

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Regina House Community Nursing Unit
Centre ID:	OSV-0000612
Centre address:	Cooraclare Road, Kilrush, Clare.
Telephone number:	065 905 1209
Email address:	anneb.mcnamara@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	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 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 September 2018 09:00	19 September 2018 16:30
20 September 2018 09:00	20 September 2018 16:00

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	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Major
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

While this centre does not have a dementia specific unit, the inspector focused on the care of residents with dementia during this inspection. Seven residents were either formally diagnosed or had suspected dementia. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool (called Quis). The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The final phase of the building and refurbishment works had been completed as outlined in the plans previously submitted to the Chief Inspector, this ensured compliance with the regulations and condition 8 of the registration. The works included three assisted shower rooms with toilet facilities in the older Robin and Lark wings. These facilities were completed to a high standard. The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout. The building was designed around a central, secure, enclosed garden, which was easily accessible.

Overall, the inspector found the management team were committed to providing a good quality service for residents with dementia.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. All staff fulfilled a role in meeting the social needs of residents and the inspector observed that staff connected with residents as individuals.

The inspector found the residents were enabled to move around the centre as they wished however, improvements were required in provision of signage to assist residents find their way more easily to communal day spaces and bedrooms.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with dementia were particularly caring and sensitive. Staff knew the residents well and they connected with each resident on a personal level.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Following this inspection, an urgent compliance letter was issued to the provider to come into compliance with regulation 21 (1) and schedule 2 as Garda vetting (police clearance) disclosures were not kept in the centre as required by the regulations for all staff. The compliance plan was responded to within the required timeframe and assurances were provided to the Chief Inspector that Garda vetting disclosures for all staff were returned to and now available in the centre.

Further improvements were required to areas such as medication management and

documentation to support the use of bedrails as outlined in previous inspection reports, improvements were also required to setting out the roles and responsibilities of volunteers. These areas for improvement are discussed further throughout the report and in the action plan at the end of the report.

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

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

Findings:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. Nursing staff spoken with stated that GPs' reviewed residents and their medications on an on-going basis, this was not always recorded and therefore difficult to assess. The inspector was satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications).

The inspector noted that issues relating to medication management practices and included in the action plan of the last report had largely been addressed. The management team and nursing staff had strived to put systems in place to resolve the issues and reduce the risk of medication errors to residents. They had several meetings with GPs', had reviews of practice completed by the chief pharmacist and updated the medication management policy to include guidance on transcribing. However, nursing staff continued to administer a small number of medicines without an original signed prescription that authorised them to administer medications. This practice was not in accordance with NMBI(Nursing and Midwifery Board of Ireland) guidelines. The management team advised that plans were in progress to appoint an in house medical officer to ensure safer medication management practices.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were generally written up in the residents' notes. Nursing staff informed the inspector that some residents had recently

been reviewed by the psychiatry of later life team, however, there were no records maintained as to date or outcome of review.

There was a policy in place that set out how residents' needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident better.

The person in charge advised the inspector that the pre-admission assessment would consider if the centre would be able to meet their needs. When considering admissions to the nursing home, they would consider if the residents' needs would be met in that environment. The provider and person in charge continued to ensure that residents who did not require the assistance of mechanical devices to mobilise were accommodated in the smaller single bedrooms as set out in the statement of purpose.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency and moving and handling.

Care plans where completed were comprehensive and informative and outlined clear guidance for staff in areas such as personal care and daily routine, skin integrity and incontinence, moving and handling, safety and mobility, wounds, anxiety and dementia, falls and safe environment, nutrition, hydration and diabetes, responsive behaviour, absconsion, activities and end of life. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents' up to date needs. Improvements were required to ensure that all residents using bedrails had care plans in place to guide staff on the care of residents using them.

Nursing staff showed the inspector the detailed hospital transfer letter template which was completed when a resident was transferred to hospital. It included areas to record appropriate information about their health, medications and specific needs of the resident. Nursing staff confirmed that residents with dementia were always accompanied by either family or a staff member when needing transfer to hospital.

The inspector was satisfied that residents' weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There was a reported low incidence of wound development and the inspector saw that

the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment was in use. There were a small number of residents with wounds at the time of inspection. The inspector noted adequate wound assessment and wound care charts in place indicating that the wounds were healing well.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The physiotherapist visited the centre on a regular basis and reviewed residents post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds, crash mats, sensor alarms and hip protectors were in use for some residents. Staff had completed recent training in falls management.

Staff provided end of life care to residents with the support of their GP and the local hospice home care team. They visited and liaised with staff and the GPs' in regard to medication review and symptom control. Many staff had completed 'what matters to me' end of life training. Nursing staff were trained in the use of syringe drivers and further refresher training was scheduled. There were two single palliative care suites. Families were facilitated to stay with their relative if they wished, reclining chairs, sofa and kitchenette was provided in the suites. The inspector reviewed a number of 'end of life' care plans and noted that they outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care.

Staff continued to provide meaningful and interesting activities for residents. Each resident had a meaningful activities assessment and a detailed individualised activities plan documented. The individual care plans outlined the physical, mental, social, creative and spiritual interests of residents. There was an activities coordinator employed three days a week as well as external facilitators such as volunteers and musicians. The activities coordinator had completed training in Sonas (therapeutic programme specifically for residents with Alzheimer's disease) and imagination gym specifically to support the delivery of appropriate activities for residents with dementia. Another member of staff was completing imagination gym training course at the time of inspection. The activities coordinator normally carried out group and individual activities with residents but was on leave at the time of inspection. The weekly activity schedule was displayed.

During the inspection, the inspector observed residents enjoying light exercise to music, poetry readings, prayer group, sing song, watching music videos of country and traditional Irish music and set dancing. Residents told the inspector that they enjoyed the variety of activities taking place particularly the music sessions and weekly mass. Residents could attend the adjoining day care centre activities when they wished.

Judgment:

Non Compliant - Moderate

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:

While the provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse, Garda vetting (police clearance) disclosures were not kept in the centre as required by the regulations for all staff. This action is included under Outcome 6: Staffing. The person in charge and person nominated to represent the provider confirmed that Garda vetting was in place for all staff, volunteers and persons who provided services in the centre and presented these disclosures on day two of the inspection. Some improvements were required to ensure that the policy on the use of restraint was fully implemented.

There were comprehensive policies on responding to allegations of abuse and safeguarding vulnerable adults at risk of abuse. Staff spoken with and training records viewed confirmed that staff had received on going education in relation to safeguarding and elder abuse. The person in charge advised that there were no recent allegations of abuse in the centre and allegations of abuse in the past had been investigated and managed in line with the safeguarding policy.

The inspector reviewed the policies on meeting the needs of residents presenting with challenging behaviour and restraint use. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, there were six residents using bed rails at the time of inspection. Alternatives such as low low beds, sensor alarms and crash mats were in use for some residents. The inspector reviewed the files of residents using bedrails and noted some improvements were required to the documentation to support the use of same. While risk balance tools had been completed and other alternatives tried or considered were documented, there was no clear rationale recorded for the use of bedrails. The inspector noted that consent was obtained and regular checks were carried out on residents using bedrails in line with national policy. However, some inconsistencies were noted in that there were no care plans in place for some residents using bedrails.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm environment and

allowing residents choice of daily routines. The inspector observed this taking place in practice. Nursing staff spoken with were clear they needed to consider the reasons people's behaviour changed, and would also consider and review for issues such as infections, constipation, and changes in vital signs.

The inspector reviewed a sample of residents' files and noted that care plans which included distraction techniques were in place to guide staff in the care of residents with behaviours that challenged. There was evidence of access and referral to psychiatry services and ABC(Antecedent, Behaviour, Consequence) charts were used to record episodes of behaviours in line with the centre's policy. There were no residents prescribed psychotropic medicines on an 'PRN' basis at the time of inspection.

