the replacement of flooring, and repair to damage on walls and ceilings. There was also insufficient storage available. A review of the governance and management records showed the provider had completed an audit of the premises, and that flooring was ordered to be fitted in September. The provider also advised decorators would also be attending the centre in September to address the decor in communal areas and bedrooms. The records also confirmed the review of the premises would extend to the furniture to ensure the space in residents bedrooms were maximised for residents.

Regulation 11: Visits

Residents were seen to be enjoying visits from their family and friends during the inspection. While there was a visitors room, many resident met their families in the dining room, or outside in the garden area.

Judgment: Compliant

Regulation 17: Premises

The premises did not fully meet the needs of residents, for example:

- A number of bedrooms and communal areas were in need of redecoration. There was damage to some walls, skirting and doors that would impact on effective cleaning
- The carpet in the entrance hall was stained and worn, and had holes by the entrance in to the lounge area. There were also other areas where there were holes in the carpet, such as the exit from the list on the first floor
- Not all twin bedrooms had the minimum amount of furniture, for example a number did not have a chair for each resident. Also, some of the twin bedrooms were not laid out to ensure resident had access to their belongings and could sit in their bed area.
- There was insufficient storage in the centre. Some items of equipment were noted to be stored in inappropriate areas such as the bathroom and the fire exit landings.
- During the inspection it was noted there was internal and external CCTV however, their was only signage externally.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents fed back to the inspector that they enjoyed the meals in the centre, and that drinks and snacks were available during the day. A review of resident questionnaires also confirmed residents were satisfied with the meals provided in the centre.

On the day of inspection, the residents in rooms were seen to have drinks close to their beds. Drinks were offered to the residents in the morning and afternoon.

There were menus on display and it offered a choice of two meals. The dining room, and trays going to rooms were well presented. The dining room was a bright room, and tables were set to provider a pleasant dining experience.

Residents dietary needs were recorded in their care plans, and there was a system in place to ensure residents got appropriate meals, for example those taking a modified diet.

Judgment: Compliant

Regulation 27: Infection control

While there were arrangements in place to ensure effective infection prevention and control in the centre, action was required in relation to the following findings:

- The staff changing room and toilet were not clean
- The storage arrangements for staff clothing in the changing room did not provide sufficient space to avoid the risk of cross contamination from stored clothing
- Examples were seen of equipment that was rusted, and so would not be effectively cleaned.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were in place and were reviewed every four months, or more frequently as required. They provided clear details to staff about how residents' needs were to be met, and also reflected the residents' choices and preferences.

Where residents had identified health care needs, the support required to meet those needs was clearly recorded.

Judgment: Compliant

Regulation 9: Residents' rights

There were insufficient opportunities provided for residents to be engaged in recreation and activities in accordance with their interests and capacities. Residents fed back to the inspector that the days could be long when there were no planned activities. A review of the resident questionnaires showed that many residents and their families had raised this as an issue in their feedback. On the day of the inspection, there was no information to tell residents what would be taking place

that day. The inspector observed residents were left without meaningful engagement for long periods in the morning.

Residents preferred routines were not fully respected. The practice of giving medication to all of the residents early in the morning, before their natural waking time was seen in practice, and also described in the night staff 'checklist' which guided staff practice.

Some twin rooms were set out in a way that would limit resident's privacy. A example was seen that when privacy curtains were pulled around one bed area, the other bed couldn't be easily accessed due to other furniture.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Riverdale House Nursing Home OSV-0000448

Inspection ID: MON-0037532

Date of inspection: 28/07/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: As with the whole economy we are in a continuous recruitment mode for competent staff to work in our Nursing Homes but this is proving difficult because the economy is near full employment presently. However, we have expanded our recruitment strategy to involve the Local, National and International Markets to assist us in recruiting the required personnel to assist us filling our current shortfalls. We also operate our own internal Nurse/Carer Bank System where employees are offered additional hours to their contracted hours and finally we are in liaison with the Colleges of Further Education/Universities offering Student training places within the Nursing Home (and who are also offered the opportunity to join our Nurse/Carer Bank, once they meet the required standards of the recruitment process).</p> <p>We have current advertisements in the local and national press, on the internet and with two international recruitment agencies and candidate feedback is currently positive in recruiting staff to our current vacancies. Our adverts include positions in Nursing, Care, Facilities/Housekeeping and Activities.</p> <p>Finally, we had an over-established staffing model of care in our sister nursing home (to assist us through the covid19 pandemic period), so we have also been fortunate to be able to transfer staff across to Riverdale Nursing Home to assist us in covering the Staffing shortfalls as identified by the HIQA Officer during her inspection.</p> <p>As Registered Provider, I expect to have a full staff compliment in place by 30th November 2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>	

management:

A new Clinical Nurse Manager 3 has been employed in Riverdale NH since the 4th August 2022 who is tasked with implementing best standards of care practices in line with evidence based nursing practices in the care of vulnerable older adults (while also providing Leadership to junior team members). A total holistic review of Clinical Standards including Diet and Nutrition, Swallowing (SALT) Assessments, Medication Management, Meaningful Activity Assistants, Old Aged Psychiatry/Medical reviews, Nursing Documentation & Assessment reviews, Manual Handling Audits have all been commenced thus ensuring the holistic care of all Residents going forward and into the future (and which should be completed by 30th September 2022).

As with Regulation 15 above re Staffing, two Activity Assistants have returned to assist the residents in their Social Care/Meaningful Activity needs on a daily basis and external activities continue to be provided weekly and which includes Music Therapy, Dog Therapy, Reiki & Reminiscence, Mass & Rosary, Gardening, Seasonal parties, Facebook Communications with Families & Friends, National and Local Newspapers provided etc.,

Also, re Staffing of Facilities/Housekeeping within Nursing Home, there is a Facilities Supervisor employed since February 2021 and who during the Covid19 outbreak in July 22 was in Uniform assisting the Housekeeping Team from 9am – 4pm (Monday to Friday – 35 hours). This supervisor also met with the HSE IPC Nurse on Thursday 21st July 2022 in the Nursing Home to go through and advise on our IPC Contingency Strategy and how we were managing our current outbreak. The Supervisor has also completed the QQI Level 5 in Infection Prevention & Control and Facilities Management Certificate since her employment with Cosgrave Nursing Consultancy Ltd., and her line in the Roster is different to the general housekeeping team (as she has higher roles and responsibilities to achieve on a daily basis).

Communication Boards re Daily Activities are to be updated daily by the Activity Team and Meaningful Activities as a whole will be discussed at the Resident/Family Meeting planned for 16th September 2022 to allow management to capture Resident/Family views for new seasonal activity program to be implemented each season of the year.

We have an extensive plan in place for improving the physical environment of the Nursing Home which includes new flooring, new storage areas, painting and decorating, updating electrical points and improving the energy efficiency of the Nursing Home. A lot of the foundation work has been completed thus far with the implementation of new LED Lighting, new Clinical Cleaning Trolleys, new Overbed Tables, New Foam & Air Mattresses, with the implementation of Fire Evacuation Sheets on all beds, PEEP Assessment in all Resident Bedrooms, with the implementation of CCTV (internally and externally – general areas (non-resident)) and with the implementation of IT (cloud based) Nursing/Medical Records. Painting and Decoration within the Nursing Home has commenced as of 31st August 2022 and the New Flooring/Flooring Team has informed me as of 22nd August 2022 that they will be ready to commence with the implementation of new flooring from (approximately) the 26th September 2022.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: And re the additional points not covered in this paragraph include:</p> <p>With the addition of new floors across the Nursing Home, Residents/their families and the Staff will be asked to complete “spring cleaning/decluttering” of Resident bedrooms to assist in improving the amount of general space each resident has within their bedrooms (or as bedrooms become available and empty). Along with the implementation of the new flooring, new bedroom furniture will replace most of the older bedroom furniture bringing it in line with best IPC Standards – making it easier to clean, decontaminate and reuse. As highlighted in the Inspectors Report, those rooms identified as having a shortfall of any equipment will be prioritized immediately with all the basis equipment necessities being put in place by 1st September 2022.</p> <p>Re: Storage: Anything that was found on the Fire Landings/Stairs were removed on the day of inspection. Storage of equipment has been discussed informally with staff post the HIQA Inspection on 28th July 2022 in relation to the blocking of other facilities i.e. toilets and fire escapes, and which will be discussed again (formally) at our next team meeting on the 16th September 2022. The Registered Provider also has a mid-term plan in relation to implementing additional storage and car parking at the back of the Nursing Home and is working with Building Contractors/Planners in relation how best to achieve this for the business.</p> <p>Re: CCTV – Internal signage was implemented on 29th July 2022 the day after the HIQA Inspector highlighted same.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Re: Staff Changing Room and Toilet – the external staff changing room and toilet have now been added to the Cleaning Rota and is signed off daily after it is cleaned. Again, it was discussed with all staff re their responsibility in keeping their staff room clean and tidy and same will be reiterated again at our staff meeting on 16th September 22. All staff have been asked to remove old items of clothing, by emptying lockers etc., and anything not removed has been discarded since Friday 26th August 22.</p> <p>Re: rusted equipment – as outlined in Governance & Premises Planning, an equipment replacement program had commenced since October 2021 and all old equipment (not fit for purpose) has been removed accordingly. The Registered Provider and his Maintenance Team will complete another review of the premises prior to the staff</p>	

meeting on 16th September 2022 and remove any addition equipment found to be obsolete. Again this will assist in our complete "Spring Cleaning/decluttering Plan" of the premises and a priority list of new equipment and furniture can be drawn up for purchase/replacement.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Re: Resident Activities: Our qualified Activity Therapist resigned and we promoted a Care Assistant to this position. Alongside this HCA/Activities Person we also implemented Reiki and Reminiscence Therapy, Music Therapy, Dog Therapy, internal Catholic Mass and the Rosary (all external therapist), which the Residents enjoy very much. We have also had seasonal parties (Valentines and Easter pictures uploaded onto the internet), the Ice Cream Van arriving throughout the summer months and Music Band & Dance parties, again with everyone enjoying same. However, there appears to be a loss (in some of the Residents lives) in relation to what the previous Activity Therapist (employee) provided the Residents with. Therefore, as per our recruitment strategy we have now advertised in the local and national press for a candidate, similar to the caliber, to assist in replacing the loss of the Activity Therapist that the Residents/their families appear to miss so much. Action Planning replacement for 30th November 2022

Re: Communicating the Daily Activities with Residents: There are communication/information boards in the Reception of the Nursing Home informing Residents/Families the time Activities are due to take place, and it has now also become the responsibility of our Administration Team to ensure these communication boards are updated daily and that all the Staffing Team communicate, invite, and support all Residents in attending the daily activities provided for them. Formal Action for all to be discussed at Staff Meeting on 16th September 2022.

Re: Residents preferred routines: As per Regulation 23 above – Governance & Management, a new Person in Charge has taken this role and responsibility as of 25th August 2022 and a new Clinical Nurse Manager 3 (with vast experience in the HIQA Regulations and with Evidence Based Standards of Care Practices) has been employed since 4th August 2022. Cosgrave Nursing Consultancy Ltd., also employ an external Nurse Consultant and who covers for the PIC when they are on AL (and with the monitoring of daily Nurse Documentations and Assessments), thus ensuring that best practices and person centered care services are the forefront of our care services within Riverdale NH.

All checklists will be reviewed and updated by the new PIC (prior to the Staff Meeting on 16th September 22) and all Residents are now brought to the dining room from 8am for their breakfast and which is supervised by the Nurse on duty (and who also completes the Medication rounds at this time). Resident morning "Breakfast Routines" are now concluded from 1030am, thus allowing the Kitchen Team to prepare for the Lunchtime

menu/routine to commence from 1245pm. All residents are now offered snacks and drinks in between main mealtimes, all residents have been assessed by the Nualtra Dietitian and Speech and Language Therapist and Care Plans have been updated for all residents to assist in maintaining a "calorie" positive diet and weight since the inspection on 28th July 2022.

Re Twin Room and Privacy: As per the Premises Regulation 17 and according Action Plan, will enable us to realign rooms, spaces and furniture. On the day of the inspection the Registered Provider moved the chair that was hindering the access of the resident (when the privacy curtains were pulled around) to allow the residents to move freely in and out of their bed space.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/11/2022
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.	Not Compliant	Orange	31/12/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	16/09/2022

	effective delivery of care in accordance with the statement of purpose.			
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	04/08/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	29/07/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	16/09/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	16/09/2022

