



**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:	03 June 2025
Centre ID:	OSV-0000529
Fieldwork ID:	MON-0044062

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	32
--	----

## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 3 June 2025	08:55hrs to 16:00hrs	Karen McMahon	Lead

## What residents told us and what inspectors observed

This inspection found that residents enjoyed a good quality of life in which their care needs were met and their independence was promoted. Care was provided in an open and positive culture by a dedicated staff team. The overall feedback from the residents was that the centre was a lovely place to live with comfortable surroundings and friendly staff. Throughout the day, the atmosphere in the centre was relaxed and calm.

On the day of the inspection the inspector was met by the person in charge. After a brief introductory meeting with the person in charge and clinical nurse manager (CNM), the CNM accompanied the inspector on a walk around of the premises. The premises is laid out over one floor and split into two units known as San Pio and St Anthony's wards.

Residents accommodation consisted of a mixture of single and multi-occupancy rooms. The maximum occupancy was a triple room which was used for short term residents only. These are residents who are admitted to the centre for a short specified amount of time, primarily after admission to the local acute hospital. Management in the centre informed the inspector they accommodate a maximum of six short term residents at any one time.

Residents' bedrooms were observed to be bright, spacious and comfortable. Many residents had personalised their rooms with photographs and personal possessions. Multi-occupancy rooms were laid out to ensure the residents living in these rooms had their privacy and dignity maintained at all times.

There was a large, safe enclosed garden for residents to access. There were multiple unrestricted access points, on the ground floor, to the garden. The garden was well maintained and had suitable pathways for wheelchair access. The residents smoking area, was located in one area of the enclosed garden. The inspector observed that the fire equipment in this area required review. This will be further discussed under the quality and safety section of this report.

Communal areas included a large dining area with adjacent sitting room, relaxation room, oratory and another sitting room. There were also various breakout spaces located around the centre that had comfortable seating, should residents or visitors wish to use these spaces. Activities were seen to take place in the main dining/sitting area of the centre. The inspector observed a small group of residents playing skittles here in the afternoon.

The inspector observed that dinnertime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The food was served up fresh in the dining room and residents could choose how much food

they wanted on their plates. Food was cooked fresh in the centre. There was an appropriate level of supervision and help for residents who required it.

Some residents chose to spend the day in their bedrooms. The inspector spoke with two residents in their bedrooms. Both residents confirmed that they preferred to spend their day quietly in their rooms, however they said that staff always let them know about the activities or events taking place if they wished to attend. Meals were brought to these residents in their rooms and served hot from the hot trolleys that were used to transport them.

Staff were observed to be respectful and empathetic with residents on the day. Residents were given time to understand what staff were saying to them and their responses were respected by staff. This helped to reassure residents, especially those residents who were living with dementia and who needed time to process stimuli in their environment. Staff were cognisant of these residents' communication needs and their need for assurances around key aspects of their daily lives such as meal time activities.

The inspector spoke with many residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. All residents spoken with said that the staff couldn't do enough for them and they were never left waiting for help once they rang for assistance. Words including "friendly", "caring" and "patient" were used frequently to describe staff in the centre. One visitor told the inspector that their relative was so happy since coming to reside in Riada House.

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

## Capacity and capability

This inspection found that the centre was well managed by an experienced team who promoted an open and inclusive culture in which residents received person centred care in line with their needs and preferences.

This was an unannounced inspection to monitor compliance against the Health Act 2007 (Care and Welfare of Residents living in Designated Centres for Older Persons) Regulations 2013 as of March 2023. The inspection was carried out over one day and was facilitated by the person in charge and the senior nurse on duty.

The registered provider of Riada House is the Health Service Executive. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a named provider representative and an assistant director of nursing. Other staff

members included clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed or had plans for completion. A comprehensive annual review of the quality of the service in 2024 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

Records reviewed on the day, contained the prescribed information set out in the regulations and were stored on-site. There was a detailed policy in place for the storage and safe destruction of records.

While there were strong oversight systems and a good management structure identified in the general running of the centre and the quality of care being delivered to residents, further improvements were required to the oversight of fire precautions in the centre. This is further discussed under Regulation 23: Governance and Management and Regulation: 28 Fire precautions.

