Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Raheny Community Nursing Unit
Name of provider:	Beaumont Hospital
Address of centre:	St. Joseph's Hospital Campus, Springdale Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	03 July 2019
Centre ID:	OSV-0000704
Fieldwork ID:	MON-0027265

About the designated centre

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

The designated centre is located on the St Joseph's Hospital Campus and is close to local shops and amenities. The designated centre is under the management of Beaumont Hospital. The centre provides care and accommodation for 100 residents predominantly over the age of 65 years. Accommodation is divided into four units with 25 bedrooms in each in a two storey purpose built building. There are two passenger service lifts between floors. Bedroom accommodation consists of a mixture of multi-occupancy, twin and single rooms, most of which overlook landscaped garden areas and an internal courtyard garden. There are communal lounges and dining areas available on each floor. Snacks and drinks are served from the pantry kitchens on the units. Main meals are prepared in the main campus kitchen. Care is provided by a team of nurses and care assistants, overseen by the Director of Nursing (Person in Charge).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	99

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
03 July 2019	08:50hrs to 17:30hrs	Ann Wallace	Lead
04 July 2019	08:30hrs to 17:15hrs	Ann Wallace	Lead
03 July 2019	08:50hrs to 17:30hrs	Deirdre O'Hara	Support
04 July 2019	08:30hrs to 17:15hrs	Deirdre O'Hara	Support
03 July 2019	08:50hrs to 17:30hrs	Sonia McCague	Support
04 July 2019	08:40hrs to 17:15hrs	Sonia McCague	Support

What residents told us and what inspectors observed

The inspectors spoke with a number of residents and families during the two days of the inspection. Some of the residents who chatted with inspectors had lived at the centre for a number of years and others had been admitted more recently.

Residents and families were very complimentary about the care and services that were provided to them. Families told the inspectors that they had chosen the centre because it was local and was well known in the community. Residents and families had had the opportunity to visit the designated centre prior to their admission and had met with staff and other residents during that visit. They said they found the centre was very clean and was well laid out and nicely decorated, and that staff were helpful and informative during their visit.

The current residents told the inspectors that staff were kind and caring and that their needs were met. Residents said that they were able to make choices about how they spend their day and were encouraged to participate in the activities that were on offer. On the first day of the inspection residents were particularly looking forward to a picnic in the garden during the afternoon. Residents said that they were able to get up and go to bed at times that suited them and that staff worked hard to ensure that their preferred routines were followed.

Inspectors observed the interactions between staff and residents over the two days of the inspection. Staff were respectful and addressed residents in the manner they preferred. Staff always knocked and waited for permission before they entered a resident's bedroom. Residents told the inspectors that they felt safe in the centre and that they could talk to a member of staff if they had any concerns. Inspectors observed that those residents who were not able to communicate appeared relaxed and comfortable with the staff who were providing their care and did not show any signs of concern or distress.

Residents said that they were comfortable in the centre. Over the two days inspectors noted residents mobilising around the centre using the communal rooms and activities room and going out into the garden. Residents were encouraged to mobilise either independently or with the help of staff. Residents said that their bedrooms and personal space met their needs and that they enough room room to store their clothes and belongings. A number of bedrooms had balconies and residents and their families had decorated these with potted plants and other items of interest for residents to enjoy looking out onto.

Capacity and capability

Inspectors found that overall the centre was being managed for the benefit of the residents who lived there. However significant improvements were required in the governance and management arrangements of the centre particularly in relation to the knowledge that senior staff had around The Health Act 2007 (Care and Welfare of residents in designated centres for older people) Regulations 2013.

In addition there was also a lack of clarity in relation to the current management structure and the roles of some senior staff in the designated centre. Improvements were also required in monitoring and oversight processes and in staffing and staff training and supervision. In addition, the recently submitted application to renew the registration of the designated centre was incomplete and did not provide the information required to progress the application.

There had been a number of changes to the person in charge and to persons participating in the management of the centre since the last inspection. The roles of the person in charge, the assistant director of nursing and the clinical nurse managers within the centre were clearly defined within the organisational structure with explicit lines of authority and accountability. The assistant director of nursing deputised in the absence of the person in charge. Out of hours on-call arrangements were in place, however inspectors found that the current arrangement that was in place needed to be clarified to ensure that the on call roster included senior staff who were familiar with the designated centre and that this was recorded on the duty rosters.

