



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Riverdale Nursing Home
Name of provider:	Killyglasson Limited
Address of centre:	Laragh, Ballon, Carlow
Type of inspection:	Unannounced
Date of inspection:	11 January 2021
Centre ID:	OSV-0000273
Fieldwork ID:	MON-0030944

About the designated centre

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

Riverdale Nursing home is a purpose built centre situated in a rural setting just outside the village of Ballon in Carlow. The centre is registered for 34 beds which are accommodated in seven twin and 20 single bedrooms. Communal spaces include a large reception area which is divided into seating areas, one which has a fire place and comfortable seating, a dining room, day room, quiet room, hairdressers room and meeting room. There is access to a large secure garden to the rear of the building and parking is available at the front. The centre had recently been extended and refurbished in 2015. The centre offers respite, convalescence and long stay to adults mostly over the age of 65, in some circumstances residents under the age of 65 may be accommodated. Residents with varying dependency levels are accommodated with 24hour nursing care available. The centre employs approximately 39 staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 11 January 2021	09:20hrs to 14:45hrs	Liz Foley	Lead

What residents told us and what inspectors observed

Overall residents were happy living in this centre. They were well cared for and supported by dedicated staff who did their best to keep them safe and cheer them during this difficult time.

There were 28 residents living in the centre on the day of the inspection. Residents were observed in the day room and dining room in a socially distanced manner and staff were supervising these areas. Some residents had their own personalised sensory items at hand that appeared to provide comfort and distraction. The majority of residents chose to remain in their bedrooms. The centre was exceptionally clean throughout and staff were observed interacting with and assisting residents in a friendly and respectful manner. The centre was warm and comfortable and day rooms were bright with lots of natural light and views of the countryside. There were assistive handrails and dementia friendly signage throughout the centre to assist way finding for residents. The bedrooms viewed were homely and personalised. Some shared bathrooms had domestic taps which the provider was reviewing in the context of hand hygiene requirements and best practice. There were break out areas on corridors with comfortable seats and homely features like fireplaces and lighting. There were contact tracing forms on bedroom doors and signs for staff were located throughout the building reminding them of hand hygiene and PPE use.

Residents were well groomed and dressed and their clothes were clean and well laundered. The inspector spoke at length with five residents and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

Visiting was currently restricted due to level 5 restrictions and an outbreak of COVID-19 which had only affected the staff. Visiting on compassionate grounds was facilitated under very strict controls. The centre had a suitable indoor area for residents to meet with relatives and friends when visits resumed. While residents understood the need for the restrictions they missed seeing and meeting with their families. Staff were doing their best to maintain contact between residents and their families by assisting residents with telephone and video calls.

There had been no structured activities in the centre for a number of days and residents really missed the activities and told the inspector they found the day very long. Residents could listen to Mass on TV or the radio and staff assisted and encouraged them to go for walks. Residents were observed being assisted to walk around the centre during the inspection but long periods of inactivity in the communal rooms were observed during the inspection. Residents were greatly impacted on by the restrictions and missed being together for group fun and for meals. They understood the need for the restrictions and felt that staff were doing their best to check in with them and keep their spirits up, but they felt very lonely at

times. Most residents missed the activities staff and looked forward to their return.

Resident's choice was respected in the centre in so far as possible and residents reported that the staff were always respectful, kind and helpful. One resident said he rarely had to use the bell because staff knew him so well they could anticipate his needs. Residents said staff responded to the call bell in a timely manner, day or night, and they felt there were normally enough staff on duty. Residents enjoyed the home cooked meals and were offered a choice every day. Residents were confident that any concern or complaint they may have would be promptly managed. Residents were highly complimentary of all staff and management and felt they were doing a great job during a difficult time.

Staff were observed following infection control guidelines with the correct use of PPE and hand hygiene. Hand gel dispensers were located throughout the centre and housekeeping staff were competent in cleaning and disinfection measures required for the prevention or management of an outbreak of COVID-19. Additional equipment was available to support staff with cleaning and waste management. Staff told the inspector they changed their uniform on arrival and before leaving work in line with the centre's policy. Staff identified two areas that staff were allocated to change their uniforms and separate break rooms to avoid crossover. Staff told the inspector they were supported and felt that centre management were doing a good job.

The next two sections of the report present the findings of the inspection and give examples of how the provider has been supporting residents to live a good life in this centre. It also describes how the governance arrangements in the centre effect the quality and safety of the service.

Capacity and capability

Riverdale Nursing Home, operated by Killyglasson Limited, had a good level of regulatory compliance. On those occasions where issues were identified on inspection, the provider had the capacity, and was willing, to make the changes needed to ensure that residents were safe and well cared for.

The management structure consisted of the registered provider, a limited company which had two directors, one of whom was also the Person in Charge of the centre and actively involved in the daily operations of the centre. The Person in Charge, was supported by a Clinical Nurse Manager, Operations Manager, nurses and a staff team of carers, one activities staff, housekeeping, catering and full time administrative support.