There was a policy on the management of residents' finance. The inspector was satisfied that systems in place were clear and transparent. There were regular reviews of individual accounts which were overseen by the person in charge and external auditor. All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

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

Findings:

The inspector was satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Residents' committee meetings were held on a regular monthly basis and were facilitated by the activities coordinator and volunteer. Minutes of meetings were recorded, issues recently discussed included food and choices, renovations to the building, activities, garden and interactions with staff. There was evidence of change being brought about as a result of feedback from residents. Residents confirmed that they were satisfied with the recent renovations to the building and to the provision of blinds to the large window sky lights in the dayroom. A recent food and nutrition satisfaction survey had also been completed and positive feedback had been received. Residents had access to advocacy services. A representative from SAGE (support and advocacy services for older people) had visited the centre and spoke with staff and residents in the past. The person in charge advised that a new SAGE representative had been appointed and planned to visit the centre. Following the annual review of the quality and safety of care in the centre for 2017, the person in charge had planned to

arrange a number of guest speakers to address residents on topics to promote health and well being, including diet, nutrition and exercise.

The inspector noted that the privacy and dignity of residents was well respected. All residents had single or bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Three additional assisted shower rooms with toilet facilities had been provided to the older section of the building since the last inspection, this had led to improved privacy and dignity for residents.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, and reassured and reoriented when they were confused. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited regularly and some residents told the inspectors how they enjoyed availing of the service.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and were encouraged and supported to follow their own routines. While the majority of residents had their main meals in the dining room, residents were supported to eat their meals at their preferred times in their preferred location. The inspector observed this happening in practice.

Residents' religious and political rights were facilitated. Mass was celebrated weekly in the centre's church and daily during the summer months. The rosary was recited daily. Eucharistic ministers visited daily and offered Holy Communion to residents. Some residents were observed watching daily morning mass on the large television in the dayroom which was relayed from the local church. Residents spoken with confirmed that they enjoyed partaking in religious ceremonies. The person in charge informed the inspector that the special voters register had recently been updated to ensure that all residents who wished to vote in the upcoming presidential election would be facilitated to vote in house.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished. There were two separate visitors rooms available, one with tea and coffee making facilities. Residents and visitors were observed using this space.

The centre was part of the local community and residents had access to radio, television, parish newsletters, daily and regional newspapers and 'Ireland's Own' magazine. Wi-Fi had been provided since the last inspection and residents and staff told the inspector how they enjoyed watching a large variety of You tube videos including music, dancing, religious events, interesting videos of times past and documentaries. Residents had the choice to attend local day care services which took place in the adjoining building. Some residents attended occasionally while people who attended the day care service from the local community regularly visited residents in the centre.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a half hour on each of the inspection days. An overview of the observations is provided below:

The inspector found that for 90% of the observation period (total observation period of 60 minutes, 30 minutes each day) the quality of interaction score was +2 (positive connective care). Staff knew the residents well they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks, choice of preferred place to sit, staff spoke to residents about what was on the menu and reminded others what food were on their plates, staff reassured a resident who was concerned about her belongings. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating. Residents were observed to enjoy the company of staff, some smiling, laughing and being affectionate towards staff.

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:

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer and details of the appeals process.

The inspector reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Judgment:

Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents.

The inspector formed the view that during the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of 27 residents. There were three nurses, a clinical nurse manager (CNM2) and four care staff on duty in the morning and afternoon, three nurses and two care staff on duty in the evening and two nurses and one care staff on duty at night time. The person in charge was normally on duty during the day time Monday to Friday.

The inspector reviewed a number of staff and volunteer files and found they did not contain all the required documentation as required by the Regulations. Garda vetting (police clearance) disclosures were not kept in the centre as required by the regulations for all staff and volunteers. The inspector advised that that this was a major non compliance and an urgent compliance letter was issued to the provider to come into compliance with regulation 21 (1) and schedule 2. The compliance plan was responded to within the required timeframe and assurances were provided that Garda vetting (police clearance) disclosures for all staff were returned to and now available in the centre. The roles and responsibilities of volunteers were not always set out in writing.

Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction and orientation received and training certificates were noted on staff files.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included a dedicated care assistant for activities, catering, administration, housekeeping and maintenance staff.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety and further training was scheduled.

Some staff had recently completed training in use of syringe drivers, infection control, restraint and falls management, food safety, risk management, medication management, nutrition, dysphagia and basic life support.

