



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

## Issued by the Chief Inspector

Name of designated centre:	Riverstick Care Centre
Name of provider:	Sunacrest Limited
Address of centre:	Riverstick Nursing Home, Curra, Riverstick, Cork
Type of inspection:	Unannounced
Date of inspection:	16 March 2023
Centre ID:	OSV-0008228
Fieldwork ID:	MON-0039585

## About the designated centre

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

Riverstick Nursing Home was built in the 2020 and is set in the rural village of Riverstick, 17km from Cork city centre and 10.5km from Kinsale. Riverstick Nursing Home offer an extensive range of short stay, long stay, rehabilitation, convalescence and focused care options. The centre is registered to accommodate 95 residents. Accommodation is configured to address the needs of all potential residents and includes single and twin accommodation with large en-suites. The home is divided into four units one of which, Carrighoun accommodates transitional care beds in partnership with the South South West Hospital Group. The other units, Muskerry, Seandun and Carbery accommodate long term and respite care beds. Set in landscaped gardens, there are outdoor areas ideal for anyone wishing to spend time in nature, suitable for outdoor pursuits and recreational activities as well as providing tranquil space. The centre provides 24 hour nursing care.

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

Number of residents on the date of inspection:	60
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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
Thursday 16 March 2023	08:45hrs to 18:00hrs	Ella Ferriter	Lead
Thursday 16 March 2023	08:45hrs to 18:00hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

This was an unannounced inspection conducted over one day. The inspectors spoke with a number of residents in their bedrooms and in the communal areas of the centre throughout the day of the inspection. Overall, feedback from the residents was mixed in relation to the care they received in the centre. Some residents told the inspectors they felt happy to be living in the centre and they received very good care from staff, while others told the inspectors that they were dissatisfied due to delays in staff attending to them and issues with food. The inspectors met numerous visitors throughout the day of the inspection who generally reported easy access to visit their family members. The majority of feedback from visitors was positive, however, a few did express concern in relation to some aspects of healthcare and the food and nutrition provided.

On arrival to the centre the inspectors held an opening meeting with the person in charge and an assistant director of nursing (ADON). The plan for the inspection was outlined and a number of documents were requested, that would be reviewed as part of the inspection. The ADON facilitated the inspection, as the person in charge was off duty for the remainder of the day. The ADON guided the inspectors on a tour of the premises.

Riverstick Care Centre provides care for both male and female adults and is situated in village of Riverstick, County Cork. The centre can accommodate 95 residents and there was 60 residents living in the centre on the day of this inspection. The centre is divided into named units, Carbery and Carrighoun on the first floor and Seandun and Muskerry on the ground floor. The first floor was allocated to residents admitted for transitional (short term) care. Residents in this transitional care unit were under the care of the local acute hospital and received services such as consultant review and discharge planning, in line with this care. The inspectors observed that the Carberry unit was not occupied. There was a total of 16 transitional care residents living in the centre on the day of this inspection. All residents living on the ground floor (44) were admitted for long term care.

The centre was observed to be clean and well maintained and the design and layout of the centre enhanced the quality of residents' lives. Overall, residents spoke very positively about their living environment. Inspectors saw that there was a variety of communal areas for residents to use on each floor such as sitting rooms, a family room and a coffee dock. Residents also had access to suitable outdoor space which included a secure garden on the ground floor and an external balcony area on the first floor. Inspectors saw that residents had beautiful views of mountains at the back of the centre and were informed that there were plan to develop garden facilities further for residents.

During the walkabout of the centre staff were observed to be in the process of assisting residents to get up and dressed for the day. Some residents were observed having their breakfast in their rooms. Two of these residents expressed their

dissatisfaction to inspectors with their breakfast regime. One resident stated that they were waiting an hour before they received it and another stating they had not gotten what they had ordered and this was a repeated occurrence. One resident told the inspectors that they were unhappy as they had been admitted from hospital for treatment of their leg wounds, however, in their two week stay their care needs had not been addressed appropriately. This is actioned under regulation 6.

The inspectors observed that there was an activities schedule available for residents and an activities coordinator working in the centre on the day of inspection. A number of residents were observed partaking in arts & crafts and flower arranging. Residents partaking in these group activities stated they very much enjoyed them and one resident told the inspectors that they were getting to do things they had never got to do before. Inspectors observed very positive engagement between staff and residents at this time. However, other residents were observed sitting in the day room with the television as their main source of entertainment for the day. Inspectors were informed that the centre also had visits from the local active retirement group monthly and an animal farm, which residents enjoyed. Beautiful pictures of residents partaking in various activities were displayed in the centre.

