

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Riverside Nursing Home
<b>Centre ID:</b>	OSV-0000154
<b>Centre address:</b>	Toberburr Road, St Margarets, Co. Dublin.
<b>Telephone number:</b>	01 840 8329
<b>Email address:</b>	noeline@harveyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Willoway Nursing Home Limited
<b>Provider Nominee:</b>	Denis Shaw
<b>Lead inspector:</b>	Ann Wallace
<b>Support inspector(s):</b>	Helen Lindsey
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	48
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 05 October 2017 09:00 To: 05 October 2017 17:30

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

There were 48 residents in the designated centre during the inspection. All residents were residing in the centre for continuing care, several had a diagnosis of either dementia or cognitive impairment as their primary diagnosis.

The inspectors met with residents, relatives, the provider, members of the senior management team, the person in charge and staff. A number of questionnaires from residents and relatives were received prior to the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Inspectors found there were robust governance and oversight arrangements in place. There were sufficient resources to ensure the delivery of care was in

accordance with the Statement of Purpose and there was a clearly defined management structure in place.

The building was warm and comfortably decorated and visually clean. Fittings and equipment were clean and well maintained.

Residents spoken with stated that they felt safe in the centre. There was an adequate complement of nursing and care staff on each work shift. There was a dedicated activities coordinator who organized a daily activities programme for residents.

Residents spoken with told inspectors they could have a choice at each mealtime. Catering staff were very familiar with each resident's food likes and dislikes.

A total of 11 Outcomes were inspected and were judged as compliant with the regulations.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***Outcome 01: Statement of Purpose***

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed the statement of purpose. There was a written statement of purpose which documented the aims, objectives and ethos of the centre and stated the facilities and services which were provided for residents. The inspectors found that the statement of purpose reflected the care and services provided for the residents and the ethos of the centre. The document was reviewed regularly.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there were systems in place to monitor the quality of care and experience of the residents in the centre.

The service provided in the centre was seen to be in line with the statement of purpose. Inspectors found that there were sufficient resources made available to provide safe and effective care and services for residents.

There was a clearly defined management structure that identified the lines of authority and accountability, and all staff with whom the inspectors spoke were clear about the reporting structure. The person in charge [PIC] had regular contact with the parent company and reported back to the provider and the senior management team on a regular basis. The person in charge was supported in their role by two persons participating in management (PPIM) who were qualified nurses with more than three years experience of working in an older person's residential care setting.

Management meetings were held regularly between the person in charge and the operations manager. A review of the meeting minutes showed that key issues such as staffing, training, complaints, audits, incidents and concerns about individual residents were discussed and management plans drawn up to resolve issues raised.

Documentation showed that the quality of care and the experience of residents were monitored and reviewed on an ongoing basis. The person in charge had made a number of improvements in the centre based on the previous inspection report and feedback from residents and families. These included changes to the activities programme and to the layout and refurbishment of communal areas and the personalization of residents' bedrooms in line with best practice guidance for the care and support of residents with cognitive impairment and dementia.

As part of the ongoing governance within the centre the PIC carried out a range of monthly audits on practice in the centre. Areas audited included complaints, incidents, care plans, medications, use of bedrails and falls. The centre had completed an annual review of the quality and safety of care delivered to residents. The review included feedback from residents and relatives on the quality of services provided in the centre, a review of practice from 2016 and areas for improvement. The report was available to residents and their families.

Inspectors found that the centre had appropriate arrangements in place to supervise staff in their work. Nursing and care staff were supported and supervised in their day to day work by the PPIMs. The PPIMs worked a flexible roster in order to provide support and supervision at weekends and out of hours when required. Support staff in catering, housekeeping and the laundry were supervised by the person in charge. Staff meetings were held including staff handover meetings at the beginning of each shift. Staff told the inspectors that they had ongoing support from the PIC and the PPIMs. Staff and residents told the inspectors that they saw the provider and other members of the senior management team in the centre on a regular basis and that they were approachable.

**Judgment:**  
Compliant

***Outcome 03: Information for residents***  
***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a good standard of record keeping and records were stored securely.

Inspectors found that residents had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. Expenses not covered by the overall fee were clearly detailed in the contracts such as hairdressing and taxis and escorts to appointments.