Additionally, the governance arrangements between the person in charge and registered provider (entity) also required clarification following a recent re-structuring within the organisation. An application made to renew the registration of the centre did not provide the required information in relation to all senior staff described as participating in the management of this designated centre. For example; the senior manager to whom the person in charge reported to and the business manager to whom ancillary staff of the centre reported to had not been identified as persons participating in the management (PPIM).

Management systems were in place but a number of areas required improvement to ensure that important areas such as risk management, the risk register, maintenance of fire safety equipment, supervision of staff performance, oversight of staff records and the management of the staff resources were managed effectively.

A review of the minutes of staff and management meetings demonstrated that managers met regularly to discuss operational developments and resident outcomes and that they communicated any changes required to the relevant staff. Governance meetings were held monthly between the person in charge and her line manager and the key issues from the meeting were then reported to the registered provider representative and to the board of directors.

Quality management systems were in place to trend and capture clinical information and key performance indicators in relation to resident outcomes, operational

matters, incidents, accidents, and staffing arrangements. Internal and external auditing occurred in key areas such as medication management. However, inspectors found that improvements were required in how this information was used to evaluate the inputs, outputs and outcomes in relation to quality and safety of care and that where improvements were required that the relevant staff were informed.

There was clear evidence that the views of residents, staff and relatives were sought and were used to develop and improve the service through staff and resident meetings. However, an annual review of the service in consultation with the residents and their families had not been completed for 2018.

While there were sufficient resources available during the inspection to ensure the safe delivery of care and services for the residents, rosters showed that there were a number of staff vacancies. The person in charge informed the inspectors that this was due to the turnover in staff since the last inspection and to the challenges encountered in recruiting suitable candidates. The rate of staff absenteeism at short notice was also high and although managers were implementing the relevant policies and procedures to manage staff absenteeism the situation required further review.

Records showed that there was a plan in place to recruit suitable candidates to fill the vacancies. In addition the person in charge and senior managers had put a plan in place to ensure that there were sufficient staff on duty each day. This involved staff working extra hours and shifts being covered by agency staff. Where agency staff were used, managers made every effort to ensure that the same staff were deployed in the designated centre. However inspectors found that there was a risk that the current rates of overtime being worked by the existing staff team was not sustainable and the use of agency staff, especially nursing staff, did not provide continuity of care for the residents from staff who knew their needs and their preferences for care and support.

Staff who spoke with the inspectors said that they had completed a comprehensive induction on commencement of their role. Newly appointed staff were clear about their roles and responsibilities and the standards that were required of them in their work. A review of staff files showed that staff files and Schedule 2 records were not available in the designated centre, as required. These were made available to the inspectors on the second day of the inspection but some were incomplete.

Registration Regulation 4: Application for registration or renewal of registration

The application and associated documents received to renew the registration of the centre were not satisfactory to inform a proposed decision.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge works full-time within the centre. She also has clinical responsibility for the delivery of other health care services and departments operating on the same campus.

She meets the required criteria as a registered nurse with experience of working with older persons in the previous six years and has completed two relevant postgraduate management courses. She has the necessary skills and has maintained her professional development completing other relevant courses and attends educational days and mandatory training along with other staff.

During the inspection she demonstrated that she had good knowledge of the residents and staff. She provided information that was requested and was familiarising herself with the regulations and standards pertaining to the care and welfare of residents in the centre.

The person in charge demonstrated good leadership qualities and has been instrumental in developing the quality of this service and introducing improvement initiatives and there were further proposals aimed at promoting improvements in the quality in care and services available. The person in charge displayed a positive attitude and was keen to meet the requirements of the Regulations. She was focused on improving residents safety and care through various quality improvement initiatives that she discussed with inspectors on the days of inspection.

Judgment: Compliant

Regulation 15: Staffing

Although rosters showed that there were enough staff on duty to provide care and services, the high number of nursing vacancies and the current high use of agency staff did not assure the inspectors that there was enough staff with the appropriate knowledge and skills to meet the needs of the residents at all times.

There was a registered nurse on duty at all times in the centre.

The current management out of hours roster needed to be clarified to ensure that the person on call for the designated centre who was familiar with the designated centre and the residents was included in the roster.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Although staff had access to appropriate training a number of staff were not up to date with mandatory training in fire safety and moving and handling.

