



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

## Issued by the Chief Inspector

Name of designated centre:	Riverbrook Nursing and Respite Care
Name of provider:	Rosary Hill House Nursing Home Limited
Address of centre:	Belmont Road, Castleconnell, Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	19 February 2021
Centre ID:	OSV-0000426
Fieldwork ID:	MON-0032055

## About the designated centre

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

Riverbrook Nursing and Respite Centre is registered to provide care to 22 dependent residents. It is located in a rural village on the outskirts of Limerick city. The centre is set on large grounds with a small internal patio area that contains seating, tables and sun umbrellas. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. The centre provides 24-hour nursing care. The nurses are supported by care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents. The centre is a two-storey building with the ground floor used for resident accommodation and the first floor used for storage, laundry and staff facilities. Accommodation comprises of four single bedrooms, three twin bedrooms and three four-bedded rooms. A number of the bedrooms have en suite toilet, wash basin and shower facilities. Other bedrooms have wash basins with bathroom and toilet facilities in close proximity to their bedrooms. The communal areas include a day room, a dining room, a foyer with comfortable seating, a resident smoking room and a hairdressing room. Corridors have hand rails fitted and a number of assisted toilets are available near to communal areas. The foyer is used for activities such as card playing, quiet area for residents and was also used as a suitable area for residents to receive visitors in private, should they so wish. The centre is part of the local community and welcomes groups from the local schools and communities.

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

Number of residents on the date of inspection:	22
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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
Friday 19 February 2021	10:00hrs to 17:00hrs	Noel Sheehan	Lead

## What residents told us and what inspectors observed

The inspector followed the centre's infection control protocol for coming in to the centre during an active COVID-19 outbreak. This included hand sanitising, wearing appropriate personal protective equipment (PPE) and recording temperature. The inspector was met by the person in charge and the registered provider representative who facilitated the inspection and were available throughout the day.

In the afternoon the inspector walked around part of the centre with the registered provider representative. Social distancing and infection control protocols were generally followed.

The centre was very homely, had nicely decorated communal rooms and was clean. The sitting and dining rooms were spacious and comfortably furnished. Residents had access to an outside secure courtyard. The centre had three four bedded multi-occupancy bedrooms. The registered provider had installed partition walls in two of these rooms with the aim of enhancing the privacy and dignity of residents living in them. They were personalised with pictures and personal items of furniture in some instances.

An external facing room beside the main entrance had been set up also to facilitate safe visiting, with the resident inside and the visitor on the outside. The person in charge stated that residents were given a mobile phone and could talk to the visitor by this means. Both relatives and visitors benefited from the visual contact as both parties were understandably very anxious at this time and being able to see family members was very comforting. At present, due to the level 5 restrictions, residents were facilitated to maintain contact with the outside world through telephone calls, video calls and other technology. Staff said that some residents were now adept at video calls. Compassionate visiting was facilitated. Relatives were encouraged to send in small comfort items to residents.

Residents appeared to enjoy their lunch in a clean, bright and calm dining area, adequately supervised and supported by skilled staff. Dining tables were arranged neatly. Residents were assisted in a respectful manner without compromising their independence during meal time. Residents' likes, dislikes and choices were respected during meal time.

Overall, residents were supported and encouraged to have a good quality of life. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

The inspector observed a lot of positive interactions between residents and staff throughout the inspection. Staff in this centre supported residents' promotion of independence. Residents with different levels of communication abilities were skilfully managed by the staff in this centre. The activities coordinator ensured that all residents were consulted with and included in various activities during the day.

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

## Capacity and capability

This was a short notice announced inspection with the purpose of informing a decision to renew the registration of the designated centre. There were very effective management systems in this centre, ensuring high quality person centred care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from on the previous inspection had been addressed and rectified by the provision of an activities co-ordinator, compartment evacuations, improvements to cleaning, the review of assessments and care plans, revision of the contracts of care .