A sample of four contracts were reviewed on the day of inspection. The inspector found, that while for the most part, the contracts met most of the regulatory requirements as set out under Regulation 24: Contract for the provision of services, the registered provider had not included the room number of residents or the details around the provision of a refund should it be required.

### Regulation 21: Records

All records outlined in Schedule 2, 3 and 4 of the regulations were found to be stored in a safe and accessible format on the day of the inspection.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had an insurance policy in place which included loss or damage to residents' property. Residents were informed of this cover in their contracts of care.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had failed to ensure that all the systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored were effective. For example;

- Oversight systems had not identified the fire safety concerns found by inspectors on the day of inspection, as set out under Regulation 28: Fire Precautions.
- The use of restraint was not always used in line with national policy as discussed under Regulation 7: Managing behaviour that is challenging.
- There was inappropriate storage of medical equipment in the centre. Multiple mobility aids including hoists and zimmer frames were crammed into one open break out space in the centre and many items were inaccessible to staff.
- The inspector observed that newly acquired oxygen cylinders, for use in the event of emergency situations were not stored in appropriate storage units and could be easily knocked over by passer-bys in the corridor.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

The registered provider had not fully agreed in writing the terms relating to the bedroom to be provided to the resident, with relation to the number of that bedroom. Furthermore, the registered provider had not referenced the arrangements for the refund of monies, should it be required.

Judgment: Not compliant

## Regulation 3: Statement of purpose

There was a statement of purpose available in the centre for review. The statement of purpose included the information required under Schedule 1 of the regulations.

Judgment: Compliant

## Quality and safety



Overall, residents appeared happy living in the centre and their health, social care and spiritual needs were well catered for. Residents were well supported by staff and were able to choose how they spent their day. However, further assurances were required in relation to fire prevention and infection prevention control which will be further discussed under their respective regulations.

Residents with communication issues had access to specialist services including speech and language therapy, audiology and ophthalmology. Care plans clearly demonstrated appropriate individualised means of communication for these residents. Staff were seen to be familiar with the needs of residents and were patient in their interactions with them. Some residents with communication needs were seen to be facilitated to communicate through technology devices and this was reflected in their relevant communication care plan.

The dietary needs of residents were based on a nutritional assessment and was documented in their individual care plan. The food served appeared nutritious and residents received a choice at meal times. There was access to fresh drinking water and a selection of refreshments at all times. An adequate number of staff were available to assist residents with their meals and refreshments.

Residents who required transfer to hospital had all relevant documents sent with them. A nursing transfer document included information on their past medical history, list of current medications and emergency contact numbers. On return to the centre, any changes to care were reflected in the residents care plan. In house policy required a checklist to be completed on return to centre to ensure all relevant updates and other relevant procedures were completed. Transfer documents were saved in the residents file.

Staff had relevant up to date training around managing behaviour that is challenging and were seen to respond to residents displaying this behaviour in a calm and supportive manner. Care plans were reflective of the resident's individualised triggers and methods of de-escalation that had been effective in the past. However, the inspector was not assured that where restraint was used, it was used in line with national policy.

The inspector identified some areas of good practice in the prevention and control of infection. For example, care plans had sufficient detail to enable person centred care and safe practices to prevent the spread of infection, infection prevention and control training and audits were up to-date. A review of cleaning records showed consistent daily cleaning and monthly deep cleaning. However, during the inspection, it was noted that the pantry in San Pio ward was dirty and had damaged work surfaces that would make it hard to clean properly. Furthermore, storage of medical equipment in the centre was observed to be an issue. This is further discussed under Regulation 27: Infection control.

Although the registered provider had ensured staff were trained in fire prevention and emergency procedures and there was evidence of regular fire drills taking place

in the centre, further assurances were required in respect of the oversight of fire safety. This is described further under Regulation 28: Fire precautions.

#### Regulation 10: Communication difficulties

Residents were facilitated to communicate freely in the centre. Where specialist requirements were required residents had access to appropriate services and care plans adequately reflected the needs of the resident.

Judgment: Compliant

#### Regulation 18: Food and nutrition

All residents had access to a fresh and safe water supply. Appropriate choice was offered at meal times and there were ample quantities of food and drink available. All dietary requirements were met. Meal times were supervised by staff to ensure that they were an enjoyable experience for residents, with assistance available to those residents who required it. Residents were facilitated to eat their meals wherever they chose too. Snacks and refreshments were available throughout the day.