There was a comprehensive residents' guide developed that contained all the information required by the Regulations. This detailed the visiting arrangements, the services provided and the complaints procedure. Copies were made available for residents.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found that there were measures in place to protect residents from suffering harm or abuse. There was a comprehensive policy in place in relation to the protection of vulnerable adults and safeguarding. Staff were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. Inspectors were assured that the person in charge (PIC) was aware of their responsibilities in relation to safeguarding residents and knew how to notify concerns in relation to any safeguarding incidents to the appropriate authorities.

Residents who spoke with the inspectors told them that they felt safe at the centre.

The designated centre had a clear policy and procedures in place for the management of responsive behaviours (how people with dementia or other conditions may

communicate or express their physical discomfort, or discomfort with their social or physical environment). As part of the ongoing training programme staff had attended training on the management of responsive behaviours included caring for older people with cognitive impairment or dementia.

Staff who spoke with the inspectors were familiar with individual residents' behaviours and could describe particular residents' daily routines and triggers for agitation and responsive behaviours. Residents with responsive behaviours had a care plan in place to guide staff on the most appropriate ways to support and reassure residents if they became agitated. Care plans in relation to responsive behaviours reflected residents' current needs for care. This was an action from the previous inspection. Residents had access to specialist mental health services when required.

Restraint management procedures were in line with national policy guidelines and a restraint free environment was promoted. Where restraints were being used the inspectors noted that a risk assessment was completed prior to the use of restraint and assessments were reviewed monthly. Inspectors saw evidence of alternatives to restraint being used such as alarms and special mats. Staff spoken to were aware of the use and potential risks of restraint.

Inspectors reviewed the procedures used to maintain and record residents finance when they act as pension agents. Inspectors found that the designated centre had robust procedures and checks in place to ensure those residents' finances were safeguarded appropriately.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Inspectors found that the health and safety of residents, staff and visitors was actively promoted.

The centre had a comprehensive health and safety and risk management policies in place which met the regulations. There was an up to date Health and Safety Statement which was centre specific and detailed the processes that were in place relating to health and safety. The centre's risk register was reviewed regularly and had recently been updated. The risk register documented the measures that had been put into place to mitigate any identified risks. The centre had an emergency plan in place which

provided guidance to staff on the contact numbers and the alternative accommodation for residents should a full evacuation of the centre be required.

Training records showed that staff had good access to a range of health and safety training including moving and handling, infection control and fire safety. Staff who spoke with the inspectors demonstrated a good awareness of health and safety issues and was able to articulate specific risks relating to their work and the measures that were in place to manage that risk. Staff were observed to be following appropriate health and safety practices in their day to day work for example staff were observed to wash their hands regularly and wear personal protective equipment such as aprons and gloves. Hand sanitizers and hand washing facilities were in place around the centre

Records showed that fire drills were carried out regularly and included a night time scenario. Documentation of fire drills included the staff involved, the area of the centre where drill took place and the response outcome. This was an action from the previous inspection.

Staff interviewed demonstrated that they had taken part in a recent fire drill and that they knew what to do in the event of a fire including the centre's evacuation procedures. Fire action signs were on display throughout the building. Smoke detectors and fire blankets were in place.

There were a number of residents who smoked living at the centre. There was a dedicated smoking area which was sited away from other resident areas. Individual residents who smoked each had a risk assessment and a care plan which gave clear instructions about the actions that staff needed to take to maintain the safety of the resident.

Evacuation equipment was available for those residents who were identified as needing full support during an evacuation. Each resident had a personal emergency egress plan [PEEP] which clearly outlined the resident's needs in terms of mobility, communications and cognitive impairment in the event of an emergency evacuation. Fire action signs were on display throughout the building. Fire exits were kept clear.

Maintenance records confirmed that fire equipment was serviced regularly. The centre was compartmentalized through the use of fire doors which closed automatically when the fire alarm sounded.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there was a comprehensive medication management policy in place which provided guidance to staff on all aspects of medication management from ordering, prescribing, storing and administration and the safe return of out of date or unused medications.

