



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

Issued by the Chief Inspector

Name of designated centre:	Riada House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Arden Road, Tullamore, Offaly
Type of inspection:	Announced
Date of inspection:	28 August 2024
Centre ID:	OSV-0000529
Fieldwork ID:	MON-0044258

About the designated centre

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

Riada House Community Nursing Unit is a 35 bed facility, located within walking distance of Tullamore town centre. Residents' accommodation is arranged on ground floor level in two units known as San Pio and St. Anthony's Wards. There are 14 single bedrooms, nine twin bedrooms and one bedroom with three beds. All bedrooms have access to en suite toilets and showering facilities. The centre provides care for male and female residents over 18 years of age with continuing care, dementia, respite and palliative care needs. There are two sitting rooms, a dining room, oratory, sensory room and several seated areas off the circulating corridors available to residents. The provider employs nurses and care staff to provide care for residents on a 24 hour basis. The provider also employs GP, allied health professionals, catering, household, administration and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Wednesday 28 August 2024	09:50hrs to 17:20hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received a very good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Feedback from residents was that this was a very good place to live, and that they were very well cared for by staff who were very kind and caring. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

This announced inspection took place over one day. There were 31 residents accommodated in the centre on the day of the inspection, and four vacancies.

Riada House Community Nursing Unit is situated in the town of Tullamore, Co. Offaly. On arrival to the centre, the inspector was met by the person in charge, who facilitated the inspection. Following an introductory meeting, the inspector conducted a walk through the building with the person in charge, giving an opportunity to review the living environment and to meet with residents and staff.

The centre was a single-storey building which provided accommodation for 35 residents. Bedroom accommodation comprised of single and multi-occupancy bedrooms which contained appropriate furnishings, including storage for personal belongings. Bedrooms provided sufficient space to cater for the assessed needs of residents, taking into account their privacy and dignity. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs.

There were a number of communal areas available to residents, including a large entrance hall, day rooms and a dining room. There was also an oratory and a multi-sensory room available, providing residents with comfortable, quiet spaces. Throughout the centre, the décor was modern, and all areas were designed and furnished to create a homely and accessible living environment for residents. The centre was very clean, tidy and well maintained.

There were accessible outdoor areas available, providing pleasant outdoor spaces for residents. These areas contained a variety of suitable garden furniture and shelter. Residents were actively involved in many gardening activities.

The building was laid out to meet the needs of residents, and to encourage and support independence. The centre was bright, warm and well ventilated throughout. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and answered in a timely manner.

The inspector spent time observing staff and resident interactions throughout the

centre. Residents were observed spending their day in various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. Residents sat together in the day room reading, chatting to one another and staff, and participating in activities. Other residents chose to relax in the comfort of their bedrooms. Communal areas were appropriately supervised and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff were observed assisting residents in a relaxed and attentive manner. The inspector observed that personal care needs were met to a high standard. There was a warm, friendly atmosphere throughout the centre, and familiar chats could be heard between residents and staff. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

Throughout the day, residents were happy to chat with the inspector about life in Riada House. The inspector spoke in detail with a total of nine residents. Residents spoke positively about their experience of living in the centre. One resident told the inspector that they were 'grand and happy'. Residents told inspectors that they had plenty to do every day and that they had plenty of choice in how they spent their day. Residents told inspectors that they were very happy with their bedroom accommodation and general surroundings, which were comfortable and suitable for their needs. One resident said the centre was 'like a holiday home', while another resident described it as 'a grand old spot'. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident explained the reason they moved to the centre, and described how their health and mobility had improved since admission. They described the staff as having 'worked a miracle'. Another resident described the staff as a 'decent old bunch'. Residents also told the inspector that they felt safe in the centre, and that they could freely raise any concerns with staff. Residents who could not speak with the inspector in relation to their quality of life in the centre, appeared to be relaxed and comfortable in the company of staff and in their surroundings.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones. One visitor told the inspector that their loved one 'was brought back to life' after they moved to the centre and that 'each and every one of the staff are fantastic'. Another visitor told the inspector that the centre 'could not be better'.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were also complimentary about the quality of food. The dining experience was observed to be a social, relaxed occasion. The inspector saw that the food was appetising and well presented. Residents were assisted by staff, as required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

In summary, the inspector found that residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management

affects the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also reviewed the detail of an application submitted by the provider to vary the conditions of registration of the centre.

