

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Riada House Community Nursing Unit
Centre ID:	0529
Centre address:	Arden Road
	Tullamore
	Co. Offaly
Telephone number:	057 9359985
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Email address:	debbie.bryan@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered providers:	Health Service Executive
Person in charge:	Debbie Bryan
Date of inspection:	15 November 2011
Time inspection took place:	Start: 09:00 hrs Completion: 17:00 hrs
Lead inspector:	Marian Delaney Hynes
Support inspector:	N/A
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Riada House Community Nursing Unit is a purpose-built single-storey building which currently provides long-term care and short-term care for 42 residents. There were 34 residents in the centre on the day of inspection. All residents were over 65 years and many had dementia and cognitive impairment.

The centre has recently undergone major refurbishment and residents had settled into their new rooms. Another section of the building is awaiting refurbishment. This phase will provide an additional 12 places increasing capacity to 54.

The centre is divided into three main units known as St. Anthony's, San Pio and the "extension". Current accommodation consists of 18 single rooms - five have shared en suite shower facilities, nine have en suite showers and four do not have any en suite facilities. There are eight twin rooms with no en suite facilities and two four-bedded rooms with en suite shower facilities. There are also two four-bedded rooms with en suite shower. There are six additional assisted shower rooms and two assisted bathrooms.

Other facilities include a spacious dining room, a treatment room, two kitchenettes for making tea and coffee, an oratory, a large reception area in the front hall and a comfortable day room.

Communal rooms and hallways lead out to two garden areas, one with a fish pond and ivy clad gazebo which is used as a smoking area and the other with a wide pathway to allow residents to walk and take exercise outside.

Day-care facilities are also on site and some residents attend this service. There are parking facilities to the front and side of the building.

Location

Riada Community Nursing Unit is located on the same site as the Health Service Executive (HSE) Mid Leinster offices on Arden Road. It is situated close to the town of Tullamore, Co. Offaly.

Date centre was first established:	1979
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	8

Dependency level of current residents	Max	High	Medium	Low
Number of residents	28	3	2	1

Management structure

The Provider is the HSE and the nominated person is Joseph Ruane who is the Area Manager for the midlands. Debbie Bryan is acting as Person in Charge in the absence of Audrey Wright. The Clinical Nurse Managers (CNM) and nursing staff report to the Person in Charge. The care assistants and activity coordinator report to the CNM. Administration staff report to the Person in Charge. Household, kitchen and catering staff report to the household and catering managers who in turn report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	5	6	5	2 cleaning 1 laundry	2	*1

* Activities Coordinator

Background

At the registration inspection inspectors found that residents had a good quality of life and their privacy was promoted through staff practices. Residents were supported to exercise choice and personal autonomy and their views were sought through in-house residents' meetings and by the person in charge who met with all residents on a daily basis.

The inspector was satisfied that residents' nursing, medical and healthcare needs were adequately met. The person in charge had commenced audits to ensure a quality service was delivered - this will be discussed further in the body of the report.

The action plan identified areas where improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and *the National Quality Standards for Residential Care Settings for Older People in Ireland*.

Improvements required included supervision of residents, risk management and auditing.

Summary of findings from this inspection

This was an announced follow up inspection and the centre's third inspection. It focused on areas identified for improvement at the registration inspection carried out on 19 and 20 October 2010. There was also a fit person carried out with the person in charge.

The inspector found that seven of the nine actions had been completed from the last inspection and significant progress had been made with the remaining two actions.

Improvements made by the provider since the previous inspection included:

- the statement of purpose had been updated to reflect the services and facilities provided for residents
- appropriate supervision was in place for residents
- staff files contained all of the required documentation
- the complaints policy had been updated
- residents were provided with good choice at mealtimes.

These and other areas are discussed in the body of the report and in the action plan at the end of the report.

The temporary person in charge Ms. Bryan was deputising in the absence of Audrey Wright. The inspector found that she was a suitably qualified and experienced nurse. A separate fit person interview was carried out with Ms. Bryan. She demonstrated commitment accountability and responsibility for the provision of the service. She was aware of her legal responsibilities and answered all questions comprehensively and competently.