Residents spoke positively about their bedrooms, particularly about the space afforded to them and the privacy they had with their own bedrooms and en-suite bathrooms. The inspectors saw that some bedrooms for long term care residents were personal to the resident's tastes and contained family photographs and personal belongings. Call bells were available in both the bedroom and en-suite for residents' safety. The inspectors saw that residents' bedrooms were clean, tidy and there was ample personal storage space.

Inspectors spent time observing the dining experience for residents on both floors at breakfast, lunch and tea time. Eight residents were having their breakfast in the dining room during the inspectors walk around of the ground floor. Some residents stated that they were happy with their breakfast and confirmed that they always had choice, with regards when to get up. Two residents stated that the food often was served cold to them. The first floor which was accommodating 16 residents on the day of this inspection had ample space for residents to dine in the floor's main dining room. However, inspectors observed the dining room on the ground floor was over-crowded and some staff provided assistance to residents while standing over them, which is not conducive for a good dining experience. The menu displayed on the table advertising what was available for dinner was not what was served for dinner on the day of the inspection and should have been changed to reflect the actual choice available.

Inspectors also observed that residents that chose to remain in their room for their meals did not always have meals served in an appropriate manner. For example; meals were served without the appropriate sauce or condiments. Staff spoken with informed inspectors that this would be supplied after the meal was served, if requested by a resident. However, as many of the rooms were a good distance from dining facilities, if waiting for sauces and condiments, food was then not being consumed hot. Residents confirmed that meals were sometimes colder than they would prefer. Inspectors observed that there were also delays in serving of some

residents meals and the system did not appear organised. Issues relating to quality and the serving of food is further detailed under regulation 18.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This unannounced risk inspection was triggered on receipt of unsolicited information that raised concerns regarding the care of residents living in the centre, particularly in relation to supervision of staff, the provision and monitoring of food and nutrition and healthcare of residents. Evidence was found to support a number of the concerns received and are detailed under the relevant regulation. Overall, findings of this inspection were that management oversight of the service required action, to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored.

Riverstick Care Centre was operating as a designated centre for older persons since May 2022. The centre is owned and operated by Sunacrest Limited, who is the registered provider. The company comprises of four directors, who are also involved in the operation of other designated centres in the country. The provider employed a Director of Clinical Governance and Quality to support the centre and the person in charge reported to them. From a clinical perspective the centre was being managed by an appropriately qualified person in charge. They were supported in their role by three assistant directors of nursing, two clinical nurse managers and a team of nurses, healthcare attendants, kitchen, maintenance, domestic and activities staff. The lines of authority and accountability were clearly defined. At least one member of the management team was present in the centre each day, on a supernumerary basis, including weekends, to provide clinical supervision and support to staff. The centre also had the support of a finance department and a human resource department. The provider had recently employed a training and development manager who worked in the centre three days per week providing on-site training. The role was also implemented to assist with the induction of new nurses and to work with, support and train the care staff on day to day care issues.

On the day of the inspection there were adequate numbers of nurses and healthcare staff employed to care for residents. However, the inspectors were not assured that staff were appropriately supervised to ensure that residents plans of care were implemented effectively. Residents reported particular delays in care delivery during the evening and the person in charge said staffing levels were being looked at during these times. The allocation of staffing resources to the kitchen also required to be reviewed, to ensure that the quality of food was not impacted. This will be further detailed under regulation 16 and 23 of this report. There was an ongoing

comprehensive schedule of training in place and staff training was being monitored. However, for some staff mandatory training was found to be out-of date, as detailed under regulation 16.

Records as requested during the inspection were made readily available to the inspectors. Records were generally maintained in a neat and orderly manner and stored securely. A sample of four staff files viewed by the inspectors were assessed and complied with the requirements of Schedule 2 of the regulations. Accidents and incidents were recorded, appropriate action was taken, and they were followed up on and reviewed. All notifications required to be submitted to the Chief Inspector were submitted, within the required time frame.

### Regulation 15: Staffing

Action was required to ensure staffing levels were sufficient having regard to the needs of the residents taking into account the size and layout of the building.