There was a clearly defined management structure in place. Care is directed through the person in charge who reports to the Registered Provider Representative (RPR) who is a director of Rosary Hill House Nursing Limited. The governance system was effective in terms of communication and both the person in charge and the RPR The person in charge is supported in her role by a team of nursing, care, and catering staff. The inspector saw evidence of the monitoring the quality and safety of care provided to residents. This was through the collection of key clinical quality indicator data including falls, medication management, pain, respiratory infections, prescribed antibiotics, the assessment of risk, and health and safety. The inspector saw that an annual review of the quality and safety of care and support in the designated centre had been undertaken by the management team in accordance with the standards. There was evidence of consultation with residents and relatives during the COVID 19 pandemic. The inspector noted that generally issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty at all times. A registered nurse also worked in the centre every night to administer the night time medications and provide any nursing support required. Care staff and household staff provided all other additional support. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively.

The current allocation of nursing hours did not facilitate separate nurse led teams over a 24 hour period to ensure that in the event of an outbreak, the risk of infection spreading to all residents and staff is minimalised.

There was evidence of good supervision and staff development. Staff had completed COVID-19 precautionary training completed included hand hygiene, breaking the chain of infection and donning and doffing PPE, hand washing, standard droplet precautions and swabbing. There had been updated infection and prevention control training. Nursing staff had undergone specialist training in medication management, wound management, pronouncement of death and wound care.

The person in charge was the identified COVID-19 lead within the centre. A comprehensive contingency plan had been developed to incorporate a number of areas including governance and management, staffing, resources, infection control, cohorting and waste management. There was a plan with regard to isolation if required. A contact sheet of emergency contacts including crisis management team, GP, public health team and senior staff was also made available to staff to ensure that all potential support personnel could be contacted if required. Systems are in place to ensure that all resources were available and an ample stock of supplies was maintained. There was ample PPE stock on site and there had been liaison with suppliers to ensure supply lines. All resources had been addressed within the contingency plan including PPE, cleaning equipment, O2, pharmacy, and communication devices. Staff training and development had been enhanced to respond to the challenges posed by COVID-19.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. She and her deputy were actively engaged in the governance, operational management and administration of the service. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities. She demonstrated a strong commitment to the development of initiatives and quality management systems to ensure the provision of a safe and effective service.

Judgment: Compliant

#### Regulation 15: Staffing

Following a review of staffing rosters and the staff on duty during the inspection, the inspector found that staffing levels and the current skill-mix were sufficient to meet the assessed needs of the residents.

In the context of COVID-19 crisis, the staffing numbers and skill mix were appropriate to meet the support requirements of residents. Staff adhere to local protocols such as checking of temperature and completion of contact tracing prior to commencement of duty. The inspector reviewed process in place for ensuring staff were well and had their temperatures taken and recorded. Strict adherence to uniform policy is also emphasised to ensure that staff changed their uniforms in the centre at the beginning and end of shifts.

A contingency plan had been developed for the centre should staffing levels reduce. Minimal staffing levels had been risk assessed to ensure that residents continued to be provided with care and support in a safe and effective manner. Deputising arrangements were in place should the person in charge be unable to work.

The Inspector discussed the provision of two nurse led teams with the person in charge as the current allocation of nursing hours does not facilitate separate nurse led teams over a 24 hour period to ensure that in the event of an outbreak, the risk of infection spreading to all residents and staff is minimalised.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

A comprehensive training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training was completed along with other relevant training such as dementia care, nutrition and continence care. There was evidence that training was scheduled on an ongoing basis.

There was evidence of good supervision and staff development. Staff had completed COVID-19 precautionary training completed included hand hygiene, breaking the chain of infection and donning and doffing PPE, hand washing, standard droplet precautions and swabbing. There had been updated infection and prevention control training. Nursing staff had undergone specialist training in medication management, wound management, pronouncement of death and wound care.

The person in charge has ensured that all staff and residents received up to date information and guidance relating to COVID 19. A COVID 19 folder was available in the centre and a Whatsapp message alert system was utilised to ensure that all up to date information is communicated to all staff and relatives.

Staff briefings ensured that staff were aware of procedures and policies. All updates are reinforced to staff at staff handovers and staff briefings.

Judgment: Compliant



## Regulation 22: Insurance

There was evidence that the centre had current insurance in place.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. The person in charge informed the inspector that she was adequately resourced to fully discharge the function of her role. For example, the person in charge stated that she felt supported by the RPR who was always contactable and regularly on site. The person in charge stated that she had adequate time to attend to specific areas under her regulatory remit and enough staff to ensure that residents support needs were being met. The RPR, person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service. There was an across-the-board system of audit in place, capturing many areas, to review and monitor the quality and safety of care and the quality of life of residents. An annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The centre was adequately resourced and met the needs of the residents.

