<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Riverdale Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000273</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Laragh, Ballon, Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 915 9299</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:riverdalenh@gmail.com">riverdalenh@gmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Killyglasson Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Martina McGauran</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Cronin</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Sheila Doyle</td>
</tr>
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<td>Number of residents on the date of inspection:</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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).
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: 16 November 2017 09:10  
To: 16 November 2017 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
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<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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</tbody>
</table>

Summary of findings from this inspection
This report sets out the findings of an inspection carried out to inform a decision for the renewal of the centre’s registration. During the course of the inspection, the inspectors met with residents and staff, the person in charge/provider nominee. The views of residents and staff were listened to, practices were observed and documentation was reviewed. The inspectors spoke with residents about their experience of living in the centre and talked to staff about their roles, responsibilities and residents’ care needs.

Surveys completed by residents and/or their relatives or representatives were also reviewed. The delivery of care, practice in relation to risk management, fire safety, infection control measures and documentation that included care plans, medicine management records and activities for residents were reviewed.

Progress with completion of the action plan developed from findings of the last inspection of the centre by the Health Information and Quality Authority (HIQA) in
January 2017 was also reviewed. There were six actions identified from the last inspection, all of which were addressed.

The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.(2016)
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:**
The statement of purpose set out the services and facilities provided in the designated centre and contained for the most part the requirements of Schedule 1 of the regulations. However, a revised statement of purpose is required when personnel changes are finalised to reflect the details for any new person participating in the management of the centre and any changes in whole time equivalent numbers.

**Judgment:**
Substantially 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:**
There were adequate resources provided to ensure effective delivery of care and service as detailed in the centre's statement of purpose and function. There was no change in the person in charge of the centre since the last inspection.
During the inspection she demonstrated that she had adequate knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre. Staff and residents were familiar with current management arrangements.

Systems were described and in place to review and monitor aspects of the quality of care. A schedule was in place to inform frequency of auditing and quality and safety review in various key areas. The inspectors saw that the quality and safety of a number of key areas were monitored and audits completed in these areas were comprehensively analysed and identified learning.

However, action plans were not consistently developed to address all improvements in a small number of areas monitored. This did not effectively inform satisfactory completion of improvement identified by means of analysis of audit findings.

An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017, for example staff training was identified. Inspectors saw that the annual review was available in the front hall.

There was evidence of consultation with residents and their representatives in a range of areas on a daily basis and a formal resident forum was held regularly. Other opportunities for consultation was afforded when staff were engaged in reviewing and assessing the needs of residents and care planning process, during social and recreational activities and during discussions at meal times as observed by inspectors.

**Judgment:**
Substantially Compliant

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**Outcome 04: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge who is also the provider representative had not changed since the last inspection. The centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service. She is a registered nurse and has been in this role for many years.

The person in charge demonstrated that she had adequate knowledge of the regulations...
and standards that govern designated centres and the care and welfare of residents. Her training on the mandatory topics required by the regulations was up to date.

**Judgment:**
Compliant

**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider representative/person in charge demonstrated she was aware of the responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence.

The assistant director of nursing assumes responsibility for the centre in the absence of the person in charge. She is new to this post and inspectors completed an interview with her during inspection which was satisfactory. Her mandatory training in adult protection, moving and handling and fire safety was up to date. Registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) was also in date.

**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 reviewed the use of restraint and noted that some improvement was required to ensure compliance with national guidelines.

A restraint register was not in use. It was therefore difficult to ascertain if the bedrails in use were as an enabler at the residents’ request or as restraint. Inspectors saw that in the main most of the residents could not safely remove the bedrails themselves and either way the risk and care elements were the same.

A risk balance tool had been completed prior to use. However this did not include sufficient detail. There was no documented evidence that other less restrictive alternatives had been tried prior to the use of restraint.

Half hourly safety checks were being completed when in use and these were documented on a two hourly basis. Additional equipment such as sensor alarms and low beds had also been purchased to reduce the need for bedrails.

In addition inspectors noted that the care plans did not consistently set out the care requirements when bed rails were in use.

Inspectors were satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. This had been identified as an area for improvement at the last inspection and had been addressed within the agreed timescale.