- The allocation of staff resources in the kitchen was found to be inadequate on the day of this inspection. There was one chef and a kitchen assistant with the responsibility of preparing meals for 60 residents and they also provided food for staff. The inspectors saw that this was having a poor impact on the quality of food that residents received.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The following required action to be taken to ensure compliance with regulation 16:

- the inspectors were not assured that the registered provider had appropriate staff supervision arrangements in place, to ensure that care delivery was appropriately monitored and delivered. For example; there was not appropriate supervision of the provision of meals to residents in their bedrooms, in the delivery of some personal care, or of wound care practices within the centre. This impacted on residents care as detailed under regulation 18 and regulation 6. A number of residents also reported long delays in call bells being answered
- some staff training was due, for example: 17% of managing responsive behaviours and 7% of safeguarding vulnerable adults. Fire training was due for a large number of staff, however, this was booked to take place the week after this inspection.



Judgment: Not compliant

### Regulation 19: Directory of residents

The directory of residents was being maintained and it contained the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection and were well maintained both electronically and paper based. A sample of four personnel records indicated for each staff member a full and comprehensive employment history available, references were obtained including a reference from their most recent employer and Garda vetting was in place.

Judgment: Compliant

### Regulation 23: Governance and management

The governance arrangements in place did not ensure the effective delivery of a safe, appropriate and consistently monitored service. Issues pertaining to the governance arrangements included:

- there was evidence of a lack of effective systems in place to monitor healthcare and food and nutrition, which are further detailed under the relevant regulations.
- there was evidence of lack of supervision of staff which was having negative impacts on residents care.
- residents feedback pertaining to food in the centre was not acted on in a timely manner.

Judgment: Not compliant

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

Each resident had a written contract of care that detailed the services provided and

the fees to be charged, including fees for additional services.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations within the required time period.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Written policies and procedures as per Schedule 5 of the regulations had been updated since the previous inspection. They were now found to be centre specific and were available to staff to guide and direct practices.

Judgment: Compliant

## Quality and safety

Overall, this inspection found that many residents reported a good quality of life in the centre with good access to general practitioner services. However, the quality and safety of resident care was compromised due to insufficient monitoring of healthcare by clinical staff and food and nutrition. Action was also required in care planning, infection control and residents rights, which will be detailed under the relevant regulations.

Pre-admission assessments were completed to ensure that the centre could adequately meet the needs of prospective residents. Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. The centre had an electronic resident care record system and each resident had a care plan in place, updated four monthly. On review of a sample of care plan documents, however, some did not contain adequate information to direct care, as detailed under regulation 5.

There was evidence of good access to medical care with regular medical reviews by general practitioners and referrals to specialist services as required. Access to geriatricians, palliative care, community mental health services, dietetics, and

speech and language therapists were available. The provider employed a physiotherapist, however, access for residents in long term care was not always available as outlined in their contract of care. There was a low incidence of pressure ulcer development within the centre. However, findings of this inspection were that the healthcare needs of residents were not always appropriately provided and monitored, as evidenced under regulation 6.

Residents weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Modified diets and specialised diets, as prescribed by healthcare or dietetic staff were implemented and adhered to. As detailed in the first section of this report action was required to ensure that food was properly cooked and served and that residents had choice, as actioned regulation 18.

Residents had access to radio, magazines, newspapers and televisions. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service via residents meetings. However, this inspection found that some areas regarding residents rights required to be addressed, which is discussed further under regulation 9.

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Although there was a high incidence of bedrails in use in the centre on the day of this inspection there was evidence of appropriate risk assessments in place for all uses of restraint in the centre. These included multidisciplinary input, evidence of regular reviews in consultation with residents, and measures to control the risks of restraint use such as monitoring and scheduled release of the restraints as required. Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors and these were not restrictive. There was adequate private space for residents to meet their visitors. The inspectors saw that there were numerous visitors attending the centre at various times throughout the day.

Judgment: Compliant

## Regulation 18: Food and nutrition

Findings of this inspection were that food and nutrition and the way that food was

served did not meet the requirements of the regulations in that:

- some residents reported dissatisfaction with food service, in where food was often served cold, which they report as an ongoing issue.
- inspectors observed food was not always prepared and served appropriately and food delivered to bedrooms did not include the appropriate sauces and condiments.
- residents reported not getting what they ordered.
- the menu displayed on the dining table table was not what was served for dinner on the day of the inspection and should have been changed to reflect the actual choice available as this was confusing for residents.
- the dining room for long stay residents was very crowded affecting how food was served and the overall dining experience for residents.

Judgment: Not compliant

### Regulation 25: Temporary absence or discharge of residents

On review of records inspectors were assured that when a resident was temporarily absent from the centre for hospital treatment, all relevant information was conveyed about the resident to the acute hospital. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Compliant

### Regulation 27: Infection control

The following required to be addressed pertaining to infection control:

- some staff were observed throughout the day of this inspection not wearing face masks correctly. This posed a risk of transmission of infection.
- one sluice room was observed to be overcrowded and equipment was stored inappropriately in the room.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning in the centre required improvement, evidenced by the following

findings:

- a resident exhibiting responsive behaviors did not have an up to date behavioral support care plan that could help direct care delivery and outline de-escalation techniques, and ways to effectively respond to behaviours.
- end of life care plans were generic and were not specific to individual residents so therefore were not sufficiently detailed to direct care.
- a residents pain care plan was generic and did not give specific information with regards to the individual resident, therefore individualised care was not prescribed.

Judgment: Substantially compliant

### Regulation 6: Health care

This inspection found that a high standard of evidence based nursing care was not consistently provided, for example:

- on review of a residents records admitted to the centre with clear instructions with regards their wound care treatment inspectors found that this care was not implemented. In particular, where it was indicated that the resident have bilateral leg dressings carried out three times per week, inspectors found that these had been carried out twice in 15 days. This posed a risk to the resident concerned. This care was delivered at the inspectors request, on the day of this inspection.
- access to physiotherapy for residents in the long stay unit, required to be addressed.
- the inspectors saw from residents notes that there was a delay in recognising a deterioration in a resident and referral of the issue to the general practitioner.
- it was reported to the inspectors that residents were not always receiving appropriate personal hygiene, which would effect their skin integrity.

Judgment: Not compliant

### Regulation 7: Managing behaviour that is challenging

The centre was monitoring the use of restrictive practices and maintained a comprehensive register of any practice that was or may be restrictive. The number of residents using bedrails was found to be high at 33%. Training in responsive behaviors was due for 17% of staff working in the centre, which is actioned under regulation 16 of this report.

Judgment: Compliant

### Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was provided to staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. The centre has access to an advocate/social worker for residents who worked full time in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors identified that residents rights were not being protected as follows:

- some improvements were required in the provision of social stimulation taking into account the size and layout of the centre. There was one activity staff member on duty for upstairs and downstairs, leaving many residents with just the television as a source of entertainment. A number of residents reported there was very little activities for the male residents.
- although the centre provided an advocacy service to residents, inspectors found that in a situation that required an advocate an independent advocate should have been consulted, to ensure that this person was acting on behalf of the resident.
- although the residents service fee included access to physiotherapist, residents reported this resource was not available at times. Residents additional weekly fees also included a fruit basket weekly, however, residents reported they did not receive this.
- the dining experience for some residents required improvement as staff were observed assisting residents while standing over them, which is not person centred.
- although residents meetings were taking residents concerns pertaining to food not being of an appropriate standard had not been addressed.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Riverstick Care Centre OSV-0008228

Inspection ID: MON-0039585

Date of inspection: 16/03/2023

## 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:            To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• There is a current Recruitment campaign ongoing to establish correct staffing levels to the catering department with presently 2 staff onboarding.</li> <li>• In addition we have developed a detailed work plan for each member of the kitchen staff and additional training provided via the external Dinning consultant.</li> </ul>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• A revised staffing allocation system is now in place to assist with staff supervision, this is overseen by the nurse /clinical nurse manager on the unit and ADON . The revised allocation systems includes allocating those responsible for meal delivery to residents rooms , all staff informed of their duties and responsibilities in this regard.</li> <li>• Call bell audits are completed weekly on each unit by the Clinical Nurse Manager Team with feedback to staff. Call bell system upgraded to a new system in February 2023, this system allows ongoing monitoring and reports to feedback to staff on a weekly basis for all staff to view. All managers will be trained to run call bell response time reports with corrective action with the care team.</li> </ul>	