This unannounced risk inspection was done to monitor ongoing compliance in the centre. The staff nurse in charge was deputising for the Person in Charge and was competent and managing well with the support of the operations manager and all of

the staff in the centre.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time and they were currently experiencing a COVID-19 outbreak in the centre. None of the residents had been affected and there were eight staff who were not available to work because of COVID-19 infection or having been a close contact to a positive case. All staff continued to participate in regular swab tests and precautions were in place to prevent the spread of infection. The centre were successfully implementing their preparedness plan and were managing to cover staff absences to date. There was ongoing and regular engagement between the centre, Public Health and the HSE. Residents and families were kept up to date with changes and the inspector viewed a sample of emails that had been sent to families which were informative and up to date with events in the centre. The centre communicated regularly with families by email and telephone.

There were good systems in place to monitor the quality and safety of care in the centre and regular senior management meetings continued on a quarterly basis. Oversight of infection control was good and was supported by robust procedures which included symptom checking for residents and staff. Residents and staff were familiar with the symptoms of COVID-19 and were kept informed of changes and updated by the staff and the management team. There was good oversight of current risks in the centre, for example, the vulnerability of staffing and the risks associated with more staff going off duty. Mitigating actions included; engagement with staffing agencies and the HSE to maintain safe staffing levels.

There was sufficient staffing levels in place to ensure residents were cared for safely over a 24hour period. The Person in Charge confirmed that the centre had the capacity to provide two nurse led teams over a 24 hour period in order to prevent and reduce the spread of COVID-19.

There was a clearly identified management structure and a clinical nurse manager post had been created to strengthen the governance structure since the last inspection; however this post was temporarily vacant. Nursing staff were all involved in auditing clinical care, resulting in an informed and empowered staff group. This was also evident in the robust discussion on consent and care planning during the inspection.

Staff were informed and supported with training and education needs required to provide evidence based quality care. Staff had received appropriate training to enable them to manage and prevent the spread of COVID-19. Staff were appropriately supervised and supported and care. Ongoing mandatory training had been interrupted by the COVID-19 outbreak however, ongoing efforts ensured that all staff were currently up to date with mandatory training. There was a schedule of training set out for the coming year.

Regulation 15: Staffing

A number of staff who contracted COVID-19 or were close contacts were not available for work and the centre had implemented its contingency plan for staffing. Some staff were redeployed to cover specific roles and a staff nurse was deputising for the person in charge, who was self-isolating and working remotely to support the centre. Staffing levels remained stable and existing staff were working extra to fill the vacant shifts. Rosters viewed indicated that all shifts were covered with the exception of activities staff.

The centre had routinely rostered two nurses on night duty since the start of the COVID-19 emergency to provide care to separate resident cohorts in order to minimise the risk of spread of infection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed appropriate training to enable them to prevent and deal with an outbreak in the centre. Staff had completed training in infection prevention and control specific to the management of COVID-19, correct use of PPE and hand hygiene. Staff were observed following correct infection control procedures with the use of PPE and hand hygiene and staff were competent in explaining the correct procedures to the inspector.

Mandatory training was ongoing and while some delays had occurred due to COVID-19, the provider confirmed that all staff were up to date and a schedule of ongoing training was in place for the coming year.

Judgment: Compliant

Regulation 23: Governance and management

The centre were implementing their COVID-19 staffing contingency plan which was found to be effective. A staff nurse was deputising in the absence of the Person in Charge who was working remotely for a temporary period of time and supporting the centre staff.

There was a clearly identified management structure and effective systems were in place to monitor the quality and safety of care. There were adequate resources available to support good and safe care including sufficient supplies and staffing resources. Regular audits and ongoing quarterly senior management meetings ensured that issues and problems were identified and addressed in a timely manner.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaints procedure was displayed in the reception area. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. There were no complaints recorded in 2020. The inspector viewed a sample of complaints from 2019 all of which had been managed in accordance with the centre's policy and to the satisfaction of the complainant. Residents were confident that any complaints or concerns they may have would be effectively dealt with by the staff and management.

Judgment: Compliant

Quality and safety

Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. There was a proactive approach to risk management particularly with regard to immediate risks associated with COVID-19. While the management and staff were keeping residents as safe as possible the necessary restrictions had a negative impact on residents' quality of life by the absence of usual activities.

Residents were well cared for. Their health care needs were supported by ongoing on-site access to their GP and allied health professionals, for example, speech and language, occupational therapy. Some services such as the dietician were available off site. Psychiatry of old age continued to support residents in the centre as required. Residents health care needs were assessed using validated tools which informed appropriate care planning.

Improvements were found in care planning; the standard was good and mostly

described individualised and evidence based interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments informed the residents care plans. Care plans had been updated to reflect specific needs should the resident contract COVID-19 and included the residents' preferences at their end of life. The provider was undertaking to review documentation for consent to ensure it reflected best practice, however the centre had good procedures in place for gaining consent which were aligned with needs and preferences of the residents and involved the multidisciplinary team.

There was a person centred ethos of care in this centre and residents' rights and choice were respected. Residents were informed of changes in the centre and some residents told the inspector about the new rules and how their routines had changed because of COVID-19. Residents understood the need to social distance and while some residents were not happy about the ongoing restrictions on visiting they understood the need for it.

The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures were in place to help prevent and manage an outbreak of COVID-19. The provider had requested the advice of the infection control team in the HSE who completed an audit in the centre. The findings were positive with actions and recommendations completed by the provider.

All staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Good practices were observed with hand hygiene and social distancing and signs were in place to remind residents and staff of their responsibilities. The staff uniform policy had also been updated and included mandatory changing of uniform when coming on and off duty.

An electronic tablet was available to residents to make video calls to their families and staff were available to facilitate this. Residents were looking forward to the vaccine roll out and to returning to some normality in the centre. Several residents chose to remain in their rooms as they were anxious about contracting COVID-19. Residents told the inspector that they were respected and supported to do this and that staff regularly checked in with them. Some residents were observed being assisted to maintain their independence and mobility by walking around the centre in a socially distanced manner.

Activity provision continued in a different way than before the restrictions were imposed in the centre and residents missed the normal group activities and gatherings for prayers, mass, games and meals. However, staff were doing their best to provide meaningful one-to-one activities and residents were observed to have access to individualised sensory items which provided comfort and distraction. The centre supported residents to be involved in the operations of the centre and resident meetings had continued on a quarterly basis. An annual resident satisfaction survey had been completed. The result of the survey were mostly positive and the provider was in the process of analysing the results and developing

an action plan to address the issued identified.

The premises was mostly meeting the needs of residents and the provider was undertaking to rectify the issues identified on inspection.

Regulation 11: Visits

Visiting was temporarily suspended in the centre due to the COVID-19 outbreak. The inspector viewed visiting logs from December 2020 and was satisfied that visits were ongoing at that time in line with the guidance. Indoor visiting facilities were available which supported safe visits and allowed for social distancing.

Residents who were very ill or at their end of life were facilitated with visits on compassionate grounds.

Judgment: Compliant

Regulation 17: Premises

One shared bathroom was found to have only one supportive hand rail for the toilet; this did not fully meet the needs of all residents; the provider undertook to address this immediately. Some shared bathrooms and toilets had domestic taps, this was discussed with the provider who undertook to review these in line with best practice on hand hygiene. The premises was clean and well maintained throughout all areas viewed by the inspector.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a proactive approach to risk management in the centre. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe.

Judgment: Compliant

Regulation 27: Infection control

Additional cleaning procedures and frequencies were in place and the centre was thoroughly clean throughout. Staff were competent in infection control procedures and were participating in the fortnightly screening for COVID-19. Staff told inspectors that they were supported and had received training specific to measure related COVID-19 and they expressed confidence in relation to how the centre was being managed

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required in the assessment and planning for residents' social care and activities needs. Based on a sample of care plans viewed, interventions were generic and not always developed in line with the residents' needs and preferences.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. GP's and consultant psychiatry of older age attended the centre to support the residents' needs. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required in relation to the provision of activities for residents. Due to the COVID-19 emergency, staff had not been allocated to provide group or one-to-one activities in the days preceding or during the inspection. Records reviewed showed some recent participation in activities but there was no review of how residents engaged or enjoyed the activities provided.

Residents told the inspector they found the days long and boring. Long periods of

inactivity were observed in communal areas and staff were observed to be busy providing care to residents who were in various different parts of the centre. Staff were doing their best to mitigate the absence of visitors by assisting with video and telephone calls. Staff were observed assisting residents to mobilize and get some exercise; this was done in a safe manner to allay any anxiety the resident may have.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Riverdale Nursing Home OSV-0000273

Inspection ID: MON-0030944

Date of inspection: 11/01/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Hand rail has been replaced in shared bathroom on 28/01/2021. Lever type taps are currently being replaced in shared bathrooms. Completion date 01/04/2021.	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A full audit of the activities care plans have been reviewed with a greater focus on residents individual needs and preferences.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Since the reintroduction of Covid-19 level 5 restrictions on 27th December 2020, we have reduced all group activities with residents for their safety and that of our staff as there are numerous outbreaks in our local community area. We have zoned the Nursing Home into 3 areas with increased nursing and cleaning staff assigned to each area to prevent cross infection. The activity person has been temporarily redeployed to provide essential	

care to the residents. All of the residents participate in daily walks and exercises adhering to infection control guidelines. Zoom and telephone calls are encouraged and window visits are available for all relatives within a 5km radius, exceptions are made on compassionate grounds and end of life. We will reintroduce our full activity program to meet the individual needs and preferences of the residents when the risk of an outbreak has been reduced and adhering to IPC guidelines.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/04/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	01/04/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	01/04/2021

	their interests and capacities.			
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