



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Riverbrook Nursing and Respite Care
Name of provider:	Rosary Hill House Nursing Home Limited
Address of centre:	Castleconnell, Limerick
Type of inspection:	Unannounced
Date of inspection:	19 and 20 November 2018
Centre ID:	OSV-0000426
Fieldwork ID:	MON-0021521

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. The 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:

20

How we inspect

To prepare for this inspection the inspector or 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
19 November 2018	10:20hrs to 17:10hrs	Caroline Connelly	Lead
20 November 2018	08:50hrs to 14:45hrs	Caroline Connelly	Lead

Views of people who use the service

The inspector spoke with the majority of the residents throughout the inspection. Residents said they felt safe and well cared for and knew the names of the person in charge and staff whom they considered to be very approachable. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. Residents and relatives described Riverbrook as having a homely atmosphere and being very friendly and comfortable for all. One resident said they get good support from all the staff and feel they get on well with them because they are friendly and easy to talk to. Another described the centre as having a relaxed and supportive environment. A few residents said that residing in a four bedded room could at times be difficult but were happy with the further personalisation of their bed spaces. Residents and relatives were very complimentary about the staff saying the staff have a really good way about them and treat the residents with respect. On a previous inspection a number of family members said they would like to see more private/quiet space for visiting on this inspection the visitors spoken to say they use the area in the foyer if they want privacy.

The majority of residents reported satisfaction with the food and said choices were offered at meal times and if they did not like something an alternative was always available. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals.

Residents who the inspector spoke with were very happy with the activities and said they particularly enjoyed the music sessions, exercises and bingo. Other residents said they liked cards baking and art . A number of residents described the visits from the local playschool children who they loved to see visiting. A number said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated. One resident described how she returned to the centre from home as she missed the company activities and the staff.

Capacity and capability

There were effective management systems in this centre, ensuring good quality 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 generally been addressed and rectified with the exception of a premises issue.

There was a clearly defined management structure in place. Since the previous inspection there had been a number of changes to the directors of the company and there is a new Registered Provider Representative (RPR). The RPR visited the centre on a regular basis and held monthly governance and management meetings

with the person in charge. Minutes of these meetings demonstrated discussion on all aspects of resident care, satisfaction and service delivery. The centre was managed on a daily basis by an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by an Assistant Director of Nursing (ADON), a nursing and healthcare team, as well as catering and household staff. The lines of accountability and authority were clear and all staff were aware of the management structure and were facilitated to communicate regularly with management. The person in charge and the management team displayed a commitment to continuous improvement in quality person-centred care through regular reviews of all aspects of the service and resident care utilising key performance indicators, staff appraisals and provision of staff training. A range of clinical data was being collected and analysed. Audits tools were in place and a number of audits had taken place including audits in relation to documentation, health and safety and end of life care. Medication management audits were completed by the person in charge and pharmacist, which covered all aspects of the medication management cycle. These audits were enhanced by visits from the pharmacist, who periodically examined different areas of medication management.

The person in charge regularly received feedback from residents and relatives via the residents forum and through resident and relatives' surveys. On this inspection the inspector saw that a very comprehensive annual review had been completed in conjunction with the national quality standards for 2017. The annual review included service developments, recommendations from consultation with residents, results from the relative's survey, audits and quality improvements required and implemented. The annual report outlined actions taken to date and included the plans for further development of the service in the years ahead.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. This enabled staff to provide evidence-based care to residents. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision at all times.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were readily available and accessible by staff. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews. The inspector saw that these were followed through in practice with robust recruitment and comprehensive induction in place. The person in charge

confirmed that all staff had Gardai vetting and that no staff member commenced employment until satisfactory vetting is in place.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

Regulation 14: Persons in charge

The person in charge had been in charge of the centre for a number of years. She had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities. She is currently undertaking a further managerial qualification that has supported her in her role.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of residents. A review of staffing rosters showed there was a nurse on duty during the day and at night supported by the person in charge who was extra to the numbers. There was a regular pattern of rostered care staff. Cleaning, catering and laundry staff were also on duty on a daily basis. Staffing levels were seen to have increased in the evening since the previous inspection and there were 3 staff on duty until 21.00 when the nurse had completed her medication round.

Judgment: 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. Mandatory training was in place and staff had received up to date training in safe moving and handling, management of responsive behaviours and safeguarding vulnerable persons. Although a number of staff had received fire training there were seven staff who had not received up to date training in fire safety. Other training provided included restraint procedures, dementia specific training, infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including blood- letting, infection control and medication

management. The person in charge and the ADON had completed train the trainer and were providing a lot of the mandatory training in-house.

Judgment: Not compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to very well maintained and contain the requirements of schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the new directors were in the centre on a regular basis. Regular management meetings took place where all aspects of the service was discussed. 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 person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a number of contracts of care and they were found to clearly outline the terms of residency in the centre. They contained details of the service to be provided and the fee to be paid. They included a detailed list of all additional charges and detailed the room occupied by the resident as required by the regulations.

Judgment: 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 and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the office of the chief inspector in accordance with the requirements of legislation.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services and opportunities for social engagement in a homely environment. 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.