- Staff in the centre have completed scheduled mandatory training and an ongoing programme of training is scheduled. There is a training schedule in the center to ensure Staff in the Centre have completed scheduled mandatory training and an ongoing programme of training is scheduled. The training matrix is reviewed monthly to ensure training is booked as required.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- There is a care delivery management system EPIC in place to manage direct and prioritise delivery of care, all nurses will receive updated training on EPIC to heighten awareness with ADON to oversee allocated care delivery to include wound management, GP reviews and food and nutrition. ViClarity is now in place to verify these processes.
- The RPR support team visits the home on a regular basis to provide support and oversight to the PIC and their management team.
- PIC schedules weekly clinical oversight meetings with the Nurse Management team to ensure clinical oversight and will oversee any corrective actions.
- A revised staffing allocation system is now in place to assist with staff supervision, this is overseen by the nurse / nurse manager on the unit. Twice daily team huddles are in place led by ADON / Clinical Nurse Manager to augment staff supervision and care delivery.
- Additional inhouse training on Dining experience will be scheduled via Toolbox sessions with the Training & Development Manager to further augment the dining experience for residents.
- Advocate will meet with residents regularly to gain feedback on dining experience.

Regulation 18: Food and nutrition

Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

To ensure compliance the RPR will have the following in place and implemented and actioned as required

- The menu is available for all meals with choice available, the resident can request outside of normal menu availability.
- Staff are now allocated to the dining service and have been updated on roles and

responsibilities.

- Appropriate supervision by a nurse manager is now in place to ensure meals are served in timely manner and with appropriate sauces and condiments to accompany meal.
- External Dining consultant has completed training on IDDSI Food safety and Dining experience. Completed 24th and 25th April.
- Additional training by the training & development Manager is currently ongoing to staff to increase awareness of dining experience.
- The External Dining Consultant will provide additional training to Chef and Kitchen staff on food service and delivery of meals.
- A dining experience audit will be completed to gain feedback from residents in addition to residents' feedback at bimonthly residents' meetings.
- Process for notifying residents of change in menu has been reviewed and communicated to Kitchen staff.
- Additional dining area has been identified and will be made available to resident week commencing 02.05.23

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- All staff had received updated training on safe mask wearing with oversight by regular IP&C audit. Mask will be worn as per HPSC guidance.
- All inappropriate items removed from the sluice room at time of inspection.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- On admission, all residents have mandatory risk assessments completed and these inform the plan of care to meet residents' individual care needs. Riverstick has a scheduled programme for reviewing all residents' assessments and care plans. These are reviewed at a minimum every four months or if there is a change in the resident's needs. ViClarity audits completed on 10% of residents care plans per month and this is overseen by the DCGQR.

- Further Care planning and documentation training is planned to further enhance a person centered approach residents care plans.
- Supplementary Person centered training will be provided to the nurse and care team to direct an individualised.
- There is a care plan audit in place completed by the clinical management team with feedback and support provided to the nurse team.
- Full review of End Of Life care Plans with a focus to personalise to resident wishes and choice.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- EPIC dashboard is reviewed daily to alert staff of any care needs required including wound assessments or dressings due. The DCGQR reviews on a weekly basis to ensure support given as required.
- The dashboard is reviewed at shift handover and progress evaluated at twice daily huddles.
- A weekly wound audit will be completed on all units to evaluate wound care.
- The process for referral to GP has been communicated to all staff.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 To ensure compliance the RPR will have the following in place and implemented and actioned as required:

- Recruitment is ongoing for additional activity team members to supplement the social care programme to all units. The social care progamme will be reviewed to incorporate an active programme throughout the day incorporating residents' choice.
- External independent advocacy services are engaged to ensure an independent advocate for said resident.
- Physiotherapy services will be reviewed to ensure the schedule incorporates post falls assessment and ongoing support.
- Training has been completed by external consultant on Food safety, IDDSI guidelines and enhancing the dining experience. Completed 24th and 25th April.
- Additional in-house training on Dining experience will be scheduled via Toolbox sessions with the Training & Development Manager to further augment the dining experience for residents.

- A dining experience audit will be completed to gain feedback from residents in addition to residents' feedback at bimonthly residents' meetings.

## 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 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	Yellow	31/07/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/06/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	31/05/2023
Regulation	The person in	Not Compliant	Orange	31/05/2023

18(1)(c)(i)	charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
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.	Not Compliant	Orange	03/05/2023
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 implemented by staff.	Substantially Compliant	Yellow	19/04/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Substantially Compliant	Yellow	31/05/2023

	consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	31/05/2023
Regulation 09(5)	The registered provider shall ensure that a resident has access to independent advocacy services, including access to in-person awareness campaigns by independent advocacy services and access to meet and receive support from independent advocacy services. These services should be made available to residents in the	Substantially Compliant	Yellow	31/05/2023



	designated centres and in private, as required.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/05/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/05/2023
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	31/05/2023