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:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	98
Number of vacancies on the date of inspection:	2

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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 August 2016 10:00	10 August 2016 19:00
11 August 2016 09:30	11 August 2016 19:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority

(HIQA). All documents submitted by the provider for the purposes of application to register were found to be satisfactory. The fitness of the nominated person on behalf of the provider and the person in charge were assessed through an ongoing fit person process. They demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013(as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland throughout the inspection process.

As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were also sought.
Information in the form of notifications and other information brought to the attention of HIQA were also considered as part of the inspection process.

Recent changes to the clinical management team within the centre were found on this inspection with a senior clinical nurse manager commencing in post in recent months. During the inspection process, the senior clinical nurse manager nominated to replace the person in charge if absent, demonstrated satisfactory knowledge of their role and responsibilities and sufficient experience and knowledge as required by the legislation.

A number of residents' and relatives' questionnaires were given to the inspectors during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, they were very complimentary on the manner in which staff delivered care to them commenting on their patience, good humour and respectful attitude.

Residents' healthcare needs were met and they had access to medical officers and consultant geriatrician services within the centre. Access to allied health professionals, such as physiotherapy, and speech and language therapists and to community health services was also available. However, improvements were found to be required including staff training, documentation and the assessment, planning and recording of care. The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland

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 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.
Copies of the document were available in the centre

Judgment:
Compliant

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

Findings:
Evidence was found that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose. The senior management team included the

provider representative who is the Head of Services, the person in charge (PIC) and the CNM3. The provider and PIC were in regular contact and met on an informal basis.

There was also an overarching governance structure that supported the operational senior management team within the centre. It included members of the Management Executive of Beaumont Hospital such as the Chief Executive Officer and Director of Nursing in Beaumont Hospital. Additional administrative supports included Finance and Human Resources. Other supports included: Education & Training,: Maintenance and Laboratory.

Governance systems in place included monthly Clinical Quality and Safety committee meetings attended by all the senior management team. These meetings considered the outcomes of nursing metrics audits conducted on both a monthly and quarterly basis. These audits checked the knowledge of staff on the policies and procedures in place to guide good practice and checked whether staff had implemented those procedures and to what extent. The audits in progress for 2016 included areas of clinical practice such as: medication management personal care, restraint, nutrition and care planning. A complete audit cycle that showed learning resulting in consequences for residents were discussed, and measures to reduce or prevent recurrences and improve systems were identified. Results of audits and actions to be implemented where improvements were required were communicated to staff. The inspector saw that these were posted on notice-boards in clinical treatment rooms in each unit where all staff could see them.

An annual review of safety and quality of care was also in place. A report on the review was available. The report, though not detailed, identified the key performance indicators such as; staff recruitment, retention and training; complaints analysis; and service developments. Other quality care indicators were referenced to indicate the standard and safety and quality of service being delivered. However,it was noted that there was limited involvement of residents and relatives were not consulted or included in the review.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
Each resident had an agreed written contract which deals with the resident's care and

welfare. The contract included all details of the services to be provided for that resident and the fees to be charged. This included a list of facilities and services provided including laundry, meals, and housekeeping. Services which incurred additional fees were listed such as prescription charges. No additional fees were charged for any other services provided including activities.

A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies. Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions, detail's of staff on duty and contact details for advocacy services.

Judgment:
Compliant

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 centre was managed by a qualified and experienced nurse as required by the legislation. The person in charge held authority, accountability and responsibility for the provision of the service.

Through an assessment process it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

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

Findings:
Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide were complete and available. A copy of the state indemnity protection in place, which meets the requirements of the Regulations was viewed.