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. Reviews and ongoing medical interventions as well as laboratory results were evidenced. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare

professionals including, speech and language therapy, physiotherapy and chiropody. Residents in the centre also had access to specialist mental health services and were reviewed regularly and as required. The inspector also observed that residents had access to other community care based services such as dentists and opticians. Overall, residents and relatives expressed satisfaction with the healthcare service provided.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded, however this at times was difficult in the multi-occupancy rooms due to the differing needs of residents. Resident surveys had been undertaken. There was evidence of consultation with residents and relatives and the annual review was made available to all.

There was evidence that the centre is rooted in the local community with local choirs and schools regular visitors to the centre. A recent initiative where the local walking club visit the centre for coffee and a chat with the residents proved very successful. The centre has also taken part in a kindness initiative with the local play school. This is a project to develop social connectedness and building relationships between the generations. Children from the local play school were regular visitors to the centre and developed relationships with the residents. They performed plays, interacted and enjoyed singing with the residents. There were two staff allocated to the function of activity co-ordinator who fulfilled a role in meeting the social needs of residents. A varied and interesting social programme was seen and residents' photos and art work was displayed throughout the centre. The inspector saw the activities coordinator undertaking the varied activities programme during the inspection. The programme reflected the diverse needs of the residents. Residents could participate in group activities and one to one sessions were also available to residents who preferred this. Activities included music, bingo, arts and crafts, baking, weekly physiotherapy, card games, puzzles, reading and one to one activities. Residents told the inspector that they were happy with the choice of activities on offer and look forward to bingo and music commencing in the evening. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents and relatives were complimentary about the activity co-ordinators and their ability to involve the residents and to have fun with them. Residents were facilitated to exercise their civil, political and religious rights. The inspector noted that residents were enabled to vote in national referenda and elections as the centre was registered to enable postal polling. Advocacy services were available to residents as required.

The inspector found that the location, cleanliness and homeliness of the centre was suitable for its stated purpose. However as identified on the previous inspection further attention was required to ensure the physical environment was designed in a way that was consistent with some of the design principles of older persons care. The inspector noted there were slopes in the flooring in one part of the building and in this area there was a slope down into the bathroom. The residents in this part of the centre were able to manage the slopes currently but future residents may not be as mobile. The RPR had said in the action plan response

that this would be rectified, unfortunately due to technical issues it remained the same on this inspection. There were risk assessments in place and some control measures in place. Although there were hand rails on the main slope, there was not a handrail on the slope going towards the toilet and bathroom. The RPR assured the inspector that that would be fitted and only mobile residents were accommodated in this area

The centre had three four bedded multi-occupancy bedrooms. These rooms had been recently decorated in accordance with the residents tastes and were personalised with pictures, photos and personal belongings. Residents were very complimentary about their new bedroom space. However residents at end of life in the multi-occupancy rooms did not have the option of a single room to ensure privacy and dignity at this time. The provider continued to outline plans for a new building for which planning permission had been obtained.

Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in the communal area and in the foyer which had been sectioned off to provide privacy for visitors' and a quiet area for residents. The inspector saw visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming.

Judgment: Compliant

Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions. Wardrobe and personal space around residents beds had increased particularly in the multi-occupancy rooms since the previous inspection. Improvements were seen in the personalisation of many rooms since the previous inspection and further pictures and murals were seen throughout the centre.

Judgment: Compliant

Regulation 17: Premises

The inspector identified a number of issues with the premises that required review:

- Slopes in flooring in part of the centre and sloping floor going into one toilet/bathroom
- no hand rail on the slope going down to the bathroom area

- Residents at end of life in the multi-occupancy rooms did not have the option of a single room to ensure privacy and dignity at this time.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were met, meals and meal times were observed to be an enjoyable experience and the majority of residents attended the dining room for their meals.

Judgment: 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. However although the slope going down to the bathroom had been risk assessed there was no hand rail in place and this was actioned under premises

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be very clean. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene. The ADON was the infection control nurse and provided training to staff and audited practices. She completed a comprehensive infection surveillance report identifying areas and incidents of infection and measures in place to prevent re occurrence

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Regular detailed fire drills were undertaken at different times of the day. However as identified and actioned under training and development annual fire training was not provided to seven staff in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place and the inspectors saw ongoing improvements in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

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 in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist, occupational therapist, dietician, speech and language, podiatry and tissue viability as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans for residents.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. There was a very clear system in place in the management of residents' finances and in the invoicing for extra items as outlined in the contract of care. Residents monies handed in for safekeeping were securely stored and regularly audited by the person in charge. However provider was a pension agent for a number of residents and the management of pension payments was not fully in line with what is required by the Department of Social Protection. The accountant said they were currently looking into setting up a system to ensure compliance with same.

Judgment: Not compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities were available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverbrook Nursing and Respite Care OSV-0000426

Inspection ID: MON-0021521

Date of inspection: 19 and 20/11/2018

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire training will be given to the outstanding 7 staff members on 20th December 2018.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Sloping floor going into one toilet/bathroom: New wheelchair accessible toilet to be constructed. 2. No hand rail on the slope going down to the bathroom area: Hand rails have been ordered for the slope. 3. Residents at end of life in the multi-occupancy rooms did not have the option of a single room to ensure privacy and dignity at this time: Single rooms will be available when the renovation is commence in early spring 2019.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The accountant has been in contact with Department of social welfare re the management of pension payments. A new system is currently being developed.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	20/12/2018
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.	Not Compliant	Orange	30/06/2019
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/01/2019