The Health Service Executive (HSE) was the registered provider of this centre. The findings of the inspection were that there were effective leadership, use of resources and governance and management systems in place which provided a consistent service, in line with the centre's statement of purpose. There were clear lines of responsibility and accountability at individual, team and organisational level. The person in charge facilitated the inspection and demonstrated a clear understanding of their role and responsibility. The person in charge was a visible presence in the centre and was well known to residents and staff. They were supported in their role by an assistant director of nursing, three clinical nurse managers, and a full complement of staff, including nursing and care staff, housekeeping, catering, administrative and maintenance staff. Management support was also provided by the general manager for Older Persons Services. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

The inspector found that the provider had implemented management systems to ensure the quality of the service was effectively monitored. There was a schedule of clinical and environmental audits in place which reviewed aspects of the service including medication management, falls management, restrictive practice, infection control, and care planning. Action plans were developed and completed where areas for improvement were identified. An annual review of the quality and safety of the services had been completed for 2023, and included a quality improvement plan for 2024.

There were systems and processes in place to ensure effective communication between management and staff in the centre. There were regular staff meetings held which discussed a range of topics such as resident issues, fire safety, infection control, safeguarding, incidents, complaints, care plans, training, and other relevant issues. Key aspects of the quality of the service were discussed at weekly 'safety scrum' meetings.

There were suitably qualified, competent staff available to support residents' assessed health and social care needs. The team providing direct care to residents consisted of at least two registered nurses on duty at all times and a team of healthcare assistants. The staffing levels and skill mix were appropriate for the occupancy of the centre, and the size and layout of the building. There were

appropriate levels of clinical supervision and support provided to all staff. Teamwork was very evident throughout the day.

The provider had systems in place to ensure that records, set out in the regulations, were available, safe and accessible, and maintained in line with the requirements of the regulations.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the Chief Inspector within the time frame specified under the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training with regard to fire safety procedures and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place, which met the requirements

of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in Riada House Community Nursing Unit were satisfied with their access to health care, and reported feeling safe and content living in the centre. The inspector observed that residents' rights and choices were upheld. Staff were observed to be respectful and courteous with residents.

Residents received a high standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Staff who spoke with the inspector were knowledgeable about residents and their individual needs. A sample of five residents' files were reviewed by the inspector. Prior to admission to the centre, residents had a comprehensive assessment of their health and social care needs completed to identify individual care and support needs to ensure the service could meet their needs. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and malnutrition. The inspector found that care plans reflected person-centred guidance on the care needs of residents. Care plans were updated every four months, or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

The provider promoted a restraint-free environment in the centre, in line with local and national policy.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres'

safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. The provider acted as a pension agent for two residents and there were systems in place to safeguard residents' monies.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities, in line with residents choice and ability, were provided. Activities were observed to be provided by dedicated activities staff. On the day of the inspection, the inspector observed residents participate in a variety of activities at various times during the day, including music and dancing. Staff ensured that residents who wished to be actively involved in activities were facilitated to do so. The inspector observed a lively atmosphere with lots of laughter and banter between residents and staff.

Residents had the opportunity to meet together and discuss relevant management issues in the centre. Residents had access to an independent advocacy service.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. Housekeeping staff were very knowledgeable about cleaning practices and all areas of the centre were observed to be very clean, tidy and well-maintained on the day of the inspection. There were effective quality assurance processes in place to ensure a satisfactory standard of environmental and equipment hygiene was maintained.

There was an up-to-date residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and the arrangements for visits.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

<p>The designated centre provided appropriate facilities for the number of residents and their assessed needs, in accordance with the statement of purpose.</p>
<p>Judgment: Compliant</p>
<p>Regulation 20: Information for residents</p>
<p>The provider had prepared a guide for residents which contained the requirements of the regulation.</p>
<p>Judgment: Compliant</p>
<p>Regulation 26: Risk management</p>
<p>The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.</p>
<p>Judgment: Compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and care plan</p>
<p>Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.</p>
<p>Judgment: Compliant</p>

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner, and other health and social care professional services in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each residents had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in safeguarding vulnerable adults at risk.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspector observed that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	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	Compliant
Regulation 9: Residents' rights	Compliant