The inspector observed that she was very involved and committed to the clinical aspect of her role.

Issues covered on inspection

Statement of Purpose

The statement of purpose had been amended to meet the requirements of the Regulations and a copy was forwarded to the Authority and available to residents.

Room Sizes

Some of the room sizes did not meet the requirements of the Standards. The person in charge confirmed that discussions within the HSE had taken place in September 2011 to discuss plans to address the deficits. She provided the inspector with a copy of preliminary plans. Residents who were spoken to all confirmed that they were satisfied with their rooms and the space that was provided. They said that the staff always endeavoured to ensure residents dignity and privacy. The inspector observed that curtains were fully closed when personal care was being provided in multi-occupancy rooms.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide suitable and sufficient care to maintain the resident's welfare and wellbeing, having regard to the nature and extent of the resident's dependency and needs as set out in their care plan.

This action was completed.

The inspector observed good supervision of residents in all areas throughout the centre. The person in charge informed the inspector that one resident used the therapy room in the evening time as she enjoyed spending time on her own doing art work. Records confirmed that this resident was checked at 15 minute intervals and was provided with a call bell.

2. Action required from previous inspection:

Display a centre-specific complaints procedure in a prominent position in the designated centre.

Ensure the complaints procedure is in line with the Regulations it that it contains an independent appeals process, the operation of which is included in the designated centre's policies and procedures.

This action was completed.

During the fit person interview, the person in charge demonstrated a positive attitude towards complaints and viewed complaints as a useful means to improve the service. The complaints procedure was displayed in a user friendly format at the entrance to the main sitting room and included in the Residents' Guide and the statement of purpose. The person in charge was identified as the named complaints officer. She described her role in detail and maintained a complaints log. The log contained records of complaints, suggestions and compliments and included all relevant information about the complaint, investigation and the outcome.

Staff members were knowledgeable about the policy and their role in responding to issues raised by residents so that they did not escalate and become the subject for a complaint.

The complaints policy contained an independent appeals process.

The person in charge told the inspector that she encouraged staff to view complaints as a way to improve the service to ensure that no resident was adversely affected by reason of the complaint having been made.

3. Action required from previous inspection:

Put in place a comprehensive centre-specific written risk management policy and implement this throughout the designated centre.

This action was partially completed.

There was a safety statement in place. There was a health and safety policy in place and the inspector saw that all staff had signed to say that they read and understood the contents of the policy. The person in charge also showed the inspector the new risk assessment forms that had been introduced. However, the inspector noted that the policy was not centre-specific and did not contain information and guidelines on the following areas:

- the identification and assessment of risks through the centre
- the precautions in place to control the risks identified
- the precautions in place to control risks such as, residents absent without leave, assault, aggression and violence and self-harm
- details on the appropriate arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

4. Action required from previous inspection:

Facilitate each resident's access to gerontological, physiotherapy or any other services as required by each resident.

The action was completed.

The person in charge informed the inspector that physiotherapy services were available to all residents who required it. The inspector together with the CNM reviewed two resident files which confirmed this.

The person in charge and CNM said that general medical and gerontological services were provided by the residents' general practitioner (GP). Other specific services such as Ear Nose and Throat (ENT) were on a referral basis by the GP and records reviewed confirmed this.

5. Action required from previous inspection:

Provide each resident with food that is varied and offers choice at each mealtime.

This action was completed.

Residents received a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. A variety of condiments were provided at mealtimes and these were added following consultation with residents.

The inspector observed that the dining experience was a social and interactive occasion. Meals were provided to residents in both the main dining room and in the sitting room for residents who preferred to dine there. Some residents choose to have their meals in the privacy of their own room. The menu was displayed on a large board in the dining room and was printed in large writing for all residents to see. Residents said that the chef and staff regularly asked them for feedback on the meals provided. The meals were well presented and residents confirmed that they enjoyed the food. Staff were very familiar with residents' preferences in food and drink.

Staff were observed assisting residents discreetly and respectfully at lunch time. One resident refused her lunch and the nurse took the time to sit with this resident and find out what she wanted instead, an alternative lunch was provided for this resident.

6. Action required from previous inspection:

Put in place and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of residents at appropriate intervals.

The action was a work in progress.

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis. The person in charge had introduced an auditing system and had recently completed audits in areas such as hand hygiene and general hygiene within the centre. The results of the hand hygiene audit showed a compliance of 56% which suggested that hand hygiene was inadequate. The person in charge informed the inspector that she had nominated the CNM to provide staff education regarding hand hygiene and to re audit again by the end of the year.

The person in charge had recently carried out a satisfaction survey with relatives - questions asked included their views on:

- food and drink
- quality of care
- visiting arrangements
- atmosphere within the centre
- recreation activities.

At the time of inspection the person in charge was in the process of auditing care plans, she confirmed that there were also plans to audit medication practices, physical restraint and falls.

7. Action required from previous inspection:

Personnel files did not contain all of the required documents.

The action was completed.

A sample of personnel files were reviewed and found to contain all the required information as outlined in the Regulations such as three written references, evidence of physical and mental health fitness and Garda Síochána vetting.

8. Action required from previous inspection:

The recreational programme was not based on all of the residents' identified needs.

The action was completed.

Each resident had a social assessment which informed their daily routine and residents were offered a range of meaningful activities, appropriate to their interests and preferences. A programme of activities was widely displayed and residents and relatives spoken to commented on the various activities available to them, including knitting and sing-a-longs.

The activities coordinator was very aware of the social care needs of people with dementia. She explained how residents with dementia enjoyed one-to-one opportunities including board games and sing-a-longs. The inspector observed the activities coordinator and another staff member facilitating a Sonas session in the afternoon with residents who have dementia. The residents seemed to enjoy the session and actively participated in it.

9. Action required from previous inspection:

Implement a plan to ensure that the premises are kept in a good state of repair.

Ensure that equipment provided is maintained in good working order.

This action was completed.

The design and layout of the premises provided a sense of space. Corridors were wide which allowed for unimpeded movement throughout. It was pleasantly furnished and decorated. The premises were bright, clean and were noted to be appropriately heated and free from any unpleasant odours. The inspector observed a high standard of cleanliness throughout and residents commented on this.

Assistive equipment was provided to meet the needs of residents and included pressure-relieving mattresses and cushions, specialist seating and mobility aids. Equipment was regularly serviced and records showed that a recent service of equipment was completed.

Report compiled by:

Marian Delaney Hynes

Inspector of Social Services
 Social Services Inspectorate
 Health Information and Quality Authority

23 November 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
29 September 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
19 and 20 October 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Riada House
Centre ID:	0529
Date of inspection:	15 November 2011
Date of response:	5 December 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

The risk management policy was a generic HSE document which had not been adapted to identify and respond to the specific risks of Riada House.

Action required:

Put in place a comprehensive centre specific written risk management policy and implement this throughout the designated centre.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Presently working on localising Health Risk Management Policies.	Three months

2. The provider has failed to comply with a regulatory requirement in the following respect:	
Some of the bedroom sizes did not meet with the requirements of the Standards.	
Action required:	
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Have met with Estates Department Preliminary plans in place to meet Regulations towards 2015.	Ongoing

3. The provider has failed to comply with a regulatory requirement in the following respect:	
Although some audits were completed the provider had not audited areas such as medication management, use of restraint, incidents of falls, or complaints. Because of this, it was not possible to identify trends and use the information to improve the quality of service and the safety of residents.	
Action required:	
Put in place and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of residents at appropriate intervals.	
Reference:	
Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Undertaking clinical audit in medication management, physical restraint, falls and missing persons in early 2012. Continue audit into care planning, hand and environmental hygiene and resident satisfaction surveys.	Three months

Any comments the provider may wish to make:

Provider's response:

None

Provider's name: Joseph Ruane

Date: 5 December 2011