Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Raheny Community Nursing Unit
Centre ID:	OSV-0000704
Centre address:	Harmonstown Road, Raheny, Dublin 5.
Telephone number:	01 850 5600
Email address:	rcnu@beaumont.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Beaumont Hospital
Provider Nominee:	Mary Keogh
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	100
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
07 October 2015 09:00	07 October 2015 19:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection of the centre to follow up on progress further to the most recent unannounced inspection from 22 April 2015. The inspection took place over one day and was for the purpose of monitoring compliance. Complaints procedures were examined further to receipt of information received by the Authority since the last inspection.

The person in charge had changed since the last inspection and she was present for the inspection. Documentation for registration purposes was outstanding at the time of this inspection and the person in charge confirmed that she would ensure the provider would submit this forthwith. The person in charge and provider agreed to provide the Authority with additional weekly information and monitoring reports since the time of the last inspection in addition to their statutory notifications, and all reports were provided as required to the Authority. This information also informed the inspection process and the requirement for weekly reports has now ceased.

The designated centre provides long term care for up to 100 older persons, and has operated since 2009. Inspectors found evidence of good practice in all nine Outcomes inspected at the time of the inspection. The inspectors found that overall

the provider met some of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This report sets out the findings of the inspection and identified areas for improvements. The provider and person in charge had fully addressed five of the eight non-compliant Outcomes from the last inspection. Improvements were required in four of the nine outcomes inspected and include two moderate non-compliances in governance and management and medication management. Substantial compliance was found in documentation where improvements had taken place. The remaining five outcomes were now compliant.

The actions outlined in the action plan can be found at the end of this report

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The management system in place was found to have improved since the last inspection. Non-compliances identified on previous monitoring events have been effectively addressed or are in the process of addressing. There were now improved systems in place to review and monitor the quality and safety of care and the quality of life of residents. For example, learning from audits undertaken in pressure area management, fall, medication management, hygiene, nursing care plans was communicated to staff by clinical nurse manager. However, the annual report on quality and safety in line with legislative requirements was not completed at the time of the inspection, as the time frame agreed was 31 December 2015. The person in charge could demonstrate improvements had taken place since the time of the last inspection; As outlined in Outcome 13 the inspector was satisfied that the learning from complaints received from residents and relatives was now sufficiently communicated and documented in line with best practice. However, the inspector found that one action from the previous inspection relating to medication management practices in the centre had not been satisfactorily implemented. Storage of eye drops was inappropriate and that further oversight relating to the use of psychotropic medication was necessary to ensure adherence to best practice - see (Outcome 9).

The inspector found that there were sufficient resources to ensure the delivery of care in accordance with the statement of purpose. There was a defined management structure that identifies the lines of authority and accountability. The provider nominee was not available on the date of this inspection but her line manager attended feedback to represent the entity. The person in charge, was found to work closely with the provider nominee to undertake the responsibilities of person in charge. Relatives and residents confirmed that they could identify with the management team; the person in charge was visible at the centre on a daily basis. The clinical nurse manager 3 post was now vacant following the promotion of the post holder. However, the inspectors were now satisfied

that improvements were in place and robust systems to audit and closely monitor and review aspects of service provision; staffing, health and safety, training, policies and complaints. For example, improvements in follow up actions and documentation of any falls and incident management to ensure measures to mitigate resident safety and prevent further incidents had occurred.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge had changed since the time of the last inspection and registration process. The Authority was notified of the change whereby a recruitment process took place. The new person in charge works full time at the centre as assistant director of nursing, and had the required skills, knowledge and experience to manage the service. She had day to day responsibility for all services at the centre, and line managed all staff and had previously worked as a person participating in management at the centre.

The person in charge was knowledgeable and fully facilitated the inspection process on the day of the inspection. She demonstrated a person centred approach to her work.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that the provider had addressed the non-compliances further to the last inspection; policies had been reviewed or updated as required further to changes and service development in areas such as complaints, medication management, supervision and safeguarding. Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had improved particularly relating to the residents nursing care records, policies review and complaints records. However, the records of staff mandatory training were not found to be easily accessible or efficiently collated in an administration system to ensure compliance and oversight of this by the person in charge and provider. Planning for annual training was discussed with the person in charge and evidence of training delivered to staff since the last inspection confirmed with staff interviewed by the inspector.

Nursing and clinical records were maintained and any records reviewed were found to be person centred. Clinical nurse managers described how records were reviewed on a weekly basis to ensure completeness. However, there was no systematic review or audit tool used and gaps in documentation were found with examples shown to staff and described at feedback to the person in charge. Overall nursing and care records were found to be completed to a good standard and informed staff each day in meeting each residents assessed and changing nursing needs.

The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013. The inspector found that the centre's policy on elder abuse, that detailed the procedures for the prevention, detection and response to abuse as detailed in Schedule 5, had been reviewed since the last inspection. The policy on the management of complaints was also reviewed to ensure that the new information leaflet published "to assist you in making a compliment, comment or complaints" recently updated by the provider. A policy in place for the management of patients requiring 1:1 constant observation was now found to be service specific and informed staff if residents were identified as requiring additional supervision.

The inspector also found that improvements had taken place in the documentation of medication administration as detailed in Schedule 3 of the Regulations. The medication management policy had been updated to reflect current practices relating to ordering or prescribing of medicines. Records relating to the handling and disposal of unused or out of date medicines as detailed in Schedule 5 of the Regulations were fully maintained on each unit.

Judgment:
Substantially Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There had been a robust response to the last inspection, and educational updates had taken place with regard to adult safeguarding and all staff had received refresher training in detection and prevention of elder abuse.
There was a policy on elder abuse available within the centre and this policy had been reviewed since the last inspection as detailed in Outcome 5. Staff with whom inspectors spoke were knowledgeable with regard to their responsibilities in this area, but some members of staff had no recent training in safeguarding and the prevention of elder abuse. There had been no statutory reports made to the Authority relating to safeguarding

The use of any form of restraint was recorded in a restraints register on each unit. The inspectors found that there had been improvements in documenting alternatives used prior to the use of any form of restraint and this was in line with best practice and National policy. For example, alternatives implemented prior to use of any restrictive measure was outlined in the risk assessments completed. Training had been provided to staff on best practice in the use of any restraint. However, there were a small number of residents records reviewed as part of a follow up on medication management where the inspector saw documented about the use of chemical "as required" restraint where no rationale for the administration of psychotropic medication was documented in the nursing notes by the nursing staff administering, and this required additional review (as outlined in Outcome 9 of this report).

There was a policy and procedures in place for the management of challenging behaviour, and staff spoken to during the inspection confirmed that they had received training on managing these behaviours. For example, the inspector observed a resident verbalising loudly and staff communicating and reassuring appropriately, and re-directing the resident to a new activity which de-escalated this behaviour. Behaviour observation charts were being completed for some residents at the time of the inspection. However, evidence of multi-disciplinary review informing decisions around restrictive practices and increased supervision levels could not be evidenced as part of a review conducted.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The person in charge and provider had fully addressed this non-compliance. Weekly management meetings now considered falls and incidents as part of the risk management agenda. Information about falls was maintained on a database to identify trends and inform both the audit process and drive improvements.

Falls and incidents reported were now fully reviewed by the person in charge, where the incident reports were signed, and on each occasion satisfactory measures were in place to mitigate the risks associated with recorded individual incidents. The inspector saw documentation that medical reviews took place where required and a full review (where required) of the residents care plans and the review of falls risk took take place in all cases.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The updated medication management policy made available to the inspector was found to be satisfactory in providing guidance to staff in all aspects of medication management. The inspector acknowledges improvement in this area. However, as an area of recurrent non-compliance in previous inspections and the new findings during this inspection, the inspector concluded there was insufficient supervision and oversight

in medication management and further improvements were required.

The inspector observed a number of practices on the last inspection that were now fully addressed consistent with appropriate medication management practice, including the documentation of administration of medicines to residents, systems to review medication which requires crushing, new procedures to segregate expired medicines and the return of medicines no longer required by residents safely. The inspector found that one action from the previous inspection relating to medication management practices in the centre had not been satisfactorily implemented, and that medicines such as prescribed eye drops were not being stored incorrectly at room temperature and not labelled appropriately with date of opening on two units. Two units of prescribed eye drops had expired and remained on the drugs trolley in use.

Medicines were supplied by a retail pharmacy business, and were appropriate, dispensed in a monitored dosage system that consisted of individual 'pouches'. Staff informed inspectors that the pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland. Inspectors also reviewed a medication audit conducted as part of the nursing metrics audit to monitor medication management practices within the centre. Further improvement was required to include the findings of this inspection and ensure robust and safe practice.

The inspector confirmed that new storage arrangements were now in place for any expired medicine, and medicines that were no longer required by residents including blister packed medicines, which were now segregated for return to the pharmacy for disposal. The inspector observed medication administration in a number of the units, and on one of the units inspectors found that residents' individual medicine 'pouches' were secured in the drugs trolley during the medication round, and a new trolley system had been sourced and trialled successfully.

The inspector reviewed a number of medication prescription and administration sheets and identified that the prescriber had not indicated that crushing was authorised for each individual prescribed medicine.

All controlled (MDA) medicines were stored in secure cabinets within each unit, and a register of these medicines was maintained with the stock balances checked and signed for by two nurses each day. Fridges were available to store all medicines or prescribed nutritional supplements that required refrigeration, and fridge temperatures were monitored on a daily basis. However, reasons for non-administration of nutritional supplements were not consistently put on documentation where blanks were observed by the inspector.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The person in charge had submitted all statutory notifications in line with requirements of the regulations. The inspector was satisfied that adequate systems were established to fully implement this requirement of the legislation. Quarterly notifications were found to be submitted inside the required time frame for quarter two of 2015 further to the last monitoring inspection.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The updated written complaint's procedure was clearly on display, and also a leaflet to inform and guide residents and relatives about the process. Records reviewed by the inspector confirmed improvements had taken place with regard to recording and responding to complaints. The inspector was shown a new record of complaints sheet where the nature and details of the complaint were recorded by staff inclusive of any verbal complaints. The follow up and actions taken to improve service and prevent recurrence were also documented.

Further to the last inspection the Authority had received unsolicited information from a person involved with the process, and expressing their dissatisfaction with the process and outcomes of their complaints; specifically relating to the provision of meals. The person in charge confirmed that improvements had been made to catering equipment, mealtimes and individual supports required for residents. The care plans in place fully guided and informed nursing and care staff with regard to the appropriate nursing care

practices to implement for residents at meal times including positioning, and this was also informed by the assessment from the speech and language therapist. The inspector observed lunch time meal service and spoke with residents and staff who were satisfied with the meal and the assistance (where provided).

The person in charge was the complaint's officer and dealt with all complaints. In practice issues were recorded at local level and reviewed by the clinical nurse manager and were discussed and escalated to the person in charge where required. An independent appeals process was clearly outlined in the complaint's policy. The provider nominee oversaw the complaints process. Complaints were discussed at weekly management meetings, and she could evidence that she had been fully engaged with the oversight of complaints. For example, issues relating to labelling of clothes had been reported recently, and the person in charge had planned to meet with a representative from the external laundry provider to resolve and eliminate the problems experienced by residents and relatives relating to incorrect laundry being returned.

Residents, relatives and staff who met with inspectors were aware of the complaint's policy and procedure, and confirmed their own understanding of the process. A monthly group residents meeting held with independent advocacy service took place and minutes were reviewed by the inspector.

The inspector was satisfied that the complaints policy was fully implemented at the time of this inspection, particularly relating to communication of findings and improvements with the overall maintenance of complaints records.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that the provider and person in charge had addressed in full this non-compliance. Improvements had taken place with regard to supporting the middle

management in implementing audit and improving practice. Training had taken place and clinical nurse managers were accountable for the clinical audit in each of the four units. The clinical nurse managers were fully supported by the person in charge to complete audit and nursing metrics, which took place every two months. In practice the clinical nurse manager, staff nurses and health care assistants provided direct care and each unit had a daily handover outlining the residents health and social care status and their changing needs. Aspects of the findings of each weekly audit process or tool were communicated at staff meeting and were in place to facilitate the process of improving standards of clinical nursing documentation. Additionally the results of each audit was placed in each clinical room for staff to access and communicate the results and was used as an area to focus improvements.

Staff told the inspector they had received a broad range of training and clinical updates which included elder abuse, hand washing, infection control, and dysphagia. The person in charge informed inspectors that training had commenced relating to improving staff knowledge in the management of challenging behaviours as this had been identified as a learning need.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Raheny Community Nursing Unit
Centre ID:	OSV-0000704
Date of inspection:	07/10/2015
Date of response:	20/11/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider has not completed an annual review of quality and safety of care delivered to residents in the designated centre (previously agreed time frame 31 December 2015).

1. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
•A quality of life audit will be conducted by means of a questionnaire to the residents and families. All outcomes will be discussed with the residents, staff and actioned appropriately.

•A report on the quality and safety of care of residents in Raheny Community Nursing Unit will be conducted and a quality improvement plan for 2016 will be put in place.

Proposed Timescale: 31/12/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records of staff mandatory training were not found to be easily accessible or efficiently collated in an administration system.

2. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
•CNMs will be trained to input staff training records into a computerised system, known as STORM, to ensure records are easily accessible..

•Mandatory training records such as CPR, Manual Handling, Fire Training, Elder Abuse, Management of Challenging Behaviour, Hand Hygiene and Standard Precautions will be accessible through this system.

Proposed Timescale: 31/12/2015

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Prescribed eye drops that required refrigeration were being stored incorrectly at room temperature and some eye drops found not discarded after being open for 30 days.

3. Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:
•Staff will be provided with further training in the safe handling and administration of medication.

•The frequency of auditing in medication management will be increased to ensure compliance. The CNMs will discuss the findings with the staff and an action plan will be put in place.

Proposed Timescale: 31/12/2015

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The times and rationale for administering PRN "as required" prescribed psychotropic medication by nursing staff was not in line with legislative requirements.

4. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
•The rationale for prescribing and administering PRN psychotropic medication has been clarified on all medication Kardex.

•The Management of Challenging Behaviour policy has been reviewed and updated and will be reviewed annually.

•A 'Behaviour Assessment' document has been devised and a stepise approach into assessing and managing challenging behaviour has been put in place to ensure other alternatives are trialled prior to the use of psychotropic medication

•Further education for staff in managing challenging behaviour will be provided every two years.

Proposed Timescale: 31/12/2015