Medication was dispensed from individual blister packs delivered from the pharmacy. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication. The prescription sheets reviewed were legible and clear. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. There was space to record when a medication was refused on the administration sheet. Drugs being crushed were signed by the GP as suitable for crushing.

Nursing staff had completed training in medication management and audits were completed monthly by the management team. In addition regular audits were carried out by the visiting pharmacy. The inspectors reviewed a selection of the recent audits were carried out and found that there were good levels of compliance recorded. Medication errors were reported appropriately and an action plan agreed and implemented to prevent recurrence for example competency training for staff.

Medicines were being stored safely and securely in the clinic room which was secured.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspectors checked a selection of the medication balances and found them to be correct.

**Judgment:**

Compliant

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that a record was maintained of all incidents occurring in the centre and where required these are notified to the Authority within the appropriate

timescales.

There were clear and comprehensive policies and procedures in place for recording and reporting incidents and accidents that occurred in the centre. Nursing and management staff who spoke with the inspectors were clear about their roles in recording and reporting incidents. Inspectors reviewed the incident log and found that incidents were recorded appropriately and that appropriate action plans were documented and followed up.

Incidents were part of the centre's monthly management audit report. All serious incidents were investigated promptly. There was clear evidence of policy and procedure reviews following incidents and learning outcomes were communicated to the relevant members of staff.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspectors were satisfied that resident's wellbeing and welfare was maintained by a high standard of evidence-based care and appropriate medical and allied health care was available. The arrangements to meet residents' assessed needs were set out in an individual care plan for each resident.

The inspectors reviewed a samples of clinical documentation including nursing and medical records which indicated that all recent residents admitted to the centre had had a pre-admission assessment prior to admission to ensure that the centre could meet the individual's ongoing needs for care and services,

Following admission a comprehensive assessment was completed and care plans were developed. The assessment process included validated risk assessment tools for the risk of malnutrition, falls, moving and handling and pressure ulcer development. Care plans were developed based on the residents' assessed needs. In addition, there was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including end of life wishes and care preferences.

Inspectors found that residents' health needs were met and they had timely access to General Practitioner (GP) services including out-of-hours services. There was evidence of referral to and review by allied health services such as dietetics, speech and language, chiropody and dental. Timely referrals helped to ensure that residents had access to specialist services such as mental health, tissue viability and palliative care services as required. Specialist equipment was made available for residents such as profiling beds and specialist mattresses. Care plans were reviewed four monthly or more often if a resident's needs changed.

Residents and families who spoke with the inspectors expressed satisfaction with the care provided in the designated centre.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the layout and design of the centre met the needs of the residents and was appropriate for its intended purpose. However the lack of appropriate storage space meant that wheelchair and moving and handling equipment was stored in some bathrooms and bedrooms when not in use.

The centre is situated in a large one storey building which has been extended to provide the current accommodation. Bedroom accommodation consisted of 28 single rooms, eight twin rooms and two multi-occupancy rooms with three beds. Most bedrooms are en-suite.

Inspectors found that toilet and shower rooms provided adequate room for residents who need wheelchair access. Grab rails, raised toilet seats and shower chairs were available in these areas.

Communal areas included the main lounge which was situated close to the entrance hall. the main dining room, and a smaller dining room for residents who preferred a quieter atmosphere. There was also a library/music room which led out to an inner courtyard and a conservatory with access to the enclosed garden. The smoking lounge was situated away from the other resident areas. There was a bright and comfortable activities room which overlooked the rear garden area and a designated quiet lounge which was sited towards the rear of the building.

Inspectors found that the centre was nicely decorated and comfortably furnished providing a safe and suitable environment for residents with a variety of needs whilst maintaining a homely, welcoming atmosphere.

Residents were observed mobilizing throughout the centre during the inspection, some spending time in their rooms and others choosing to spend time in the communal areas. The conservatory and the library rooms provided a pleasant space for residents who preferred to spend time quietly or who wanted to meet with their visitors in private

Residents had access to two enclosed garden areas to the rear of the property. One of the gardens had been landscaped with wheelchair access paving . One resident told the inspectors how much they enjoyed being able to go out into the garden independently. The garden overlooks a neighbouring field with sheep and a pet Llama. The internal courtyard areas also provide safe and pleasant outside spaces for residents.