A policy and procedures for the prevention, detection and response to allegations of abuse was in place. All staff had up-to-date training in prevention, detection and response to abuse. Staff spoken with were knowledgeable in this regard.

Pocket monies were managed for some residents. Inspectors checked a sample of balances and found them to be correct. Inspectors discussed with the person in charge the possibility of making the system more robust.

This centre does not currently act as a pension agent for any resident.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

**Findings:**
Inspectors found that some improvement was required to ensure that the health and safety of residents, visitors and staff was sufficiently promoted.

Inspectors read the risk management policy and found that it did not meet the requirements of the regulations. For example it made no reference to the measures and action in place to control the specified risks such as unexplained absence of the resident or self-harm. This was discussed in detail with the person in charge.

Inspectors also noted a possible risk to residents which was not included in the risk register. Inspectors found large amounts of cleaning chemicals in an unlocked press in a bathroom. This was brought to the attention of the person in charge.

The centre had policies and procedures relating to health and safety. A current health and safety statement was available.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced on a regular basis. Inspectors saw that personal emergency evacuation plans (PEEPs) were developed for all residents detailing the possible assistance required.

However inspectors found that fire drills were only carried out on a yearly basis which is not in line with best practice guidelines. There was no evidence of learning from the drills.

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property. Temporary alternative accommodation was available should evacuation be necessary.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Medicines were stored securely in the centre in medicine trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this corresponded to the register.

The pharmacist was facilitated to meet obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre and conducted medicine reviews for all residents.

Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

An inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n (a medicine taken as the need arises) medicines to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of a medication error.

The prescription sheets reviewed were clear and the signature of the general practitioner (GP) was in place for each drug prescribed in the sample of drug charts examined. However, inspectors noted that this was not consistently implemented in relation to the modification of dosage forms. The inspector saw that there were three medicine records where crushed medicines were not individually prescribed by the prescriber.

Judgment:
Substantially 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):
No actions were required from the previous inspection.
**Findings:**

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was readily available and shared between providers and services. Pre-admission assessments were undertaken by the person in charge or the assistant director of nursing.

The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medicine reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and adequate staffing levels to ensure resident safety was maintained. Care plans were updated at the required four monthly intervals as observed by the inspectors.

There was evidence in care plans of good links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and used to inform a planned care pathway to meet resident's needs and reviews by the GP and psychiatry team. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services.

Access to palliative care specialists, dietician, physiotherapy and speech and language were also available. There were care procedures in place to prevent residents developing pressure related skin injuries. Each resident had their risk of developing pressure wounds assessed. Pressure relieving mattresses, cushions and repositioning schedules were in use to mitigate risk of pressure related skin ulcers developing.

Tissue viability specialist services were available to support staff with management of any residents' wounds that were deteriorating or slow to heal if necessary. There was arrangements and policy documentation to meet the wound care of residents in the centre as necessary.

However, inspectors noted on some of the care plans reviewed that there was insufficient detail to guide practice. For example inspectors saw that a resident had been reviewed by a speech and language therapist. Specific recommendations were made regarding both diet and fluids including advice on correct method of giving assistance and positioning. However the care plan merely outlined that the resident was to have a moist minced diet.

Daily progress notes were completed and were generally linked to care plans. Although there was regular review of care plans, there was inconsistent documentation supporting concurrent consultation with residents and/or their next of kin to ensure the care and support provided reflected the assessed needs and wishes of residents.

**Judgment:**

Non Compliant - Moderate

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

**Findings:**
As previously described the design and layout of the designated centre met its stated purpose to a good standard. The centre is a purpose-built single-story premises located within close proximity to the local village.

The centre is registered to accommodate 34 residents. There were 27 bedrooms which comprised of seven twin rooms and 20 single rooms. 12 bedrooms had full en suite facilities and seven bedrooms had toilet and wash-hand basin facilities.

To the front of the building there was a visitor’s area with comfortable seating and a family meeting room. The dining area was bright, spacious and could accommodate all residents. Inspectors saw that suitable provision for storage, suitable staff changing facilities, hairdressing/therapy room and a visitor’s room was available.

Many residents had personalized their bedrooms with photographs, flowers and memorabilia. The centre was bright clean and homely. The large communal sitting room provided a spacious and comfortable area for residents.

Corridors in the centre were wide and spacious, and seating had been placed at intervals along corridors. it was identified at the previous inspection that additional signage was needed to support residents with dementia. Inspectors saw that this had been addressed. Contrasting colours were also in use in the toilet areas.

There was suitable heating, lighting and ventilation. The centre was visibly clean. Hand hygiene dispensers were located at intervals throughout the centre and staff were observed to carry out hand hygiene procedures as appropriate. Personal protective equipment including disposable gloves and aprons were available. Call bells were located throughout the centre.

There was ample parking and outdoor space for residents including a secure well-maintained internal courtyard.

**Judgment:**
Compliant

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative,
and visitors are listened to and acted upon and there is an effective appeals procedure.

**Theme:**
Person-centred 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 policies and procedures were in place for the management of complaints.

Inspectors found that a record of all complaints, investigations, responses and outcomes was maintained. The action required from the previous inspection in relation to this had been addressed.

There was a policy in place. The person in charge was the nominated complaints officer and an appeals procedure was in place. However there was no reference to the nominated person required to ensure that all complaints were appropriately responded to and that the records were maintained.

The complaints procedure was displayed in the front foyer.

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

**Findings:**
Inspectors were satisfied that residents were consulted with and participated in the organisation of the centre. However some improvement was required to ensure that each resident’s privacy and dignity was respected.

Inspectors found that in a minority of twin rooms, there was insufficient screening to ensure that residents could undertake personal activities in private.
Otherwise inspectors found that each resident has opportunities to participate in meaningful activities. Residents were facilitated to exercise their civil, political and religious rights. Residents expressed their satisfaction with the opportunities provided.

Residents were encouraged to choose how they spent their day, where they took their meals and what clothes they wore. Inspectors saw that residents had access to televisions and radios. Newspapers were widely available and the main news topics were discussed each day with residents.

Residents had access to independent advocacy services. An advocate visited the centre on a weekly basis. This had been identified as an area for improvement at the last inspection.

Residents' meetings were also held on a two monthly basis. Inspectors saw that suggestions made by residents had been taken on board.

**Judgment:**
Substantially 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:**
The inspector formed the judgement through observation, speaking with staff and review of documentation that there was an adequate complement of nursing and care staff with the required skills and experience to meet the assessed needs of residents taking account of the purpose and size of the designated centre. A staff rota was maintained with all staff that worked in the centre identified. Actual and planned rosters were in place.

Observations confirmed staff were deployed to meet resident’s needs. Staff demonstrated to the inspector their knowledge in a number of areas for example, fire safety and adult protection. Records reviewed confirmed that all staff had mandatory education and training in place. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours, infection control, and medicines management. There was a training plan available for 2017.
The inspector found staff to be confident, well informed and knowledgeable regarding their roles, responsibilities and the standards for care of residents living in residential care. The inspector observed that residents were at ease in their surroundings and content with staff. The inspector observed that staff appraisals took place on an annual basis. Good supervision practices were in place with the nursing staff visible on the floor providing guidance to staff and monitoring the care delivered to residents. Residents told inspectors that they were very well cared for by staff.

There was a recruitment policy in place and staff recruitment was in line with the regulations. The person in charge said that all staff and volunteers were Garda vetted. There was one volunteer working in the centre who was Garda vetted. However, the role and responsibilities of the volunteer was not set out in writing as required by the regulations.

**Judgment:**
Substantially Compliant

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**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:**

Ide Cronin  
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

<table>
<thead>
<tr>
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<th>Riverdale Nursing Home</th>
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</thead>
<tbody>
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<td>OSV-0000273</td>
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<td>16/11/2017</td>
</tr>
<tr>
<td>Date of response:</td>
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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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Ensure that the statement of purpose is revised when personnel changes are finalised to reflect the details for any new person participating in the management of the centre and any changes in whole time equivalent numbers.

1. Action Required:
Under Regulation 03(2) you are required to: Review and revise the statement of

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The statement of purpose has been updated to meet the requirements of the Regulation 03(2).