Judgment: Compliant

#### Regulation 25: Temporary absence or discharge of residents

All relevant information was communicated through the form of a nursing transfer document on resident transfers to hospital or elsewhere. Changes to care, on return to the centre, were reflected in the care plans.

Judgment: Compliant

#### Regulation 27: Infection control

Infection prevention and control procedures in place, and implemented by staff, were not always consistent with the standards published by the Authority. For example;

- The Pantry in San pio ward was found to be dirty and had damaged surfaces that could not be cleaned effectively.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had failed to ensure effective arrangements were in place for the detection, containment and extinguishing of fires. For example;

- Three fire extinguishers in the smoking area had not been serviced in the last year. Two of them were last serviced in 2022, while one of them had not been serviced since 2021.
- Three fire blankets, including one located at the smoking area, had no record of ever being serviced and were noted to be faded, indicating that they were in the centre for longer than a year.

Judgment: Not compliant

### Regulation 7: Managing behaviour that is challenging

The inspector was not assured that where restraint was in use, it was used in line with national policy, as published on the website of the Department of Health. For example;

- Specialist sheets were used on some residents' beds to aid with manual handling. However, the use of these sheets also required the use of a form of restraint, bedrails. There was no evidence that risk assessments were completed to balance whether the use of these sheets combined with the addition of a restraint such as bedrails, would pose a greater risk to the resident.
- Many restraint assessments to inform the use of restraint, documented the use of these sheets as the reason for the use of restraint.
- One resident with bedrails in use did not have the relevant assessments, care plan or signed informed consent in place.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

# Compliance Plan for Riada House Community Nursing Unit OSV-0000529

Inspection ID: MON-0044062

Date of inspection: 03/06/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The system in place to monitor and review the quality and safety of the care will be reviewed. There is a schedule of audits in place and the frequency of audits will be examined to ensure robust oversight. Environment audits will be reviewed to adequacy and the environment is well maintained and safe.</p> <p>The storage of equipment has been reviewed to ensure it is located appropriately. The PIC completes daily walk arounds of the Centre and storage of equipment will be monitored by the management team.</p> <p>The fire safety precaution records will be amended to ensure Fire blankets are date checked. A new fire extinguisher has been installed in the smoking area and include don weekly fire safety checks.</p> <p>A new fire extinguisher has been provided in the smoking area and is secured in a fire extinguisher cabinet. The fire records have been updated to identify and include this extinguisher on weekly fire safety checks.</p> <p>The newly purchased oxygen cylinders have been secured in appropriate storage units.</p> <p>All bedrails used in conjunction with specialist sheets to aid moving and handling as per manufacturer's instructions will be reviewed and individually assessed with the intention to reduce the number of bedrails</p>	

Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The contract of care will be reviewed to ensure the bedroom to be occupied by each resident is clearly identified on the contract of care.</p> <p>The arrangements for the refund of monies owed if any will be detailed in the contract of care.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A new work top has been fitted in the Pantry and the skirting boards will be repainted to ensure finishes are easily cleanable and well maintained.</p> <p>The cleaning schedule for the Pantry will be reviewed to ensure all areas are detailed and the frequency and cleaning procedure is effective.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The three fire extinguishers identified as being out of date have been removed from the area. These were onsite for fire safety training. All fire blankets have been replaced and these are dated.</p> <p>The fire safety precaution records will be amended to ensure Fire blankets are date checked.</p> <p>A new fire extinguisher has been provided in the smoking area and is secured in a fire extinguisher cabinet. The fire records have been updated to identify and include this extinguisher on weekly fire safety checks.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>All bedrails used in conjunction with specialist sheets to aid moving and handling as per manufacturer's instructions will be reviewed and individually assessed with the intention to reduce the number of bedrails and explore alternative options where possible to further promote a restraint free environment.</p> <p>A restrictive practice audit of risk assessments and care plans will be completed to ensure all care plans are up to date in relation to any restrictive practice to ensures it is in the best interest of resident's safety.</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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	09/06/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Not Compliant	Orange	09/06/2025

	reside in that centre.			
Regulation 24(2)(c)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.	Substantially Compliant	Yellow	11/07/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	09/06/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	09/06/2025

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	09/06/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/07/2025