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There were records to regular management team meetings which discussed issues such as family communication, infection prevention and control, staff training, staff rostering, residents concerns and maintenance.

The person in charge stated that she had adequate time to attend to specific areas under her regulatory remit and enough staff to ensure that residents support needs were being met. The RPR, person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service.

The registered provider and person in charge had taken the necessary steps in relation to governance and management to prepare for an outbreak of COVID-19. The person in charge was the identified COVID lead within the centre. A comprehensive contingency plan had been developed to incorporate a number of

areas including governance and management, staffing, resources, infection control and waste management.

While management systems were in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored, the registered provider had shown a lack of understanding of their statutory responsibilities regarding submission of a completed application to renew the registration of the centre within the necessary time line by the chief inspector in contravention of section 48(3) of the Health Act 2007(as amended) (the Act); implementation of the complaints procedure as required by Regulation 34 and fire precautions as required by regulation 28.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints could be made to any member of staff and the person in charge was the designated complaints officer. Residents were aware of the process which was on public display near the main entrance. On review of the complaints log there was evidence that complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and records evidenced whether or not they were satisfied.

Policies and procedures did not comply with legislative requirements as an independent appeals process was not in place for the management of complaints.

A review of the complaints log showed that not all complaints had been managed in accordance with the complaints process.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. Contracts clearly outlined the room the resident occupied, and detailed the weekly mandatory service charge, and what services were included in this charge.

Judgment: Compliant

### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had failed to submit a completed application to renew the registration of the centre within the necessary timeline by the chief inspector in contravention of section 48(3) of the Health Act 2007(as amended) (the Act).

Judgment: Not compliant

## Quality and safety

Staff supported residents to maintain their independence where possible and residents' healthcare needs were well met. Residents had comprehensive access to general practitioner (GP) services, to a range of allied health professionals and out-patient services. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, physiotherapy and chiropody. Overall, residents expressed satisfaction with the healthcare service provided. Staff consulted with residents and their next-of-kin regarding all aspects of care.

The inspector found that the location, design and layout of the centre was suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. Overall the premises was very bright, clean and well maintained. There was plenty of communal space including outdoor areas for residents to enjoy.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly. A COVID-19 management plan had been developed an appropriate response was in place for all situations.

Visiting restrictions were in place as part of COVID-19 precautions. Nonetheless, telephone conversations with relatives were scheduled face-time and Whatsapp messages set up to enable communication between families and residents. External facilitators that provided activities was cancelled as part of COVID-19 precautions. Staff actively engaged with residents, and the impact of COVID-19 crises acknowledged, facilities for occupation and recreation activities in accordance with peoples' interests and capacities.

There was a programme of activities that was led by an activity coordinator. The programme of activities incorporated one to one time with residents that may not be able to actively participate in group activities.

A restraint register was maintained and information relating to restrictive practice was compiled on a weekly basis and CNM demonstrated good oversight of this information. This weekly report provided oversight of restrictive practices at individual and service level, and informed the weekly data collection as part of their key performance indicators.

In October 2020 the registered provider was requested to submit a comprehensive Fire Safety Risk Assessment carried out by a competent professional with relevant experience in fire safety design and management. The assessment was asked to identify, assess and rate all fire risks throughout the centre and recommendations provided to mitigate and reduce all identified risks to an acceptable level. An action plan, including time lines, is to be prepared and submitted for all recommendations. At the time of inspection this fire risk assessment had not been submitted and was not available to the inspector when requested. Regular fire drill simulations were taking place regarding the evacuation of the largest compartment in the centre.

There were records of the preventive maintenance of fire safety equipment. The fire alarm and emergency lighting were serviced quarterly. All staff had attended up-to-date training in fire safety and were knowledgeable. Fire alarm drills were held three monthly and detailed records were maintained of the time it took for staff to respond to the alarm. The person in charge had reviewed the evacuation needs of residents in each compartment and ensured a balance of dependencies for evacuation purposes.

## Regulation 11: Visits

The designated centre was closed to all visitors at the time of inspection in response to the COVID-19 pandemic. Considerable efforts were being made by the person in charge to reassure residents and families during this difficult time. There was ongoing contact with each family giving an update and reassurance re COVID-

19. Information pertaining to COVID-19 visiting restrictions and precautions were displayed at the entrance to the centre. The person in charge described contingency plans should a resident need end of life care to enable family members be with the resident.

There are clear notices displayed at all entrances to the centre prohibiting visitors entering the premises. They have arrangements in place so that residents can maintain contact with their families such as regular telephone calls Whatsapp and other means including window visits so families can see their relative maintaining the required social distance.

While general visiting was restricted, essential visiting on compassionate grounds for residents at the end of life was facilitated with adequate infection control measures in place including the use of PPE to maintain visitor's and residents

Judgment: Compliant

### Regulation 13: End of life

Records indicated that end of life preferences were discussed with residents and their relatives and these were facilitated. There was regular religious activities in the centre. There was good access to palliative care services when required.

As part of COVID-19 contingency planning, arrangements were put in place to enable relatives to visit with residents should the need arise. All residents' care plans were up-to-date regarding wishes if they became unwell due to COVID-19.

Judgment: Compliant

### Regulation 17: Premises

On the previous inspection in August 2020, in response to the COVID-19 pandemic the registered provider had reconfigured the centres hairdressing room into a single isolation bedroom. However, the inspector found that this room was not suitable accommodation for a resident as it was an internal room. On this inspection the Inspector noted that the hairdressing room was used for storage and for activities and was not occupied at the time of inspection.

Residents at end of life in the multi-occupancy rooms were not afforded the option of a single room.

As identified on previous inspections, the floor leading to the bathroom and shower facilities for three residents was identified as a risk for those with impaired or compromised mobility, as it was sloped. This may in turn prevent residents from

being able to access these facilities independently. It was evident that handrails had been installed on this corridor to mitigate this risk. The inspector was informed that it was not possible to level this flooring and expert advice had been sought in this area.

Flooring in some bathrooms and corridors required upgrading.

Judgment: Substantially compliant

### Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards.

Judgment: Compliant

### Regulation 27: Infection control

The person in charge said they had received adequate supplies of PPE and were confident staff were trained and knowledgeable in the correct use of same. The person in charge had introduced a number of initiatives to support best practice in hygiene. Alcohol gel was observed to be available and hand hygiene notices were displayed. Staff working in the centre had training in infection control practices, and were observed adhering to best practice in hand washing, universal precautions and in the wearing of face masks as per the guidance of the Health Protection and Surveillance Centre (HPSC). Temperatures of staff and residents were being monitored as recommended, as well as symptoms of shortness of breath and sore throat.

All residents and staff members had been swab-tested as a precaution in the previous weeks and swab results were back where all were negative.

The COVID-19 preparedness plan and documents showed that risks associated with the impact of COVID -19 were identified and additional control put in place to mitigate the risks.

Appropriate isolation facilities, in response to the national public health emergency required review, to ensure that the risk of transmission of infection between residents is reduced, if the centre was affected by COVID-19. The center was

operating at full capacity on the day of inspection resulting in the designated isolation room not being available.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider is requested to submit the following:

- 1) An assessment of the means of escape; in particular from the corridor with three single rooms and the procedures required for staff to assist residents in this area, if a fire has started in either the TV room or the dining room.
- 2) An assessment of the compartment accommodating twelve residents and the associated evacuation procedures in place.
- 3) An assessment of the existing fire separation of high risk areas (Boiler rooms, kitchens, laundry rooms, store rooms, electrical switch rooms etc.) from escape corridors and adjoining bedrooms.
- 4) An assessment of the fire door sets in the centre. This should include confirmation that all door sets provide the required fire performance. 5) The competent person should provide confirmation that they have inspected every door and door screen set throughout the designated centre, including the doors to bedrooms, cross corridor doors and doors to high risk fire areas, and confirm that they are satisfied that the existing combination of door leaf, glazing, frame, seals, ironmongery and closers will give the required fire performance for each door set (generally 30 minutes for bedrooms and 60 minutes for compartment door sets). Door sets that are unlikely to provide the required fire performance should be scheduled along with the works required to bring them up to standard along with a timescale for the repair / replacement works.
- 6) Confirmation of the satisfactory standard and fire integrity of all of the compartment and sub compartment doors, walls, ceilings and floors. A competent person should provide confirmation that they have inspected the phased evacuation compartment and sub compartment boundaries ( walls, doors and within ceiling \ roof space voids) and confirm that they provide effective 60 minute fire resistance (30 minute for sub compartments) and that all openings through them for services, utilities etc have been fire stopped.
- 7) Provision of a fire rated enclosure to the hairdressing room.
- 8) Current floor plans indicating clearly the locations of all 60 minute fire rated compartment boundaries and any 30 minute sub-compartment boundaries used for phased evacuation.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were generally comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools.