**Proposed Timescale:** 17/11/2017

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**Outcome 02: Governance and Management**

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Action plans were not consistently developed as part of the audit process to address all improvements identified.

2. **Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
New audits are currently being devised that will comply with Regulation 23(c)

**Proposed Timescale:** 31/03/2018

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**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restraint use was not in line with national policy.

3. **Action Required:**
Under Regulation 07(3) you are required to: 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.

Please state the actions you have taken or are planning to take:
All residents are assessed for risk of falls using a bed balance tool, if they are a falls risk from their bed They are nursed in low beds with a crash mattress in situ. A restraint register will be maintained and whenever there is a restraint in use (even if it at the request of the resident) it will be documented in the register.

**Proposed Timescale:** 17/11/2017
### Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk from chemicals stored in an unlocked press, was not recorded in the risk register.

### 4. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
All chemicals will be risk assessed and they will be stored in the locked press that is provided for that purpose.

**Proposed Timescale:** 17/11/2017

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### Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not meet the requirements of the regulations.

### 5. Action Required:
Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

**Please state the actions you have taken or are planning to take:**
The risk management policy will be updated to meet the requirements under regulation 26(1)

**Proposed Timescale:** 01/01/2018

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### Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills were not carried out at sufficient intervals.

### 6. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the
designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
All staff have received annual fire training. We will now provide fire evacuation training for all staff on a quarterly basis and will include night time evacuation.

Proposed Timescale: 15/01/2018

<table>
<thead>
<tr>
<th>Outcome 09: Medication Management</th>
</tr>
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<tbody>
<tr>
<td>Theme:</td>
</tr>
<tr>
<td>Safe care and support</td>
</tr>
</tbody>
</table>

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors saw that there were three medicine records where crushed medicines were not individually prescribed by the prescriber.

7. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
All medication that requires to be crushed will be individually prescribed in accordance with Regulation 29(5)

Proposed Timescale: 01/01/2018

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme:</td>
</tr>
<tr>
<td>Effective care and support</td>
</tr>
</tbody>
</table>

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was inconsistent documentation supporting concurrent consultation with residents and/or their next of kin to ensure the care and support provided reflected the assessed needs and wishes of residents.

8. Action Required:
Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.
Please state the actions you have taken or are planning to take:
All care plans will be revised and will include full consultation with residents and family members where appropriate under regulation 05 (5). If a resident does not have capacity to sign their care plan and their family members do not visit the nursing home we will engage the services of an advocate.

**Proposed Timescale:** 01/02/2018

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Inspectors noted on some of the care plans reviewed that there was insufficient detail to guide practice.

9. **Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
It is a requirement that all nursing and care staff receive dysphasia training during orientation. All residents who are receiving a modified diet are assessed regularly by speech and language therapists and a detailed swallowing care plan is drawn up by the therapist who is kept in the resident’s care plan and a copy is also given to the chef. An audit will be carried out to ensure that swallow care plans are in the care plans as required.

**Proposed Timescale:** 01/02/2018

**Outcome 13: Complaints procedures**

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no reference in the policy to the nominated person required to ensure that all complaints are appropriately responded to and that the records were maintained.

10. **Action Required:**
Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

Please state the actions you have taken or are planning to take:
The complaints policy has been updated to include the name of the person nominated
to ensure that all complaints are responded to and that records are maintained as specified in Regulation 34 (1) (f)

**Proposed Timescale:** 24/11/2017

<table>
<thead>
<tr>
<th>Outcome 16: Residents' Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There was insufficient screening in a small number of twin rooms to ensure that residents could undertake personal activities in private.</td>
</tr>
<tr>
<td><strong>11. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>Screening will be adjusted to ensure that residents will be able to undertake personal activities in private.</td>
</tr>
</tbody>
</table>
| **Proposed Timescale:** 01/01/2018

<table>
<thead>
<tr>
<th>Outcome 18: Suitable Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Workforce</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The role and responsibilities of the volunteer was not set out in writing as required by the regulations.</td>
</tr>
<tr>
<td><strong>12. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>The roles and responsibilities of volunteers will be set out in writing as required in regulation 30(a).</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 23/11/2017</td>
</tr>
</tbody>
</table>