Judgment:

Non Compliant - Major

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Findings:

The inspector noted that further improvement works had been carried out since the previous inspection. Works completed included three assisted shower rooms with toilet facilities in the older Robin and Lark wings. These facilities were completed to a high standard. Bedrooms in these sections had been repainted, redecorated and fitted with new wardrobes. Flooring to the older section of the building had been replaced. The church had been redecorated and provided with new floor covering. Additional storage facilities, office accommodation and treatment rooms had also been provided. This concluded the final phase of the building works and ensured compliance with the regulations and condition 8 of the registration. Residents and staff spoken with complimented the many improvements to the building.

The provider continued to ensure that residents who did not require the assistance of mechanical devices to mobilise were accommodated in the smaller single bedrooms as set out in the statement of purpose.

The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs.

There was a good variety of communal day space such as dining and day rooms, church and two visitor's rooms. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature.

Bedroom accommodation met residents' needs for comfort and privacy. Bedroom accommodation for residents was in single and twin rooms. All bedrooms in the new building had assisted shower, toilet and wash-hand basin en suite facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

Call bells were accessible in all bedrooms and bathrooms. There was a separate assisted bathroom with specialised bath.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

Handrails were provided in circulation areas and grab rails were provided in bath, shower and toilet areas.

There was appropriate sign posting on bathroom and toilet doors. There was a sign with a word and a picture for bathrooms. Contrasting colours were provided to toilet seats and grab rails in bathrooms to help residents with dementia orientate better. However, signposting throughout the building required further review. There was limited sign posting and signage to assist residents find their way easily to communal day spaces and bedrooms. The inspector heard some residents who were walking on corridors asking if they were going the correct way.

The building was designed around a central, secure, enclosed garden, which was easily accessible from the corridors and day room areas. This area had a variety of garden furniture and was landscaped with a variety of colourful shrubs, flowers and plants. Paved walkways were provided throughout. Residents spoken with stated that they enjoyed the garden area, some commented that they had spent much time outside during the recent fine summer weather.

Judgment:

Substantially 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:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Regina House Community Nursing Unit
Centre ID:	OSV-0000612
Date of inspection:	19/09/2018 and 20/09/2018
Date of response:	14/11/2018

Requirements

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

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There were no care plans in place for some residents using bedrails.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:

All residents with bed rails in place have up to date care plans and the rationale for the bed rails is documented. Alternatives to bed rails are being explored and we are aspiring towards a restraint free environment.

Proposed Timescale: 28.09.2018

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

While nursing staff spoken with stated that GPs' reviewed residents and their medications on an on-going basis, this was not always recorded and therefore difficult to assess.

There were no records maintained as to date or outcome for some residents recently reviewed by the psychiatry of later life team.

2. Action Required:

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

Please state the actions you have taken or are planning to take:

GP's and CNS for psychiatry of later life team have been informed of the judgment of this report and nursing staff have requested these team members to document in the resident file following all reviews.

Proposed Timescale: 18/10/2018

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Nursing staff continued to administer a small number of medicines without an original signed prescription that authorised them to administer medications.

3. Action Required:

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

Please state the actions you have taken or are planning to take:

Engagement with local GPs has taken place. The intention to appoint a medical officer has been communicated to the GPs for expression of interest in the role. It is the intention to appoint a medical officer to the designated centre.

Proposed Timescale: 31/12/2018

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

There was no clear rationale recorded for the use of bedrails.

4. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:

All residents with bed rails in place have up to date care plans and the rationale for the bed rails is documented. Alternatives to bed rails are being explored and we are aspiring towards a restraint free environment.

Proposed Timescale: 18/10/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

Garda vetting (police clearance) disclosures were not kept in the centre as required by the regulations for all staff.

5. Action Required:

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

Please state the actions you have taken or are planning to take:

Garda vetting disclosures for all staff were presented to the inspector on the second day of inspection by the Provider.

Garda vetting (police clearance) disclosures for all staff are now available in the centre.

Proposed Timescale: 21/09/2018

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The roles and responsibilities of all volunteers were not set out in writing.

6. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

Please state the actions you have taken or are planning to take:

The roles and responsibilities of the remaining volunteers have been documented and are available for inspection in all volunteers' files.

Proposed Timescale: 04/10/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

There was limited signage to assist residents find their way easily to communal day spaces and bedrooms.

7. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

Appropriate signage is currently being sourced to address the points above. Residents, families and staff are being consulted on the type of signage to be put up.

Proposed Timescale: 31/12/2018