The directory of residents was checked and was found to meet the requirements of the Regulations. It was up to date with records of admissions discharges and transfers maintained.
General records as required under Schedule 4 of the Regulations were maintained including key records such as appropriate staff rosters, and accident and incident, nursing and medical records. Planned rosters were in place in all units and an actual working rota was maintained. All of the operational policies and procedures as required by Schedule 5 of the Regulations were available and were reviewed on a regular basis and within the three year timeframe as required by the regulations.
It was found that all records listed in Schedule 2 and Schedule 23 of the regulations were maintained in terms of accuracy and were updated regularly. The inspectors reviewed a sample of staff files and found that they met all of the requirements listed in Schedule 2.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
Suitable arrangements were in place for periods of absence of the person in charge, and the provider complied with his responsibilities to notify the Authority when a change occurred to both the person in charge and the nominated person to replace them. The

fitness of the senior clinical nurse manager to replace the person in charge in the event of her absence was determined through observation and discussion during the inspection and had the qualifications and experience required by the legislation.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented. The inspector reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded. There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and some care plans were updated.

In conversations with them, inspectors were told by residents that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones. It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low-low beds, mat and bed alarms had increased.

Information was received by HIQA prior to the inspection in relation to complaints made to the provider on care related issues. The inspector spoke to both the provider, person in charge and one of the complainants during the inspection. Efforts to resolve the issues by the provider and person in charge were noted. However, complainants were still not completely satisfied with the measures implemented or all of the responses from the provider. The provider representative acknowledged the validity of some of the issues raised. The inspector was told that the provider was committed to provide a high level of service to all residents and efforts would continue to resolve the outstanding

concerns. Requests to meet and to discuss these had already been made by the provider and further attempts to improve communication were being considered.

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):
No actions were required from the previous inspection.

Findings:
Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors. A register of visitors was available. A CCTV system was in place externally.
The centre was found to be visibly clean and clutter free.

Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of extinguishers, fire retardant materials and the alarm system were documented. The building's fire and smoke containment and detection measures were appropriate to the layout of the building and exits were free of obstruction. A composite list of all residents that identified their level of mobility and assistance required to evacuate was available, but this did not include their possible compliance with an evacuation process or whether close supervision was needed following evacuation.

Fire safety training was delivered within the previous 12 months and some staff spoken too confirmed their attendance. However, not all staff were fully familiar with what actions to take in the event of a fire alarm activation. Inspectors were told the fire alarm was activated on a regular basis and staff responded by checking one of the repeater fire panels located at the nurses' station on each unit. Although staff spoken with were familiar with the principles of evacuation, responses on the number of staff it would take to evacuate some residents using evacuation sheets were not consistent. Inspectors found that practiced fire drills, that included simulation of an actual evacuation to determine the competency of staff to use evacuation equipment such as evacuation sheets were not held. There was a policy around responding to emergency and evacuating the centre that identified the location of temporary accommodation for residents. All residents had personal emergency egress plans (PEEPs) which identified the level of mobility and evacuation notes of each resident. However, these plans did

not include the level of cognitive understanding, the need for supervision or the level of compliance of each resident in an emergency situation.

Although a policy was in place on the management of a Missing Person's incident, it was found that all staff were not familiar with the procedure in place to manage such an incident. When asked staff used a common sense approach and gave reasonable and safe responses but they did not fully reflect the emergency response plan in place in the centre. All staff including those who may be in charge of the unit at night or at weekends were not fully familiar with the procedure to follow. Staff were unclear in relation to the procedures to follow to seek advice and support or their role in the organisation and involvement in searches

Appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks was in place. A risk register was established which was regularly reviewed and updated. There were arrangements in place to review accidents and incidents within the centre, and residents who had fallen had falls risk assessments completed after the falls and care plans were updated.

Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed on an ongoing basis. Additional staff were on duty on a daily basis to ensure residents at high risk of falls or of leaving the centre without staff knowledge were supervised closely.

Judgment:
Non Compliant - Moderate

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

Findings:
The actions arising from the last inspection were addressed in that eye drops were correctly stored and discarded within 30 days of opening and prescribing practices and rationales for use of p.r.n. (as required) psychotropic medicines reflected current professional guidance.

Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.
Medicines were supplied to the centre by a retail pharmacy business in a monitored

dosage system that consisted of blister packed medication. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Nursing staff were observed administering medicines to residents during the morning administration round on one of the units. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. The Inspector observed that the nurse took time to ensure each resident was comfortable before administering their prescribed medicines in a person centred manner. Nurses were observed to use alcohol hand gels appropriately throughout the process. However, medication administration practices did not fully to adhere to current professional guidelines where:
- Date and times of opening were not identified on topical creams and ointments to ensure they were discarded appropriately in line with manufacturing instructions.
-Open topical creams with dispensing dates from January and April 2016 were found in residents' toiletry cabinets. It could not be verified whether these creams were still in use although they were no longer being prescribed.
-Date and times of administration and opening were not identified on oral nutritional supplements where more than one was prescribed each day.
-The duration of the administration was found to be outside of the timeframes recommended for administration for medications prescribed to residents at specific times.

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):
No actions were required from the previous inspection.

Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Residents had access to medical care, an out of hours services and a full range of other services available on referral including occupational therapy, speech and language therapy, dietitian, chiropody, dental services and optical services. Evidence of referral and review were available and viewed. The inspector found that residents' healthcare needs were met through a high standard of nursing care and allied health professional monitoring.

Systems were in place for the assessment planning implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. Some improvements to the standard of clinical documentation and assessment of care needs were required to ensure full needs were met in a holistic manner. However, reviewed clinical records did not contain enough detail to ensure they were effectively managing the health problem. Some were not fully completed and were not person centred. Examples include:
-Positive behaviour support plans did not include the form the behaviours might take, triggers associated with the behaviour, distraction or de-escalation techniques to manage the behaviours.
- Care plans to guide staff on personal care preferences were not updated to reflect deterioration in residents' condition and current inability to avail of showers or baths.
-Residents were re-assessed following falls which included checking vital signs, review by medical doctor and physiotherapist if required. But care plans were not always updated to reference where recent falls had occurred or what if any measures were put in place to prevent or reduce recurrence. Care plans and risk assessment were not always updated where bruises were noted following falls or other reasons such as when mobilising or use of equipment.
- A 'body map' that gives an outline of the body and allows staff to show where bruises, if noted, are located on the body was not always completed. Use of this type of record helps to monitor when bruising occurs and can be used to assist staff to identify how bruising, if unexplained could be occurring. But where these records were in place they were not detailed enough. Details such as time bruising observed and detail to indicate whether new or old was not included.
-Care plans were not being reviewed on a quarterly basis or as needs or circumstances

changed. Where some had been updated, the update did not assess how effective the plan was in order to establish whether it was good enough to maintain or improve health.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The centre is a purpose built facility and consisted of four units with overall capacity for 100 residents. Each unit is made up of 17 single en-suite bedrooms, 1 four bedded bedroom with en-suite. Each one also contains communal areas and services such as dining and sitting room, kitchenette, bathroom, toilet, clinical room, nurses station, sluice and storage. It was found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable and tastefully furnished environment for residents with small areas of diversion and interest. There were also a hair salon, oratory space and arts and crafts room.

Residents' bedrooms were personalised with pictures, photographs and home furnishings. Call bells were available in residents' bedrooms and communal rooms; grab rails and safe flooring facilitated safe mobilising; and the centre was comfortably warm. It was, however, noted that the cabinet in place in the en-suite of the four bed communal bedroom was not large enough to accommodate the toiletries of all four residents. All bedrooms were of sufficient size and layout for the residents, appropriately decorated and with adequate storage for belongings including lockable space for valuables. Privacy screening was in place in communal bedrooms. The centre as a whole was of a suitable layout and design for the residents and in a good state of repair. Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place.

The purpose and function of each room was identified and evidence of improvements to appropriate signage and cueing to support freedom of movement for residents with dementia was also found. Grab rails and hand rails were installed were required. There was a functioning call bell system in place within the centre, and hoists and pressure

relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals.

The centre grounds were landscaped and secure and a small enclosed paved landscaped garden area was available for resident's use.

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):
No actions were required from the previous inspection.

Findings:
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints, there was evidence that all complaints were documented and, investigated and that the outcomes were recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.
There was evidence that any resident who made a complaint had not been adversely affected by reason of the complaint being made.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
Evidence of a good standard of medical and clinical care with appropriate access to specialist palliative care services was found. However, improvements to ensure an holistic and person centred approach to end-of-life or comfort care provision were required.

The inspector found that staff were aware of the policies and processes guiding end of life care in the centre and were implementing them in a respectful manner. Families were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly during the end of life phase. Resident's physical needs were met to a high standard and resident's receiving end of life care at the time of the inspection were frequently checked to ensure their comfort and care. However, it was found that resident's emotional, social and spiritual needs were not fully met. Counselling or bereavement services were not provided.

The inspector looked at the management of end-of-life care delivered to some resident's. Resident's religious preferences were documented, but evidence that the will and preference of the resident in relation to spiritual support, ceremony or funeral arrangements were sought was not available. Residents' close relatives were not aware of the procedure in place in the centre for removal of the deceased. The inspector was told that appropriate arrangements that respect a resident's known preference to have their remains taken directly from the centre to church or home were not facilitated. Instead, all deceased residents must be transported to the mortuary situated in Beaumont hospital irrespective of residents' or their families' wishes.

The inspector observed that the use of hospice signage to indicate a resident was at end of life and encourage a quiet respectful environment in the vicinity of the room was not in place. This was brought to the attention of staff, who put the signs in place immediately. However, although all staff recognised the hospice sign, not all staff were sure of the reason for its use and responses varied. On review of a sample of documentation, a plan of care to identify, implement and manage key aspects of care such as pain, nausea, constipation and dyspnoea, was in place.

Judgment:
Non Compliant - Moderate

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Residents were provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff. The dining experience was conducive to conversation. Those residents on modified diets were offered the same choices as people receiving normal diets. A rolling menu was in place to offer a variety of meals to residents.

Most residents took their meals in the dining rooms located in each household and tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. Food was served from a hot plate by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were available in the main kitchen and in the kitchenettes on each unit. Drinks such as water, milk, tea and coffee were available. Access to fresh drinking water at all times was available, jugs of water were observed in residents' rooms and water dispensers were available.

All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Assistance was discreet good humoured and punctuated with lots of smiles. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Some evidence that residents were consulted with and participated in the organisation

of the centre was found. Overall, residents' rights, privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms with privacy locks. Moreover, residents had the right to receive visitors in private. Resident meetings were held monthly where residents were consulted about future activities or outings and facilitated to give feedback on how the centre was run. Recent events included regular inclusion in a local, 'forget me not' choir and an outing by a small number of residents to Croke Park to watch the Dublin football team. Feedback on outings held and suggestions for future trips were recorded.

In conversation, some residents indicated they were happy with the level and variety of activities available in the centre but some said that there was not enough to do. A need for an increased level of activity was also identified in completed questionnaires received from residents and relatives. Information on the day's events and activities was displayed on each unit. Two activities co-ordinators delivered the programme which included both group and one to one activities. However, the inspector found that activities were limited and needed improvement. The activity programme for all units did not include any dementia specific or orientated activities such as Sonas, massage, meditation or other sensory therapeutic sessions for those residents with advanced dementia and/or limited physical abilities. It was also noted the programme was not linked to the information gathered in the form of residents life stories in order to include purposeful activities linked to former interests or lifestyles. The inspector observed that there was little meaningful mental or sensory stimulation provided to residents during the inspection. Activities to encourage physical exercises such as fit for life or co-ordination improvement exercises such as ball games were restricted to twice weekly. Throughout the inspection, activities were limited to background music, drawing or colouring books, magazine or newspaper reading and a bingo session. The activity programme did include a wider variety of activities but these were not provided during the inspection period.

Resident's could attend Mass in the centre once per month. Staff tried to meet religious needs by tuning into a Mass broadcast on national TV channels on Sundays. Although a weekly Mass was celebrated in the rehabilitation hospital located on the same grounds and affiliated to the centre, residents were not afforded an opportunity to attend.
The inspector was told that a 90 minute time period was set aside each morning to provide individual one-to-one time with residents who remained in bed or in their bedrooms for long periods of time due to frailty or personal preferences. Each activity co-ordinator would divide this time between two units. In recent months,however, there were extensive periods where one or both co-ordinators were absent on leave. Only one person replaced both co-ordinators. This resulted in a considerable reduction in the level of one-to one time provided to residents.

Judgment:
Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of

clothes to residents.

Theme:
Person-centred care and support

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

Findings:
There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.
A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission. In a sample of those reviewed these were updated.
All clothing was labelled for the laundry and new clothes were added to an initial list by staff.
Adequate space was provided for residents' personal possessions and it was noted that clothing was stored in a neat and appropriate manner.

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):
No actions were required from the previous inspection.

Findings:
On the day of inspection, inspectors found that the staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Additional staff were also in place for supervision of some identified residents. Residents with additional requirements for supervision had been identified and staffing was sourced internally, or via agency provision to meet this identified need.

A clinical nurse manager was responsible for supervising care for each of the four units.

The clinical nurse manager was supported by the person in charge. In practice, the clinical nurse manager, staff nurses and healthcare assistants provided direct care and each unit had a daily handover outlining the residents health and social care status and their changing needs.
Staff told the inspector they had received a broad range of training which included end of life care, infection control and dementia care. Mandatory training in safeguarding, moving and handling and fire safety was also in place.

Staff meetings that discussed areas of practice and issues arising were held on a regular basis at unit level by each clinical nurse manager. The meetings also discussed changes to the centre's policies and procedures, but, as previously referenced, all staff were not fully familiar with all polices in place.

A formal staff appraisal system that discussed the continuous performance and training of staff was not established.
This was discussed with the management team and inspectors noted that a clinical practice competence development programme would benefit staff going forward. This programme should be linked to a formal staff appraisal and development review plan.

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:	10/08/2016
Date of response:	07/09/2016

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:
There was limited involvement of residents and relatives were not consulted or included in the annual review of the safety and quality of care.

1. Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

Please state the actions you have taken or are planning to take:
• Quarterly family and resident meetings will be held with the management team to ensure there is 2-way communication between management, residents and their families. These meeting will ensure residents and families are involved in quality improvement initiatives within the Unit and it will give them the opportunity to give feedback or voice concerns.
• On the 13th of September the Unit will commence our Family Information Programme; this programme will run bi-monthly and will involve all members of the multi-disciplinary team. This programme will provide information sessions for families to assist them in understanding residents' needs. Topics covered will include; 'Promoting a Restraint Environment' and 'Interacting with a Person with Cognitive or Communication Impairment: Insights and Tips'
• An annual report for 2016 to demonstrate the activity in the Unit in 2016 and the plan for quality improvement initiatives will be made available to residents and families

Proposed Timescale: 30/11/2016

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Systems in place did not ensure staff were fully familiar and competent in all aspects of the procedures to be followed in the event of a fire or an emergency evacuation. Fire alarm activations practiced by staff did not include all of the procedures to be followed including use of evacuation equipment such as evacuation sheets, or the principles of full evacuation. Staff were unclear in relation to the procedures to follow to seek advice and support or their role in the organisation and involvement in searches.

2. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
• 100% of staff will receive fire safety training
• A programme for fire drills has been established for each of the units to comply with twice yearly requirements

Proposed Timescale: 30/11/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements to the personal evacuation plans in place to ensure the safe evacuation and placement of residents in the event of an emergency were found to be required such as; inclusion of the potential risk of cognitive ability, requirement for supervision and extent or level of compliance staff could expect from each resident.

3. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
• Personal Emergency Egress plans are being amended to ensure they identify the level of mobility, level of cognitive understanding, need for supervision or level of compliance of the resident in an emergency situation

Proposed Timescale: 30/09/2016

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:
Medication administration practices did not fully to adhere to current professional guidelines where:

- Date and times of opening were not identified on topical creams and ointments to ensure they were discarded appropriately in line with manufacturing instructions.
-Open topical creams with dispensing dates from January and April 2016 were found in resident's toiletry cabinets. It could not be verified whether these creams were still in use although they were no longer being prescribed.
-Date and times of administration and opening were not identified on oral nutritional supplements where more than one was prescribed each day.
-The duration of the administration was found to be outside of the timeframes recommended for administration for medications prescribed to residents at specific times.

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:

• All creams, ointments and nutritional supplements clearly have a sticker placed on them to show date and time of opening displayed on them
• Staff are receiving education on Medication Management
• A meeting took place on 12/08/16 with pharmacy and medication Kardex were reviewed and amendments made to ensure all medications are administered within recommended timeframes

Proposed Timescale: 31/10/2016

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessment, care planning and clinical care did not accord with current evidence-based practice.
Complete comprehensive nursing assessments were not carried out for each resident in respect of every identified need.

5. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

Please state the actions you have taken or are planning to take:
• Residents are undergoing comprehensive assessments to identify current and new needs since previous assessments. Assessments are covering key areas of need such as skin integrity, falls prevention, behaviours that challenge and end of life

Proposed Timescale: 30/09/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessment and care planning were not specific enough to direct the care to be delivered in an holistic manner as evidenced by examples such as residents experiencing falls, exhibiting behavioural signs of distress and bruising.

6. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
• The Person in Charge and CNM III following audits of the care planning system will meet with each nurse to discuss their care plan in relation to adequate assessments of the residents needs, providing interventions that are person centred and evidence based.
• The CNM's will be given education on the care planning system to ensure they can supervise and support the staff with the writing person-centred care plans.
• A newly appointed CNM II in Practice Development will provide education to staff on the care planning system

Proposed Timescale: 30/11/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

7. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
• Care plans are being reviewed for effectiveness and updated to ensure that they accurately reflect current resident needs, interventions and goals. Care plans are also being reviewed to determine the effectiveness of existing interventions and whether alternative more effective interventions need to be put in place
• Care Plans are being discussed with residents and/or their representative at the four monthly family meeting to determine the effectiveness of existing interventions and determine if changes need to be made

Proposed Timescale: 30/11/2016

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Appropriate arrangements that respect a resident's known preference to have their remains taken directly from the centre to church or home were not facilitated.

8. Action Required:
Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

Please state the actions you have taken or are planning to take:
• A Chapel of Rest will be opened in the Unit to enable deceased residents transfer from the Unit to church or home

Proposed Timescale: 31/10/2016

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Resident's emotional, social and spiritual needs were not fully met. Counselling or bereavement services were not provided. The will and preference of the resident in relation to spiritual support, ceremony or funeral arrangements were not sought.

9. Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
• Staff will be provided with training in End of Life care through the 'Final Journeys' and 'What Matters to Me' facilitated by our End of Life Co-ordinator and Education Co-ordinator in Gerontology
• Care Plans will be in place to identify the individual preferences of residents in relation to spiritual support, ceremony or funeral arrangements
• A pastoral service is available within the Unit as required
• Residents can attend weekly mass within the campus
• A meeting is pending with the local hospice to introduce a Volunteer Bereavement Support Service within the Unit

Proposed Timescale: 31/10/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Opportunities for purposeful or meaningful stimulation for all residents through group or one-to-one sessions were not available.

The activity programme did not include activities which reflected residents' life stories or any dementia specific or orientated activities for those residents with advanced dementia and/or limited physical abilities.
There was little meaningful physical mental or sensory stimulation provided to residents.

10. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
• Care assistants will be educated and encouraged to engage residents in one to one activities based on expressed interests
• The activity co-ordinators are reviewing activities offered in order to align activities as much as possible to residents' preferences and interests and to identify any opportunities for more one to one interaction
• The activity programme is being reviewed in order to align activities to meet the needs of residents with dementia
• Activities such as knitting, baking, flower arranging, gardening and sensory therapy are some of the activities to be included in the new activity schedule
• Staffing numbers within the activity departments will be reviewed which will increase the number of hours available for one to one activities

Proposed Timescale: 30/11/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The activities programme was not linked to the information gathered in the form of residents' life stories to include purposeful activities linked to former interests or lifestyles.

11. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
• Life story books which residents and their families can complete will be introduced and these will provide some information on the residents past, such as their occupation, place of education, hobbies, likes and dislikes and family history. These will assist the activity co-ordinators and other staff in providing a variety of meaningful activities and an activity programme which will be based upon the residents' interests and hobbies

Proposed Timescale: 30/11/2016