Residents health care needs were met to a good standard through adequate nursing care and access to medical and specialist services. Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated. End of life care plans were in place which detailed residents wishes at end stage of life.

There was very low staff turnover. Staff were provided with information, and were knowledgeable on the typical and atypical presentation of the virus and staff were aware of the atypical presentation in the older population and there were clear processes in place of how to respond if a resident displayed signs of illness or deterioration.

Judgment: Compliant

## Regulation 6: Health care

Residents health care needs were met to a good standard through adequate nursing care and access to medical and specialist services. The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews. There was evidence of very good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, dietician, speech and language therapy as required. Residents were actively monitored by nursing and care staff for any changes in form that may indicate COVID-19 and residents temperatures taken at least twice daily. All new admissions were risk assessed and screened for signs of fever and respiratory infection.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The provider/person in charge had updated the behaviour support policy and this was reviewed by the inspector. Where required care plans were reviewed for residents and staff had identified additional supports that may be required. All staff had received training in the areas of responsive behaviour, and dementia care.



Judgment: Compliant

## Regulation 8: Protection

There had been no allegations of abuse. Policies were in place for safeguarding vulnerable adults including information relating to restrictive practice. All staff had up-to-date training regarding protection of vulnerable adults. There was a bedrail assessment validated tool in use. There was continuing improvement regarding use of restraint and alternatives to restraint to promote better outcomes for residents. Bedrail usage was part of the quality improvement programme and bedrails usage had reduced from 6 on the most recently submitted notification , down to 4 at the time of this inspection. This was achieved by giving residents information and encouragement regarding bedrail usage; staff were supported on positive risk-taking and reflective practice to enable better outcomes for residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Riverbrook Nursing and Respite Care OSV-0000426

Inspection ID: MON-0032055

Date of inspection: 19/02/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            In our COVID-19 contingency plan in the event of an outbreak we have provisions in place for 2 nurse led teams over a 24 hour period. We currently have an on call nurse and HCA rota in place.            Since the beginning of the pandemic to date we have been COVID-19 free. All the residents and staff have completed their vaccinations since early February 2021.            Completed 16th March 2021</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The completed application to renew the registration of the center was submitted.            Completed 03rd March 2021</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	

<p>An independent appeals process has been updated. Completed 14/03/21</p> <p>The complaints log has been updated to show all complaints. Completed 14th March 2021</p>	
<p>Registration Regulation 4: Application for registration or renewal of registration</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The completed application to renew the registration of the center has been submitted. Completed 3rd March 2021</p>	
<p>Regulation 17: Premises</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The wear and tear identified on the floor coverings is part of the on-going maintenance program that was suspended for the majority of 2020 due to the pandemic. From April 2021 this will recommence. Expected completion date 31st May 2021.</p>	
<p>Regulation 27: Infection control</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Our isolation room will only be used for the 2 weeks isolation period. When the isolation period is completed the resident will be transferred into another room. Expected completion date 31st March 2021.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Awaiting fire risk assessment report this is expected to be furnished imminently. The report will submitted as soon as it is available from the fire safety engineer. Expected completion date 31st March 2021</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	03/03/2021
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant		16/03/2021
Regulation 17(1)	The registered provider shall	Substantially Compliant	Yellow	31/05/2021

	ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	31/05/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	03/03/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Substantially Compliant		31/03/2021



	implemented by staff.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant		31/03/2021
Regulation 28(1)(d)	The registered provider shall 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.	Substantially Compliant		31/03/2021
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Not Compliant	Orange	14/03/2021

Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Not Compliant	Orange	14/03/2021
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Not Compliant	Orange	14/03/2021