Supervision systems needed to improve as inspectors observed that a member of staff did not complete delegated tasks staff as directed by senior staff and on other occasions inspectors observed that some staff did not follow appropriate procedures when delivering care and services for example; ensuring that residents could access the nurse call bell at all times and ensuring that residents who needed assistance were assisted to eat their food whilst it was hot.

Nursing staff who spoke with the inspector were not familiar with and did not have access to copies of the Health Act and the regulations.

Judgment: Not compliant

Regulation 19: Directory of residents

There was a directory of residents in place which was well maintained and kept up to date by administrative staff. The directory contained all of the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A number of records in relation to Schedules 2 were not kept in the centre and were not accessible to inspectors on site. These included;

- Documents in relation to staff.

Judgment: Not compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place in line which covered injury to residents and loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

A management structure was in place that identified lines of authority and reporting structures, however, inspectors found that there were a number of senior personnel who were involved in the oversight and management of the centre and who were not included in the organisational structure as described in the statement of purpose.

The monitoring, management and oversight systems that were in place required improvement to ensure that the quality and safety of the service was effectively governed. Areas such as risk management, the risk register, maintenance of fire safety equipment, supervision of staff performance, oversight of staff records and the management and provision of staff resources required improvement.

The provider had not completed an annual review of the quality and safety of care in consultation with the residents and their families.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care which included the terms on which the resident would reside in the centre, the fees to be charged for those services and details about any additional charges not included in the fees. The contract also gave details about the number of the bedroom the resident would be occupying and the type of occupancy.

The contract had been signed by the resident or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The residential service had an available statement of purpose that described the services provided. However, it did not contain all of the information set out in Schedule 1 of the Regulations and required review.

The following items needed to be included or clarified:
-The information as set out in the certificate of registration

-The arrangements for the management of the centre where the person in charge is absent
-The total number of staff and number of whole time equivalent staff
-The organisational and reporting structure
-The admission criteria and if emergency admissions are facilitated
-A description of all rooms, including the size and purpose and function that reflects the current floor plan and layout
-A summary of the complaints policy and
-The fire precautions and associated emergency procedures in the designated centre.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents which required notification as per Schedule 4 were notified in writing to Chief Inspector within the required timescales. The person in charge provided a written report to the Chief Inspector at the end of each quarter as per requirements of the regulations. Copies of incident reports and notifications were well maintained and were accessible to the inspectors.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which was accessible to residents and relatives and met all the requirements of the regulations. There were a low number of complaints made regarding the service provided. A record of all complaints was maintained. The inspectors reviewed a sample of complaints made since the last inspection. The records evidenced that complaints were documented, investigated and the outcomes were recorded. Measures were also found to be in place for learning from complaints.

Complainants were notified of the outcome of their complaint and the outcome was recorded in the complaint log. An appeals procedure was available. Both residents and visitors who spoke with inspectors confirmed that were aware of who they could make a complaint regarding any dissatisfaction they experienced with the service. The centre utilised the services of an independent advocate, who was available to assist residents when making a complaint or raising a concern.

Judgment: Compliant

Regulation 4: Written policies and procedures

Although there was a policy review group in place to develop and update the centre's policies and associated procedures, improvements were required to ensure that the designated centre had up-to-date policies and procedures in line with Schedule 5 of the regulations and that these were made available to staff.

A number of policies in use were based on hospital guidance as opposed to guidance specific to the designated centre. Examples of this were policies in relation to;

- risk management,
- recruitment, selection and Garda vetting of staff;
- health and safety of residents, staff and visitors.

Judgment: Substantially compliant

Quality and safety

The inspectors found that overall residents received a good quality of care and support in the designated centre and that there were systems in place to ensure their safety and security. Some improvements were still required in the following areas;

- Consistency in care plans
- Residents rights, including activities at weekends
- Restrictive practices
- Safeguarding and protection arrangement
- Risk management
- Storage and fire safety precautions

There was clear evidence that the centre was moving towards a person centred approach to providing care and services. Routines and practices in relation to daily routines, personal care and restrictive practices had been discussed at staff and management meetings and changes had been implemented in relation to resident's routines and in care practices.

Residents had a pre-admission assessment prior to their admission to the centre. Following admission a care plan was developed with the resident and their family.The inspector reviewed a number of care plans for residents and found that each resident had a care plan in place. Care plans were reviewed regularly and where changes were made there was evidence of consultation with residents and their families where appropriate. In some cases, individual residents had a range of different care plans, and some variation existed between the units in the centre on

which care plan addressed which need. This increased the risk that staff may not be clear about specific care requirements for individual residents, or may not document care given in the correct part of the resident's care plan.

While some care plans were well written, such as nutrition, others required review. For example care plans in relation to the resident's social needs and meaningful activities were not sufficiently detailed to identify and describe the care activities required to ensure that the resident's needs were met. Whilst some captured the activities a resident had participated in, others did not. The daily notes did not provide information about the quality or impact of the daily activity on the resident's well-being. As a result staff were not able to monitor whether the resident's needs were being met in this area.

Residents who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans that were clear and guided staff to use the least restrictive option when the resident displayed these behaviours. Staff knew the residents well and were knowledgeable about individual residents who may display responsive behaviours, the triggers for potential behaviours and the most effective interactions to use to reassure and support the resident if they became distressed or agitated. The inspectors observed care staff using a range of techniques to support residents at these times.

There was a clear policy in place in relation to the detection of abuse and safeguarding. All staff had received training in how to identify and report a concern in relation to abuse. Staff who spoke with the inspectors were clear about their responsibility to keep residents safe. Residents and families who spoke with the inspector said that they felt safe in the centre and that they could talk to a member of staff if they had any concerns.

The person in charge had investigated a recent concern and there was a record of how this had been carried out. The concern had been notified to the Health information and Quality Authority and to the HSE safeguarding team in line with the policy. There was a safeguarding plan in place for the resident and this was being followed. Some improvements were required however, to ensure that the preliminary investigation was completed promptly, clearly recorded and that the outcome of that investigation was communicated to the relevant authorities and to the complainant.

The inspectors reviewed a number of policies in relation the quality and safety of residents in the centre. They found that the policy in relation to the use of restraints did not meet best practice guidance. The current policy was unclear regarding the resident's capacity to consent and how to ensure that those residents who could no longer give consent were supported. In addition care records and risk assessments referenced that the resident's next of kin consented to the use of bed rails which is not in line with recommended best practice in the area. Audit records showed that bed rail usage was decreasing in line with the designated centre's aim to work towards a restraint free environment.

Resident's rights were well managed in the centre. Resident's meetings were held regularly. Residents had access to TV and radios and were facilitated to vote. On walking around the units inspectors observed bedrooms doors were mostly closed ensuring the residents privacy, and staff were seen knocking on doors and requesting access before entering.There was an advocacy service available if a resident wished for the support.

Residents told the inspectors that they were able to spend their day as they wished and that staff worked hard to ensure that their preferences for care and routines were met. Residents enjoyed the activities that were on offer but some improvements were required around activities at weekends.

Residents had access to a range of communal areas and activities rooms and were seen mobilising around the unit on their way to activities throughout the two days of the inspection. Residents had access to outside space in the enclosed garden and in seating areas around the St Joseph campus. Improvements were required in relation to storage of large items such as hoists.

There were policies and procedures in place in relation to risk management, but some review was required to ensure all risks that were identified were responded to in a timely way.

Regulation 17: Premises

The centre is a two storey building with capacity to accommodate 100 residents. The environment was comfortable, homely and spacious. There are four distinct units accommodating 25 residents in each identified. Heather and Clover units are on the upper floor and Bracken and Fuchsia are on the lower floor. Two passenger lifts are available for movement between floors in addition to secure internal stairwells, however one lift was out of action during the two days of the inspection.

The centre is built around two central courtyards which are accessible to all residents from the lower floor units. Outdoor areas are also available of the upper floor area via the main reception entrance.

Adequate signage was in place. Residents knew their way around the centre and the location of their own bedrooms. Bedrooms had full en-suite facilities and were adequate to provide a comfortable personal space. Residents has adequate storage for their clothes and personal possessions. Shared bedrooms had appropriate screening in place. Over-head tracking hoists were available in all bedrooms to support safe moving and handling for residents. Bedrooms were personalised with clocks, calendars, blankets, photographs, pictures and memorabilia. Residents had the option to lock their bedroom door if they wished to do so. Each bedroom had plenty of natural light and a good outlook with a door to access outside via ground level or for those rooms on the first floor each one had a balcony. External railings were colourfully decorated with flower boxes that the activity staff had involved

residents in planting or selecting.

Residents colourful art work displayed throughout the centre added vibrancy and energy. There were also quiet rooms, libraries, conservatories and smaller day rooms from the main communal day rooms. All rooms were equipped and furnished appropriately to promote comfort and purpose. Some residents remained in their bedroom while others choose to use the communal rooms and were free to visit any part of the centre.

Both outdoor garden and courtyard areas were well furnished and decorated, and planted with bright colourful plants and displays which were attractive and welcoming. Ornate curious features such as fairy forts had also been created in outdoor areas around the centre. The inspectors saw that many residents used the outdoor areas including residents using mobility aids, with the assistance of staff and their visitors. Hand rails in a contrasting colour to the wall were on all corridors, and grab rails were in toilet and bathroom facilities to promote independence and mobility.

Storage of equipment such as hoists was limited and required further review to ensure that equipment was not stored in resident areas and bathrooms when not in use.

Judgment: Substantially compliant

Regulation 26: Risk management

Inspectors found that the risks were identified in the designated centre and were monitored and updated by the Quality and Resident Safety committee. However, improvement was required in relation to developing to identifying current and new risks in order to keep the risk register up-to-date. For example fire emergency exit lights and panel lights had been identified as requiring repair during that last servicing of fire equipment in May 2019 but had not been fixed at the time of the inspection. Records showed that this had not been identified as a risk in the risk register. In addition a fire exit had been blocked by a filing cabinet and a storage trolley on the first day of the inspection and staff had not identified the risk and ensured that the items were removed. Both of these issues were addressed during the two day inspection.

Inspectors also found that fire drills did not facilitate a simulated night-time evacuation. In addition only 65% of the staff in the centre were up-to-date with fire safety training.

Inspectors found that the current risk management policy did not guide staff practice in relation to, unexplained absence of a resident, accidental injury of resident/visitors/staff, the measures and actions in place to manage aggression and violence and measures in place to manage self-harm. Although there was a responding to emergencies plan on each unit and simulated drills had taken place to

test the effectiveness of the emergency plan, this was not referred to in the risk management policy.

When questioned, staff were aware of how to respond to emergencies.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicine procedures and practices in the centre. Medications were stored safely and medicines that required refrigeration were stored at the appropriate temperature and storage temperatures were checked daily.

Medication reviews met regulatory requirements and were administered as prescribed with pharmacist advice. The medication administration policy required updating to reflect which staff that may administer medicines. Medicines that were out-of- date or no longer required, were securely stored separately and disposed of appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments are carried out to meet the needs of the residents. The inspectors reviewed a sample of care plans. Care plans that were reviewed were found to be individualised and person centred, however a number of the care plans reviewed had not been updated at three monthly intervals in line with the requirements of the regulations. For example some records showed that where residents were assessed by specialists such that their recommendations were not reflected in the care plans or daily notes. For example updates to responsive behaviour plans or the amount or frequency of water given through a PEG tube during a shift (A PEG tube is a flexible feeding tube placed through the abdominal wall and into the stomach which allows nutrition, fluids and/or medications to be put directly into the stomach).

Each resident had a pre-admission assessment prior to their admission. The assessments were comprehensive and looked at both the health and social needs of the potential resident immediately before the admission in order to ensure that their ongoing needs for care and support could be met. There was clear evidence in the care plan records that residents and families were involved and consulted in care planning.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a medical practitioner provided by the medical team on-site with access to a Geriatric Consultant two days a week. A local GP provided a vaccination service for residents. There was access to other specialists available on referral, including physiotherapy, tissue viability, occupational therapy, speech and language therapy, dietitian, chiropody, dental services and optical services.

Each resident was discussed at a structured multidisciplinary team review approximately every four months. The respective agency, for relevant national screening programs had been contacted to ensure that the residents who met the criteria for screening would be invited for appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Records showed that the centre was working towards a restraint free environment. Inspectors observed that there had been a significant reduction in the use of bed rails since the beginning of the year. A restrictive intervention group meet every six weeks to review the use of restraints. Inspectors observed that trials of alternative measures such as ultra-low beds, crash mats and mattress alarm systems had been carried out. These alternatives combined with staff vigilance provided an effective alternative to falls management and resident safety.

Behaviour support plans were in place to guide staff and enable them to identify the triggers to behaviours and implement appropriate interventions. Inspectors found that improvements were required in this area as some mood and behaviour plans had not been reviewed at regular intervals and some required more detail in order to guide staff how provide appropriate care and support for the individual if they became agitated or distressed.

The challenging behaviour policy had been approved by the quality and resident safety committee. 87% staff had been trained in the management of responsive behaviours.

A number of staff who spoke with the inspectors did not always have a clear understanding about restraint and as a result staff interpreted types of restraint differently.

Forty percent of staff in the centre had received prevention and safe management of aggression and violence (PASMAV) training. There were two PASMAV trained

trainers on staff in the centre and further training for staff is planned for August this year

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from abuse.

The provider informed the inspectors that all staff working in the designated centre had Gardai vetting in place.

97% of staff had attended training in identifying and responding to allegations of abuse. Four members of staff had attended further training with the HSE Safeguarding team and were nominated persons for Safeguarding issues or concerns within the centre. Staff who spoke with the inspectors were aware of the different types of abuse and what to do if a resident reported a concern to them. Staff were aware of their responsibility to keep residents safe.

Records showed that the person in charge investigated any incidents or allegations of abuse however some improvements were required to ensure that the preliminary investigation was carried out promptly and that the outcome of the investigation was communicated to the relevant organisations and the complainant in a timely manner.

Judgment: Compliant

Regulation 9: Residents' rights

Overall resident's rights were respected and upheld in the designated centre, however inspectors found that there were still some task orientated practices that needed to change in order to move towards a person centred approach to care.

Residents rights were respected. Residents were offered choices in their daily routines and in care and services. Staff knew the residents well and were familiar with their preferences for daily care and routines.

Staff were respectful in their interactions with residents for example most staff ensured that they knocked and waited for permission before entering the resident's bedroom or before commencing a care intervention. However the inspectors observed a number of examples where staff did not explain what they were about to do or request the permission of the resident. For example one carer did not approach the resident and explain what they was going to do before they moved the

resident in their wheelchair. In another example a resident's soup had been left on the bed side table and out of their reach so that they were unable to drink their soup whilst it was hot. This resident was unable to call the staff as their call bell was not in reach. These examples did not represent person centred approach to care and did not ensure that the residents rights were upheld.

Residents had good access to a range of meaningful activities and residents were encouraged to participate in line with their preferences and abilities. Residents reported a high level of satisfaction with the activities that were on offer in the centre. The activities programme was delivered by a dedicated team of activities staff Monday to Friday. However at weekends the programme was delivered by care staff as part of their work schedule and residents told the inspectors that there not much happening. Inspectors noted that better use could be made of the activities team to ensure that good quality activities were provided over weekends and bank holidays for the residents.

Residents had access to the television, newspapers and radio to keep them up to date with local and national news and affairs. Activities and care staff encouraged residents to discuss items from the newspapers in relation to local and national events. Residents were also encouraged to go out into the local community with families and friends.

Families and friends were encouraged to stay involved in the day to day lives of the residents and a number of visitors were seen coming and going over the two days of the inspection. This gave the centre a real sense of community. If a resident wanted to meet with their visitor in private there were quiet spaces around the centre in which to do so.

Arrangements were in place to ensure that residents could participate in local and national elections and referendums.

There was an independent advocacy service available for residents and information about the service was displayed around the centre.

Residents were encouraged to attend the resident meetings which were held monthly in the centre. Residents provided feedback on a range of services in the meetings including menus and activities. Some improvements were required to ensure that where a resident had raised an issue or suggestion that this was followed up by staff.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Raheny Community Nursing Unit OSV-0000704

Inspection ID: MON-0027265

Date of inspection: 04/07/2019

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**
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations. • All Schedule 5 policies will be updated and made available for all staff to access on Q-Pulse • All policies will be reviewed at intervals not exceeding 3 years and updated in accordance with Best Practice	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.	

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
A training plan is in place to address the mandatory training level for Fire Safety and Moving and Handling with an aim for 100% compliance.
• Fire Safety training – July 31st, 2019 increased compliance from 65% -78%.
Outstanding staff training will be addressed through further Fire Safety Training dates scheduled in August & September 2019.
• Manual Handling scheduled– 19th September, 3rd October & 14th of November 2019

Full compliance with Fire Safety and Manual Handling training will be achieved by 30th November 2019.

• Managers are in receipt of monthly training compliance reports that support oversight with training requirements and this will be overseen by the PIC

• Copies of the Health Act 2007 have been circulated to all units – Clinical Practice Support Nurses will provide training on same.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The inspector has reviewed the provider compliance plan. This actions proposed to address the regulatory non-compliance does not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The organisational structure has been amended to reflect current reporting structure for the RCNU.

• Outstanding relevant documentation in relation to persons participating in management will be submitted.

• The current live Risk Register will now incorporate a catalogue of risks.

• Annual Review will be completed by 31st October 2019 and made available to residents.
• A Resident Satisfaction Survey is planned for August 2019.

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• Statement of Purpose to incorporate outstanding floor plans and relevant documents regarding PPIM's as set out in schedule 1.

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 Schedule 5 policies will be updated and made available for all staff to access on Q-Pulse
• All policies will be reviewed at intervals not exceeding 3 years and updated in accordance with Best Practice

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Deficits in storage are noted and every effort is put in place to ensure equipment is stored safely. This will be addressed in any future development of the centre.

Regulation 26: Risk management	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

• A local Risk Management Policy is being reviewed to incorporate the key elements of Regulation 26. This will include hazard identification and assessment of risks throughout the centre – it will also include measures and actions in place to control: the unexplained absence of any resident, abuse and accidental injury to residents visitors or staff, to control aggression and violence, control self harm, and the arrangement for the identification of recording and learning from serious incidents or adverse events.

• A review of the current Risk Register is scheduled.
• A night time simulated evacuation of the unit will be undertaken in Q 4 2019
• A schedule plan is in place for fire training – July 31st 2019, two further Fire Safety Training dates are scheduled for August & September 2019.

Regulation 5: Individual assessment and care plan	Substantially Compliant

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

• A plan is in place to ensure a 3 monthly care plan review. Each staff nurse has been allocated a cohort of residents to review this and will be supervised by the CNM and reported to the PIC.

• All 3 monthly reviews will be monitored as a KPI at the Quality and Safety Committee meetings.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

• As part of the scheduled ongoing training, a staff competency tool will be developed in relation to behavior that is challenging, and restrictive practice training.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Activities: A schedule of activities is given to the Out of Hours CNM on Friday evening for each unit. The CNM will allocate a member of staff on each Unit at weekends to oversee activities.

Art Therapy is provided at the weekends by a designated Art Therapist.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Orange	30/10/2019
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in	Substantially Compliant	Yellow	30/10/2019

	Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered provider.			
Registration Regulation 4 (2) (b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person in charge or intended to be in charge and any other person who	Substantially Compliant	Yellow	31/08/2019

	participates or will participate in the management of the designated centre.			
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Yellow	30/11/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	16/09/2019
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Not Compliant	Yellow	30/11/2019
Regulation 16(2)(a)	The person in charge shall ensure that copies of the Act and any regulations made under it are available to staff.	Not Compliant	Yellow	14/08/2019
Regulation 16(2)(b)	The person in charge shall ensure that copies of any relevant standards set and	Substantially Compliant	Yellow	14/08/2019

	published by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act are available to staff.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	14/08/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Yellow	14/08/2019
Regulation 23(b)	The registered	Not Compliant	Yellow	14/08/2019

	provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	31/08/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Yellow	31/10/2019
Regulation 23(e)	The registered provider shall ensure that the review referred to	Not Compliant	Yellow	31/10/2019

	in subparagraph (d) is prepared in consultation with residents and their families.			
Regulation 23(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Yellow	31/10/2019
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	31/08/2019
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Orange	31/08/2019
Regulation 26(1)(c)(ii)	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 unexplained absence of any	Not Compliant	Orange	31/08/2019

	resident.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.	Not Compliant	Orange	31/08/2019
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Not Compliant	Orange	31/08/2019
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Orange	31/08/2019
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.	Substantially Compliant	Yellow	31/08/2019

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.	Not Compliant	Yellow	31/10/2019
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	30/10/2019
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	30/10/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	14/08/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	30/09/2019

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/10/2019
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/10/2019
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	14/08/2019
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with	Substantially Compliant	Yellow	14/08/2019

	their interests and capacities.			