



**Health
Information
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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:	23 August 2023
Centre ID:	OSV-0000529
Fieldwork ID:	MON-0040973

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:	26
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How we inspect

To prepare for this inspection the inspector or 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 23 August 2023	10:00hrs to 18:00hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector found that residents living in this centre were well supported to live a good quality of life by a team of staff who knew them very well. Feedback from residents was that staff were kind, caring and attentive to their needs. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

This unannounced inspection took place over one day. There were 26 residents in the centre and nine vacancies on the day of the inspection.

Following an introductory meeting, the inspector completed a tour of the building with a clinical nurse manager. Residents were observed to be up and about in the various areas of the centre. Some residents were relaxing in the communal areas or their bedrooms, while others were having their care needs attended to by staff. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in an unhurried and relaxed manner.

Riada House Community Nursing Unit was located in the town of Tullamore, Co. Offaly. The premises was a single-storey building which provided accommodation for 35 residents. The centre comprised of single and multi-occupancy bedrooms, and a variety of communal spaces. Residents' bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many residents had decorated their rooms with items of personal significance, including ornaments and pictures. Communal areas included a large entrance hall, two day rooms, a dining room, an oratory and a multi-sensory room. All areas of the centre were found to be appropriately decorated, with communal rooms observed to be suitably styled to create a homely environment.

There was safe, unrestricted access to an outdoor area for residents to use which contained a variety of suitable seating areas and seasonal plants.

The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was very clean, tidy and well maintained. There was a sufficient number of toilets and bathroom facilities available to residents. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. The centre was bright, warm and well ventilated throughout. Call-bells were available in all areas and answered in a timely manner.

Throughout the day, staff supervised communal areas and those residents who chose to remain in their rooms were supported by staff. Friendly conversations were overheard between residents and staff, and there was relaxed, happy atmosphere in the centre throughout the day. Residents were observed to be content as they went

about their daily lives. It was evident that residents' choices and preferences in their daily routines were respected. The inspector observed that personal care needs were met to a high standard. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

Residents' feedback provided an insight of their lived experience in the centre. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. Those residents who spoke with the inspector were happy to talk about life in the centre. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries. They said that staff were very kind and always provided them with everything they needed to live comfortably. One resident told the inspector that they had plenty of choice in how they spent their days and another resident described how they were able to go out and visit family on a regular basis. Another resident told the inspector that the staff 'were very good'. They described how they preferred to spend their day in their bedroom, listening to the radio and that staff always came to provide assistance when it was needed.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector spoke with a number of visitors who were satisfied with the care provided to their loved ones. One visitor told the inspector they were 'very happy' with everything in the centre. Another visitor said their relative 'couldn't be better cared for anywhere else'.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was a schedule of activities in place, including exercise, bingo, music and sensory activities. Residents told the inspector that they were free to choose whether or not they participated. On the day of the inspection, the inspector observed activity staff facilitating a variety of activities at various times during the day. Residents were provided access to television, radio, newspapers and books. There were also opportunities to stay connected with the local community. Residents regularly went out to local shops and cafes accompanied by staff when required.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. Food was freshly prepared in the centre's own kitchen and was observed to be well presented. Residents were complimentary about the food in the centre. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently.

In summary, the inspector found that residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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

This was a risk inspection carried out 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 (as amended). The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in September 2022.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. The inspector found that this was a well-managed centre where the quality and safety of the services provided were of a high standard. The provider had addressed the actions of the compliance plan following the last inspection in respect of staff training, governance and management, premises and fire precautions.

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The on site management team consisted of a person in charge supported by two clinical nurse managers. There was a full complement of staff including nursing and care staff, activity, housekeeping, catering, and maintenance staff. On the day of the inspection, the person in charge was not available and the clinical nurse manager (CNM), who was deputising in their absence, facilitated the inspection. They demonstrated a good understanding of regulation and were a visible presence in the centre. Management support was also provided by a general manager.

The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. The clinical nurse manager provided clinical supervision and support to all staff. Communal areas were appropriately supervised and staff were observed to be interacting in a positive and meaningful way with residents.

The provider had management systems in place to monitor and review the quality of the service provided for the residents. A range of clinical and environmental audits had been completed which reviewed practices such as, medication management, care planning, restrictive interventions, and end of life care. Where areas for improvement were identified, action plans were developed and completed. An annual review of the quality and safety of the services had been completed for 2022, and included a quality improvement plan for 2023.

There were effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed

such as training, resident issues, policies, safeguarding, and other relevant issues. There was also a 'safety scrum' held twice daily which was a brief meeting where all staff on duty met and discussed any relevant safety issues of the day.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

Staff had access to education and training, appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Judgment: 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

The inspector found that there were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector observed that residents living in this centre received a high standard of care and support which ensured that they were safe. There was a person-centred approach to care, and residents' wellbeing and independence were promoted.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of three residents' files and found that care plans were sufficiently detailed to guide care, and that the information was holistic and person-centred. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Nursing staff were knowledgeable regarding the care needs of the residents.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other allied health and social care professionals, in line with their assessed need. Daily progress notes demonstrated good monitoring of care needs, and that

recommendations made by professionals were implemented.

Residents who may be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health professional.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre. Topics discussed included activities, infection control, physiotherapy and occupational therapy and, a the introduction of an initiative to enhance the quality of end of life care in the centre. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

All areas of the centre were observed to be very clean and tidy and the premises was well-maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff with whom the inspector spoke with were knowledgeable about what to do in the event of a fire.

Regulation 11: Visits

The inspector observed visiting being 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 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss, and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day. The inspector observed that residents' privacy and dignity was respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant