

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Raheny House Nursing Home
<b>Centre ID:</b>	OSV-0000138
<b>Centre address:</b>	Raheny House, 476 Howth Road, Raheny, Dublin 5.
<b>Telephone number:</b>	01 831 1199
<b>Email address:</b>	rahenyhouse@arbourcaregroup.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Raheny House Nursing Home Limited
<b>Lead inspector:</b>	Ann Wallace
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	40
<b>Number of vacancies on the date of inspection:</b>	3

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 08 December 2017 09:00 To: 08 December 2017 18:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Compliant
Outcome 02: Safeguarding and Safety		Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Compliant
Outcome 06: Safe and Suitable Premises		Compliant

**Summary of findings from this inspection**

This was a thematic dementia inspection by the Health Information and Quality Authority. The inspection focused on six outcomes in relation to residents with a diagnosis of dementia and residents with identified cognitive impairments. The inspection process reviewed documentation to track the journey of a number of residents from their admission to their current day to day life at the designated centre. The inspector also spoke with residents, staff and visitors who were in the centre on the day. As part of the thematic inspection the inspector observed care practices and staff interactions with residents who had a diagnosis of dementia or cognitive impairment. The observations were scored against a validated observation tool.

There were 40 residents on the day of the inspection and three vacancies. The provider informed the inspector that approximately 75% of residents had some cognitive impairment which ranged from residents with mild impairments through to residents with a specific diagnosis of dementia.

Prior to the inspection the provider had completed a self-assessment of care and

services provided for residents who lived at the centre and had a diagnosis of dementia. The designated centre had assessed itself as compliant in all six outcomes. The inspection findings upheld the self-assessment in all outcomes. The designated centre is situated in a large two storey building which has been extended to provide the current accommodation. It is located close to shops and local amenities and is accessible via public transport routes. The layout and design of the centre met the needs of the residents in a comfortable and homely way and was appropriate for its intended purpose.

Prior to admission each resident was assessed in their home or care setting to ensure that the centre could meet the resident's identified needs in relation to their dementia. On admission the resident had a comprehensive assessment of their needs and a care plan was developed which described how their needs were to be met. Records showed that care plans were devised with input from residents where possible and with their families or their representative.

The inspector found that there was a person centred approach to residents that respected their privacy and dignity. Throughout the inspection residents with dementia were seen to be making choices about their day to day life at the centre. For example when to get up, what to eat and drink at meal times, where to spend time in the centre and what activities to take part in during the day.

Families who spoke with the inspector told them that they felt their relatives were safe in the centre and that staff were kind. Residents and families said that if they had any concerns they could approach a member of staff.

There were sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents. Staff received training and supervision to enable them to provide safe and effective care for residents who had dementia. The planned rosters took into account the layout of the centre and the levels of care and supervision required. Staffing levels were reviewed regularly in response to changing resident dependencies and care requirements. This was a requirement from the previous inspection.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

*Outcome 01: Health and Social Care Needs*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Each resident with a diagnosis of dementia had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were devised with input from residents and or their families.

There were policies and procedures in place that set out the processes that should be used to assess each individual resident prior to admission and on admission to the centre and the care planning process that was in use in the centre. The policies and procedures were reviewed regularly and reflected best practice guidance for example in the risk assessment tools for nutritional risk and cognition skills. The care planning policy described the processes in place to ensure that resident's needs were reviewed four monthly or more often if there was a change in their health or wellbeing and that their care plan was updated accordingly.

A selection of records of residents with dementia was reviewed and found to be in line with the written policy and procedures.

The inspector found that each resident had a pre-admission assessment completed prior to coming into the centre. Following admission, nursing staff worked with the resident and or their family to complete a comprehensive assessment of the resident's needs, interests and capacities including actual and potential risks such as weight loss, falls, communication needs and responsive behaviours. Where health or social care needs were identified, a care plan was drawn up and agreed with the resident and or their family. Care plans were person centred and provided clear information about individual resident's current needs and preferences for care and routines. Care plans were reviewed every four months or if a resident's needs changed.

The inspector found that care and services provided to residents with cognitive impairment such as dementia was done with their consent and reflected the nature and extent of the resident's needs and preferences for care. Residents with cognitive impairment were offered choices in their care and daily routines for example one resident had chosen to stay in her room on the day of the inspection and care and services were delivered to her in her room throughout the day. Another resident

wanted to go out with their relative who had come to visit. Staff helped the resident to get ready for the outing and offered encouragement and advice to the visitor on how best to manage the resident when away from the centre. Where residents declined care and service their wishes were respected by staff.

Clinical risk assessments were completed for skin integrity, falls, nutrition, continence, moving and handling needs and responsive behaviours. Risk management plans were seen to respect the independence and self-care abilities of residents with dementia where possible.

There were clear systems in place to monitor the quality and safety of the care and services provided for residents with dementia. These included regular audits in key areas such as medications including as required medications, accidents and incidents, complaints, pressure sores, infections and falls.

The inspector found that residents had good access to GP services and specialist medical services. There was a range of allied health care professionals including dietician, speech and language therapy, chiropody, dentist and optician available to residents. Residents with dementia had access to specialist teams such as the palliative care team, community mental health services and psychiatry of later life when required. Referrals were made appropriately, and where allied professionals had made recommendations for care these were found to have been implemented. For example falls management plans as designed by the physiotherapist and specialist seating as prescribed by the occupational therapist.

There were written policies and procedures in place for residents whose needs were for end of life care. The inspector found that staff in the centre worked with residents and their families to ensure that residents with cognitive impairment received end of life care and services in a way that met their individual needs and wishes and that respected their dignity and autonomy.

The centre had clear policies and procedures in place in relation to food and nutrition. There was a comprehensive policy for monitoring and recording nutritional and fluid intake. Staff were familiar with individual resident's needs in relation to fluids and hydration and staff were observed supporting residents with cognitive impairment to take adequate fluids and nutrition in line with their prescribed care plans. Food was freshly prepared on site by the centre's catering team. Meals were nicely presented and portion sizes met individual residents needs and preferences. Residents who were on special diets were offered choices at meal times and textured diets were served as individual items on the plate. There was a range of nutritious snacks available in the centre.

Families with relatives who had dementia and who spoke with the inspector reported high levels of satisfaction with the care and support provided in the centre and said that they were kept informed about any changes in the resident's care or services. The inspector observed a number of visitors in the centre throughout the day and staff and managers were seen to encourage family and friends to be involved in the ongoing lives of the residents. This was a particular strength of the centre.

Where residents with cognitive impairments were temporarily absent from the centre, records showed that relevant information was sent with them. Also, when residents returned from another care setting to the centre there was a clear summary of the resident's needs and plan of care.

**Judgment:**  
Compliant

### *Outcome 02: Safeguarding and Safety*

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

There were measures in place to protect residents with cognitive impairment from being harmed or suffering abuse. There was clear evidence that the centre was working towards a restraint free environment.

The designated centre had policies and procedures in place for the prevention, detection and response to abuse. The policy was reviewed in January 2017 and was in line with the national guidelines on Safeguarding of Vulnerable Adults. This was a requirement from the previous inspection.

Staff were trained on the policy and were clear about their responsibilities to safeguard residents and protect them from abuse. Staff who spoke with the inspectors knew what constitutes abuse and what to do in the event of an allegation or disclosure of abuse. Staff knew who to report the concerns to.

Families who spoke with the inspector told them that they felt their relatives were safe in the centre and that staff were kind and respectful towards them. Residents and families said that if they had any concerns they could approach a member of staff. Although there had not been any allegations of suspected abuse in the centre the inspector found that that the person in charge and their deputy were clear about their role and responsibilities in relation to safeguarding residents.

The inspector reviewed a sample of staff files and found that staff had Garda vetting in place. This was confirmed by the PIC who told the inspector that all staff working in the centre at the time of the inspection had Garda vetting in place.

The centre had clear policies and procedures in place to safeguard residents monies in the centre. Monies were stored securely and two members of staff signed for all transactions. Where the centre acted as a pension agent for one resident there were transparent processes in place which provided a monthly statement of account for the resident.

There was a policy in place for managing residents with responsive behaviours ( how a

person with cognitive impairment might respond to their environment or other stimuli). All staff were trained on the policy. Staff had access to further training in dementia care and managing responsive behaviours.

The inspector observed that staff implemented the policy in their day to day work with residents who displayed responsive behaviours. Staff knew individual residents and how to support them at these times. Throughout the day staff were observed using gentle encouragement and support with residents who became anxious or displayed responsive behaviours.

Residents who were identified as having responsive behaviours had a care plan in place which recorded the potential triggers for the behaviours and the interventions that were required to support and reassure the resident. Care plans also identified potential underlying problems that could trigger responsive behaviours such as urinary tract infections and constipation.

The centre's restraint management policy and processes were in line with national best practice guidance. Records showed that residents, their families and their General Practitioner (GP) were involved in the decision to use restraints and that other equipment was trialled before the decision to use restraint was made. For example one resident who used a lap belt had been assessed for same by the occupational therapist and was regularly reviewed by nursing staff. Equipment such as low-low beds and crash mats were used with a number of residents in place of restraints.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents with a diagnosis of dementia were consulted in how the centre was run and that there was a person centred approach to residents that respected their privacy and dignity.

Throughout the inspection residents with dementia were seen to be making choices about their day to day life at the centre. For example when to get up, what to eat and drink at meal times, where to spend time in the centre and what activities to take part in during the day. The inspector found that at most time staff demonstrated patience and skills with those residents who had cognitive impairments taking time to explain interventions and offer choice in user friendly language. However the inspector noted that at busy times some staff/resident interactions were shorter and did not adequately support residents to make choices about their care or routines.



Staff knew individual residents and were aware of each resident's needs in relation to how their cognitive impairment affected their response to the delivery of care and services. For example one resident with dementia preferred to sit in a specific place in the main lounge and when another resident had sat in that chair staff were able to explain the situation to both residents and offer a choice of seating arrangements that suited both their needs.

Individual residents communications were identified in their initial assessment and care plans and staff were familiar with the most effective way to engage with each resident.

Residents with dementia had access to radio, television, newspapers and magazines. Staff spent time reading the newspapers with residents and discussing local issues and sports events. Residents had access to a telephone and were supported to make and answer telephone calls in order to keep in touch with family and friends.

The designated centre had an open visiting policy with protected meal times in order to maintain the resident's privacy and dignity when eating. Visitors were made welcome. Relatives who spoke with the inspector reported that they were encouraged to play an active role in the ongoing lives of their relative in the centre. A number of residents with dementia were observed enjoying meeting with their family on the day of the inspection and one resident with advanced dementia was encouraged to go out for the afternoon with their relative.

There was a planned activities programme which was organised and provided by dedicated activities staff and care staff. The programme included 1:1 and group activities. The weekly programme included some evening activities and a weekend schedule. Activities on the day of the inspection included an exercise to music session in the main lounge, newspaper discussion and art work. Residents with dementia were encouraged to participate in the activities programme and a number of these residents were observed to be enjoying the music to exercise session. Although the activities programme did provide a range of suitable activities for residents with dementia the inspector noted that specific equipment to support reminiscence and sensory activities could be improved in the centre.

There were regular celebrations for birthdays and calendar events such as Halloween, Easter and St Patrick's day. Christmas events were planned for the coming weeks with a visit from Santa and a Christmas party. The events were organized to ensure that residents with cognitive needs would be able to participate. Staff were available to support residents to participate in line with their personal preferences and their abilities.

There was clear evidence that residents with dementia were included in decisions about the running of the designated centre. Resident and relatives views were collected through resident meetings, the complaints process and the annual survey of residents and their families. The records of the resident's meetings held since the last inspection were made available to the inspector. The records showed that resident feedback was listened to for example residents were involved in the planning of the Christmas activities programme.

Mass and communion were available in the centre. The oratory provided a peaceful

space for residents and is wheelchair accessible. Residents with dementia were supported to attend religious activities in line with their abilities and preferences.

There was access to advocacy in the centre and details were provided in the resident's guide. There was one resident using advocacy in the centre at the time of the inspection.

Residents with dementia were supported to vote in elections if they wished to do so.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a clear written complaints policy which outlined the process for raising concerns and complaints and identified the person in charge as the person responsible for managing complaints. The procedure for making a complaint was displayed in a prominent position in the centre. The procedure was written in user friendly language.

Residents and relatives who spoke with the inspector were aware of who to speak with if they had any concerns.

The inspector reviewed the complaints log. Complaints were recorded and the records included the nature of the complaint and the actions were taken to resolve the issues raised. There was also a record of the complainants satisfaction with the outcome of the complaint. Records showed that complaints were dealt with promptly and that residents with cognitive impairments and their relatives were listened to when they raised concerns.

**Judgment:**

Compliant

***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector reviewed the staffing levels, actual and planned staff rosters, staff training records and spoke with staff, residents and visitors. The provider had carried out a review of staffing levels following the previous inspection and this process was now an integral part of the designated centre's governance processes. The PIC and her deputy informed the inspector that there were systems in place to call in extra staff in response to increases in residents' dependencies and workload in the centre. For example if a resident required 1:1 supervision or support.

On the day of the inspection the staff on duty reflected the planned roster and there were sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents who lived at the centre. Nursing and care staff were supported and supervised by the assistant director of nursing (ADON) who deputizes for the Person in charge (PIC) in their absence. There was a nurse on duty at all times in the centre.

The inspector found that the centre had sufficient housekeeping, laundry, catering and administration staff to ensure that the service was run effectively for the benefit of the residents who lived there.

Residents and their families expressed high levels of satisfaction in their relationships with the staff team at the centre often commenting on their kindness and patience.

A sample of staff files was reviewed and records showed that the centre had effective selection and recruitment processes in place. All staff working in the centre at the time of the inspection had Garda vetting in place. Records showed that staff had an annual appraisal and that performance issues were addressed by the PIC. As a result staff were clear about their roles and responsibilities and were observed to take responsibility for their work.

Training records showed that staff had been provided with a comprehensive induction programme which included mandatory training including the centre's policies and procedures, key health and safety issues such as infection control, fire safety and moving and handling and the prevention of abuse. The ongoing training programme included mandatory training updates in moving and handling, prevention of abuse and fire safety. Staff had also attended training on managing responsive behaviours, nutrition and hydration and end of life care. A number of nursing and care staff had received dementia awareness training.

Records showed that nursing staff were registered with the Irish Nursing and Midwifery board.

**Judgment:**

Compliant

*Outcome 06: Safe and Suitable Premises*

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The layout and design of the centre met the needs of the residents in a comfortable and homely way and was appropriate for its intended purpose. The premises were laid out in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is situated in a large two storey building which has been extended to provide the current accommodation. The centre is close to shops and local amenities and is accessible via public transport routes. There is a large car park to the front of the building and disabled parking is available.

Bedroom accommodation consists of 37 single rooms and three twin bedrooms. Bedrooms are suitable in size and bedroom fixtures and fittings were of a good standard. Shared rooms provided sufficient space for residents and their personal belongings. The configuration of the rooms and the use of privacy curtains ensured the privacy and dignity of the residents who occupied them. Residents and families are encouraged to bring in small items of furniture and artifacts from home and to personalize their private space. In most areas bedroom doors are painted in different colours and decorated with pictures. As a result most rooms look quite different and are distinguishable so that residents with cognitive impairment can recognize their rooms and have a familiar space in which to relax. However some of the bedroom doors on the first floor of the original building had not been painted at the time of the inspection.

There are adequate toilets and bathrooms for the number of residents living at the centre. Toilets and bathrooms provide adequate room for residents who require disabled access. Grab rails, raised toilet seats and shower chairs are available in these areas. Toilets and bathrooms are signed and are readily visible from bedrooms and communal rooms. Call alarms are available and easily seen in each toilet and bathroom.

Communal areas include a bright and spacious main lounge, a small seating area off the main corridor and a comfortable conservatory. These areas are nicely decorated and furnished and are laid out to provide a comfortable homely living space for residents. The main lounge is located at the centre of the building and looks onto the garden area. The small seating area is situated just off the main corridor and adjacent to the nurse's station. This area is close to a busy thoroughfare and can get very noisy at times. There is also a spacious dining room available for residents and an oratory room just off the dining area.

The management team is currently reviewing the usage of the communal areas in order to provide a second lounge for residents who would prefer a quiet environment or who need a higher level of support and supervision.

The layout of the centre supports residents with dementia to mobilize between their private space and the communal areas either independently or with the supervision of staff. Hand rails are available in the corridors and both a stair lift and a passenger lift are available.

The centre is clean, well lit, in a good state of repair and is comfortably heated throughout. The heating system has recently been upgraded and the boiler replaced. A second boiler was installed at the time as a back up facility to ensure the centre is always adequately heated during the colder weather.

There is a range of equipment available for residents including profiling beds, specialist mattresses and cushions and hoists. The inspector reviewed the service records for the equipment in use and found that the items had been serviced within the last twelve months.

The garden areas could be enjoyed from the lounge, the conservatory and some bedrooms. Staff who spoke with the inspector told them that the residents had open access to the enclosed garden area during the warm weather.

**Judgment:**  
Compliant

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Ann Wallace  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority