Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Raheny House Nursing Home
Name of provider:	Raheny House Nursing Home Limited
Address of centre:	476 Howth Road, Raheny, Dublin 5
Type of inspection:	Announced
Date of inspection:	19 September 2019
Centre ID:	OSV-0000138
Fieldwork ID:	MON-0022729

About the designated centre

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

Raheny House Nursing Home is a centre in a suburban area of north Dublin providing full-time care for up to 43 adults of all levels of dependency, including people with a diagnosis of dementia. A core objective outlined within the centre's statement of purpose is 'To care for those who have entrusted themselves to us. To provide for their physical, social, emotional and spiritual needs to the best of our ability as per best practice nationally and globally'.

The centre is across two storeys and the upper floors are divided into two parts. Bedroom accommodation comprises 37 single and three twin bedrooms and a variety of communal rooms were available that were stimulating and provided opportunities for rest and recreation.

There is an oratory onsite close to a spacious dining room. A smoking room adjoins the main recreation room and an enclosed outdoor garden courtyard is accessible from the ground floor recreation room and from the conservatory.

The centre has a spacious car park and is in close proximity to local amenities and public transport routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
19 September 2019	09:35hrs to 18:30hrs	Sonia McCague	Lead
19 September 2019	09:30hrs to 18:30hrs	Sarah Carter	Support

What residents told us and what inspectors observed

Residents who communicated with the inspectors were positive with regard to the control they had in their daily lives and the choices that they could make. Residents told inspectors about their daily routines, activity plans and interactions with the community.

Many residents expressed great satisfaction regarding menu, food and mealtime experience. A couple of residents thought there should be more variety and one suggested more fish and green vegetables for the menu.

Overall, residents were happy with the support and assistance provided by staff and entertainment available and provided.

Residents who spoke with the inspectors and those who completed questionnaires said they knew their rights, were respected, consulted with and well cared for by 'pleasant and caring' local staff that 'work very hard to ensure residents were happy and comfortable'. One stated that their 'big' bedroom was a 'bonus' and that they were facilitated to retain their hobbies and interests within the parish and in the wider community.

Residents felt listened too and were also able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

Relatives spoken with were complimentary of the overall service and homely environment, and enjoyed participating with residents in the festivities that were celebrated throughout the year.

Overall, residents and relatives were satisfied with the service and with the recreational and occupational opportunities provided daily.

Capacity and capability

This provider is providing a good service. There were sufficient resources available and a clearly defined management structure with explicit lines of authority and accountability.

A change in the person in charge and deputy had occurred earlier this year. Staff and residents were familiar with current management arrangements and were complimentary of the management team, telling the inspectors that managers and staff were approachable, available and receptive to their ideas.

While an established auditing and management system was in place to capture and account for statistical information in relation to resident outcomes and audit key performance indicators, the governance and assurance mechanisms in relation to the assessment and management of risks including fire safety and guidance policies required improvement. Some systems and processes found during the inspection did not sufficiently demonstrate that these areas had appropriate assessment and oversight for direction and control by the provider, and to manage risks.

The fire evacuation procedures did not assure inspectors that a safe evacuation and placement residents would occur in the event of a fire for all residents including those accommodated on upper floors. A lack of simulated fire evacuation drills form each compartment was found. Other management arrangements such as monthly meetings of a health and safety committee to monitor the quality and safety of the service had not been implemented as intended and as outlined within the safety statement.

Clinical assessments and outcome reports informed audits carried out regarding accidents, complaints, medicine management issues or errors, skin integrity, care plans, the use of restraint, nutritional risk, admission, and discharge. This information was collated by staff and submitted by the person in charge to the registered provider for oversight on a monthly basis. Resident dependency and activity levels were also calculated at least three times per year to inform staffing provision.

Inspectors observed staff attending to residents' needs in person-centred manner throughout the inspection. The recruitment of staff was in accordance with relevant legislation and an assurance was given by the provider's representative and person in charge that Garda vetting was received for all staff prior to commencement on duty. This was confirmed in the sample of staff files examined.

Training and development of staff formed part of the management arrangements and systems in place, as did the allocation and deployment of staff numbers and skill-mix to meet the dependency needs and number of residents. There was evidence that staff were supervised by the nurse management team, and that periodic and annual appraisals took place with staff. The staffing numbers and skill-mix at the time of the inspection were adequate.

An annual review of the quality and safety of care delivered to residents for 2018 was completed that informed a quality improvement plan which was being implemented in 2019.

There was evidence of consultation with residents and their representatives in a range of areas on a daily basis. A formal resident forum was held around every two months. Other opportunities for consultation were afforded when staff engaged in reviewing and assessing the abilities and needs of residents during the care planning process. Staff interacted well with residents during the inspection and in social and recreational activities observed. Catering and care staff engaged with residents during the meal times to establish their satisfaction levels.

Residents and relatives felt listened to and their complaints or concerns were and

acted upon in a timely, supportive and effective manner. The complaints procedure was displayed prominently in the centre. There was a nominated person who dealt with complaints. The complaints records viewed by inspectors included information about the nature of the complaint, investigation of the complaint and action plans to address the complaint. The level of satisfaction of the complainant was also documented as part of this process. Access to an independent advocacy service was available and used by some residents to support them in personal activities.

The centre had a current certificate of insurance cover and a contract of care was completed between the provider and resident following admission, but some amendments to the document was required to reflect the current legislation and its requirements regarding the number of occupants in a bedroom that is shared.

Information leaflets and notice boards held current and relevant information for residents. Entry to the centre was controlled by staff and visitors signed in and out at the main entrance.

Inspectors were told there were no volunteers actively involved with the centre at this time.

Registration Regulation 4: Application for registration or renewal of registration

The provider has made an application to renew the registration of the centre, as required.

Judgment: Compliant

Regulation 14: Persons in charge

A change in the person in charge occurred since the previous inspection and registration granted.

The current person in charge works full time in the centre as the nurse manager has worked in the centre over the past eight years. She has relevant experience and appropriate qualifications to fulfill this position.

She has the support of a deputy nurse manager nursing for the day-to-day management of the centre and is supported in the running of the centre by daily access to the provider representative, weekly meetings and monthly reporting arrangements.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was the found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

The centre was being managed by a suitably qualified and experienced nurse who had authority in consultation with the provider representative and was accountable and responsible for the provision of the service.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had opportunities for training and development.

Orientation, induction and an ongoing training programme was established and being delivered. Staff were supervised and their performance was formally appraised by line managers.

Staff confirmed they had good access to training and those observed interacting with residents had the required skills and knowledge relevant to their role and responsibilities.

Judgment: Compliant

Regulation 21: Records

Records that included the current statement of purpose, the residents' guide, inspection reports, details of charges, records related to food and staff, complaints, notifications and fire safety were maintained mainly in hard copy format and were stored in a safe and secure manner.

Safe and effective staff recruitment practices were in place. The requirements of Schedule 2 records were available in the sample of staff files examined and available in the centre.

The provider's representative and person in charge gave assurances that all staff completed Garda vetting prior to their commencement as an employee. This was confirmed in the sample of staff records reviewed.

Judgment: Compliant

Regulation 22: Insurance

A current record of insurance cover was available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

A governance structure was in place with clear lines of accountability at individual, team and management levels so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

Auditing arrangements and a reporting relationship between the person in charge and the provider occurred monthly in addition to weekly meetings to review the systems in place.

However, gaps were identified in the oversight and governance systems associated with risk management and fire safety precautions.These systems required improvement to ensure the service was safe and effective.

The availability and implementation of agreed policies also required strengthening.

The quality of care and experience of residents was monitored, reviewed and improved on an ongoing basis. An annual review of the quality and safety of the service in 2018 was completed and the quality improvements identified for 2019 such as the installation of a new passenger lift had been addressed and the refurbishment of the premises had progressed and was to continue.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A contract of care, in an accessible format, had been agreed by residents or representatives with or by those working on behalf the registered provider.

In the sample examined, an amendment to reflect the current legislation and the inclusion of the number of occupants for residents accommodated in twin bedrooms was required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was available that had been updated since the previous inspection and following a change in management.

While many of the items required in Schedule 1 were outlined, improvements were required to ensure the following were included:

- The frequency of care plan reviews
- All and each room in the centre are to be listed in the narrative to include the size and function

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy and an effective procedure in place for the management of complaints.

A summary of the complaints procedure was also clearly displayed at various locations within the centre and understood by residents and relatives.

Residents and relatives were confident in the process and some gave examples of matters raised that were addressed to their satisfaction.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available to staff, however, some improvement was required to ensure they were either implemented or sufficiently detailed to guide staff in the provision and delivery of care.

For example, the policy on managing challenging behaviour required some additional detail to ensure it fully guided staff and reflected practices.

The safeguarding policy referenced material that predated the National guidance of 2014. The fire safety management and responding to emergency policies required

review and updating to sufficiently guide staff and safeguard residents.

Judgment: Substantially compliant

Quality and safety

Overall, the inspection findings showed that the residential centre was providing good quality care and support services. However, some systems and arrangements relating to the assessment and monitoring of risk and fire safety required some improvement.

The health and wellbeing of each resident was promoted and they were given appropriate support to meet any identified healthcare need. Residents had access to a general practitioner (GP) of their choosing and had access to specialist services upon referral and to assistive equipment recommended by allied health professionals, and according to their needs.

Staff and a physiotherapist (who attends weekly) were seen encouraging and promoting physical activity and stimulation appropriate to residents' ability during the inspection. Residents confirmed that they had good access to physiotherapy and had regular exercises to maintain or improve their mobility.

An assessment of the health, personal and social care needs of a resident or a person who intends to be a resident of the designated centre was arranged prior to admission. A comprehensive assessment followed within 48 hours of admission and a range of validated assessment tools were used to inform the care plans seen developed. Residents, and where appropriate, their relatives or friends, are involved in the care planning and support decisions made. Residents care plans were formally reviewed at intervals not exceeding four months or sooner if changes had occurred.

Staff had up-to-date knowledge and skills, appropriate to their role, were able to respond to and manage behaviours that were challenging. A positive approach and occupation was adopted to responding to individuals' behaviours that promoted positive outcomes for residents. Approaches were based on staff knowing and understanding the person's usual behaviours and adapting their environment in response to triggers that they identified such as noise levels.

Practices observed and documentation reviewed demonstrated that when restraint was used, it was used as a last resort when least restrictive alternatives had failed. Practice was in accordance with national policy of the Department of Health. A low level of restraint was found.

Safeguarding policies and supporting procedures were in place and implemented to ensure residents were protected from all forms of abuse or harm. Staff received training and were knowledgeable of what constituted abuse and how to respond and

report any suspicions.

There was a secure and transparent system in place to manage residents' finances. Inspectors were told that the provider was not a pension agent for any of the current residents.

The living environment is laid out over two floors, 22 residents are accommodated on the ground floor and 21 on the upper floors which were laid out in two parts accessed via the ground floor. Bedroom accommodation comprises of 37 single and three twin bedrooms. A variety of communal rooms were available that were stimulating and provided opportunities for rest and recreation. The nursing home centre was safe, secure, comfortable, homely and decorated appropriately to the purpose and function of the service and in accordance with residents' preferences and wishes. A refurbishment plan was being implemented and had been progressed during 2019 with the addition of a new passenger lift servicing residents accommodated on the upper floor to bedrooms 21 to 30. A stair or chair lift aided transfer between floors for residents accommodated in bedrooms 31 to 35 and 37 to 40. An additional step had to be negotiated to access bedrooms 39 and 40 after the stair or chair lift.

Twin bedroom 35 had an en-suite facility with a shower, toilet and wash hand basin and all other bedrooms had a wash hand basin (sink) and commode facility where necessary. There were four sluice facilities, two on each floor, five bathrooms and up to ten independent toilet facilities spread over all floors and in close proximity to communal areas. Kitchen, laundry and staff facilities were separate. Offices for nursing and administration staff were available at the entrance and centrally located on the ground floor.

Each resident's needs in relation to hydration and nutrition were met. Meals and mealtimes were found to be an enjoyable experiences for residents. Choice was offered at mealtimes and special dietary requirements were accounted for. Daily menus were displayed in a suitable format and in appropriate locations so that residents were reminded of the choices available. Residents' weights and nutritional status were assessed on admission and monitored thereafter using a validated nutritional screening assessment tool. Staff understood the nutritional needs of residents and were knowledgeable regarding the management of malnutrition and dietary or weight problems.

There was a health and safety statement and a risk management policy in place, however, the practices outlined were not being fully adopted or implemented on a consistent basis to ensure risks related to individuals, the service and the environment were assessed and controlled in a systematic manner. Emergency procedures and evacuation equipment and procedures required review to consider the building layout and escape routes, the minimum number of available staffing at night and each residents dependency needs. Fire safety management and simulated fire evacuation drills were not undertaken in line with best practice guidelines to ensure the safe evacuation and placement of residents in the event of an emergency or fire. The fire alarm system, fire extinguishers and emergency lighting

in place was maintained and serviced regularly, as required.

Regulation 17: Premises

The premises of the designated centre was appropriate to the number and needs of the current residents.

The centre is across two storeys and the upper floors are divided into two parts. Bedroom accommodation comprises 37 single and three twin bedrooms and a variety of communal rooms were available that were stimulating and provided opportunities for rest and recreation.

The nursing home centre was warm, welcoming and homely and residents said they found it comfortable. Bedrooms were suitable in size to the residents on this inspection and bedroom fixtures and fittings were of a good standard. Shared rooms provided sufficient privacy and space for residents and their personal belongings.

There were adequate toilets for the number of residents living at the centre. While toilet and bathroom facilities were adequate for the current residents profile, the suitability of existing fixtures and higher number of baths to showers is to be kept under review. Grab rails, raised toilet seats, shower and commode chairs are available where required. Call alarms were available and easily reached at bedsides and in each toilet and bathroom.

Residents had access to a variety of comfortable internal and external communal areas in addition to their bedrooms which many had personalised. A number of quieter rooms and areas were available from the main recreational (garden) room and seen in use by residents and visitors during the inspection.

The centre had a dedicated smoking room where three residents were availing off during the inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

Communication systems were in place to ensure that residents' nutritional and care needs were known by staff supporting residents to eat and drink and to those preparing and serving meals. The dining experience observed was positive, socially engaging and dignified for residents.

The menu was varied, nutritious and wholesome.The chef told inspectors the menu had been evaluated by a dietitian. Residents had access to fresh drinking

water and snacks throughout the day.

Procedures were in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Monthly audits were undertaken to identify clinical risks and referrals to allied health care professionals were completed when required.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy, however, hazard identification and assessment of risks throughout the designated centre required improvement.

The policy required review to reflect practice such as the frequency of manual handling training and improvement to ensure adequate assurances and suitable arrangements were in place for the assessment of all identified risks, with the measures and actions to mitigate and control such risks outlined. For example, the centre had experienced two power outages in the previous three months, the likelihood of this risk and likely consequences or impact on residents, and on all operational matters, had not been assessed and rated with agreed control measures.

An evolving risk register did not form part of the overall governance assurance framework and structured oversight arrangements. Hazards identified on this inspection that required assessments and controls to be identified; included the potential failure of the chair lift, and the main lift in the building, and the risk of power outages in the centre.

A health and safety statement was available that referred to the set-up and frequency meeting to be undertaken by a health and safety committee. However, inspectors were informed that the committee had disbanded and had not met in the previous months.

Judgment: Not compliant

Regulation 28: Fire precautions

A fire alarm system, and equipment such as fire extinguisher's throughout, a fire blanket and apron in the designated smoking area, seen in use by three current residents, was provided in the centre

However, the suitability of the personal emergency evacuation procedures and arrangements for residents, described by staff, and the equipment to aid their safe

emergency evacuation from all floors and compartments in the event of a fire, required review and improvement. The evacuation techniques in the centre was to drag residents out physically without the protection of sheets or pads.

From discussions with staff and the examination of fire drill documentation, inspectors were not assured that fire drill practices were sufficient to demonstrate that the arrangements for evacuation in the event of fire were safe and appropriate.

Neither the staff or the records were able to illustrate how long it would take to evacuate residents from a specific compartment nor were records available to identify equipment used or issues that may have arisen during drills practiced.

Fire safety documentation and plans reviewed by the inspectors showed anomalies in relation to the numbering of bedrooms and location of bedrooms on each floor. This was addressed by management during the inspection when brought to their attention by the inspectors.

The accumulated risk of these non-compliance's indicated that residents and staff safety in the event of a fire emergency or evacuation was compromised.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

From an examination of a sample of residents' care plans, and discussions with residents and staff, the inspectors found that the nursing and medical care needs of residents were assessed and appropriate interventions and treatment plans were being implemented accordingly.

An assessment of prospective residents was completed prior to admission and there was a comprehensive assessment of the person's health and personal and social care needs completed soon after their admission.

The outcomes of a range of validated assessments informed the care plans sampled. Residents were involved in their assessments and the development or review of their care plans, and were satisfied with the care and supports available to them.

Judgment: Compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's wellbeing and welfare was maintained by a high standard of nursing care and supported by appropriate

medical care and allied healthcare professionals, when required.

Residents had timely access to healthcare services based on their assessed needs. There was good continuity of care by residents having access to their general practitioner (GP) they attended prior to admission. Seven local GPs were attending all residents of the centre whose health needs were being reviewed on an ongoing basis.

Residents had good access to professional and specialist services and many had aids and assistive equipment to promote independence and mobility.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment in line with the national policy was promoted in practices found.

The centre's policy reflected the national guidance document and was available to guide restraint usage as a last resort.

The policy regarding the management of challenging or responsive behaviour required improvement to reflect the management and support arrangements in place and practices implemented and described by staff.

Due to their medical conditions, some residents had experienced episodes of responsive behaviours. During the inspection, staff were observed approaching residents in a sensitive and appropriate manner, and the residents responded positively to techniques and approaches adopted by staff. Suitable assessments and care plans were in place to promote positive supports.

Judgment: Compliant

Regulation 8: Protection

Measures were in place and implemented to protect residents from being harmed or suffering abuse.

Staff induction and training was completed in relation to the prevention, detection and response to abuse and a policy was in place to support practices.

Staff spoken with were knowledgeable of what constituted abuse and knew the response and reporting arrangements required. Residents told inspectors they felt

safe and secure in the centre.

Systems and arrangements were in place for safeguarding resident's finances and property. In the sample reviewed, transparent records were kept transactions carried out.

The provider representative and person in charge told inspectors they were not a pension agent for any resident at this time.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Raheny House Nursing Home OSV-0000138

Inspection ID: MON-0022729

Date of inspection: 19/09/2019

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All policies required are in place and compliance with same will be achieved by 31/10/2019. These include: Safety Statement, Health & Safety Policy, Risk Management Policy, Responding to Emergencies Policy and Fire Safety Management. There is a detailed reporting and communication structure contained in these which includes regular reviews, controls and outcomes and this will ensure all the policies will be fully adhered to in the future.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The addition of the room number and number of residents in the room had been added to the contract prior to the inspection on 19th September 2019. All future contracts of care will have these requirements completed. Date: 19/09/2019	

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has been reviewed and updated in accordance with the Health Act 2007 Regulations 2013 Schedule 1 and the Regulations 2016 Amendment of Regulation 24.

Date: 4/10/2019

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All policies are reviewed in line with the requirements of the Health Act 2007 Regulations 2013. The policy identified during the inspection which referred to “protocols” to be followed will have the details of the protocols added as an appendix by 31/10/2019.

"This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations."

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
We have in place a compliant Safety Statement, Health & Safety Policy, Risk Management Policy, Responding to Emergencies Policy.
The Safety Committee has been re-established and a schedule of quarterly committee meeting has been identified commencing on 24/10/2019.
The meeting will result in detailed minutes which will identify any risks to be assessed, corrective action to be taken or measures to limit the risks to be introduce.

Compliance achieved by 31/10/2019

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We have a detailed Fire Safety Management policy in place that has been developed taking current international best practice into account, advice from our qualified Fire Safety company – KLM Fire Prevention Ltd. and the advice received from the Fire Safety Officer of Dublin Fire Brigade during and following the conducted premises inspections. This includes:
Fully compliant annual fire training for all staff by a qualified and competent Fire Training Consultant. This fire training includes evacuation drills and occurs 4 times per year to ensure that all staff receive the statutorily required training. Whilst there were some members of staff who had not undergone training as of yet in 2019 the inspection took place on 19/09/2019 and further training is arranged which will ensure that fire training for ALL staff will be in place by year end 2019.
In addition to the fire drills conducted during fire training a further 4 evacuation drills are run in-house by the fire & safety officer of Raheny House Nursing Home. These evacuation drills set different scenarios, are both announced and unannounced and include differing staffing levels to reflect the different level of staff that occurs throughout the 24-hour day. All staff are accordingly fully aware of their duties, roles and responsibilities should a fire outbreak occur.
All of the measured, reasonable and practical precautions have been taken to ensure compliance with Fire Safety Management as required under the Fire Services Act 1981 and 2003 and the Health Act 2007 Regulations 2013. The Directors of Raheny House Nursing Home Limited, otherwise deemed as the Dutyholders under legislation, are satisfied to this effect.

See Appendix 1 attached for further details of our compliance.

"This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations."

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that	Substantially Compliant	Yellow	19/09/2019

	centre.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	31/10/2019
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Not Compliant	Orange	31/10/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Not Compliant	Orange	
Regulation 26(2)	The registered provider shall ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential	Not Compliant	Orange	

	services or damage to property.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	19/09/2019
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	19/09/2019
Regulation 28(2)(iv)	The registered provider shall	Not Compliant	Orange	19/09/2019

	make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/10/2019
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/10/2019