The inspectors reviewed a number of resident's bedrooms. Bedrooms had a wardrobe, chest of drawers and bedside locker for each resident. Residents had lockable storage space in their rooms. Twin and multi occupancy rooms had screening curtains in place to respect residents' privacy and dignity.

Storage space for hoists and wheelchairs in the centre is limited and residents wheelchairs and moving and handling equipment was stored in their bedrooms or in bathrooms when not in use. The inspectors reviewed the service records for the equipment in use and found that the items had been serviced within the last twelve months.

The inspectors found that the centre was clean, well lit, in a good state of repair and was suitably heated throughout. The maintenance records showed that there were systems in place to service and maintain the building and equipment including fire equipment.

**Judgment:**

Substantially Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors observed staff interacting with residents in a courteous manner. They knew residents well and were able to engage in a very personable manner.

Throughout the inspection residents were seen to be making choices about their day to day life at the centre. For example when to get up, what to eat and drink at meal times, where to spend time in the centre and what activities to take part in during the day. There were televisions, radios and newspapers available for residents to access.

A review of documentation showed that where residents had communications needs these were identified in their assessment and care plans. Staff who spoke with the inspectors knew the residents and were familiar with the most effective way to communicate with residents when providing care and support. Staff were respectful and courteous in their dealings with individual residents.

Residents were offered a range of recreational activities to meet their needs and preferences. The centre had a planned activities programme which was organised by a dedicated activities coordinator. The programme included 1:1 and group activities Monday to Friday and at weekends. Inspectors met with the activities coordinator who worked Monday to Friday in the centre. They ensured that there was a varied activities programme in place over the seven days. Activities included arts and crafts, exercises, bingo, Sonas programme, cinema club and quiz and board games. Other activities such as aromatherapy, outings and live music sessions were also available. Inspectors observed residents taking part in a range of these activities throughout the day. Residents told the inspectors that they enjoyed the activities that were on offer at the centre. Where residents did not wish to participate in the activities on offer this was respected by the staff.

There were regular residents meetings and records showed that topics such as meal choices and activities in the centre were discussed. Information relating to advocacy services was made available to residents in the resident's guide and on the resident's notice boards.

Residents were supported to engage in religious activities of their choice. Mass and communion were available in the centre. Staff were aware of individual residents religious preferences and needs and were respectful of same.

There was access to advocacy in the centre and details were provided in the resident's guide.

Residents were supported to vote in elections if they wished to do so.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet***

*the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Inspectors found that there was an adequate complement of nursing and care staff on duty. Staff had the skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspectors noted that the planned staff rota matched the staffing levels on duty.

The centre had robust selection and recruitment processes in place and all staff and volunteers working in the centre had Garda vetting in place before they commenced employment. A sample of staff files was reviewed and inspectors found that they contained the documents required in Schedule 2 of the Regulations.

There was a training matrix available which showed that staff had access to ongoing mandatory training in key areas such as fire safety, moving and handling and protection of vulnerable adults. The inspectors found that in addition to mandatory training required by the Regulations, staff had attended training on infection control, care of residents with dementia and end of life care. The training plan was under regular review to ensure that staff developed the skills required to meet the current residents needs such as the management of responsive behaviours training which was being made available to staff in 2017.

There was also evidence of staff reviews taking place with regular supervision being completed and probation reviews at three and six months for new staff.

**Judgment:**  
Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

#### ***Report Compiled by:***

Ann Wallace  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Riverside Nursing Home
<b>Centre ID:</b>	OSV-0000154
<b>Date of inspection:</b>	05/10/2017
<b>Date of response:</b>	14/11/2017

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 12: Safe and Suitable Premises

##### Theme:

Effective care and support

##### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The lack of appropriate storage space meant that wheelchairs and moving and handling equipment was stored in some bathrooms and bedrooms when not in use.

##### **1. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

designated centre.

**Please state the actions you have taken or are planning to take:**

There are designated areas for storage of wheelchairs and hoists and staff have been reminded to ensure that equipment is stored in these areas and wheelchairs returned to residents' rooms when not in use

**Proposed Timescale:** 10/11/2017