

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Raheen Community Hospital
<b>Centre ID:</b>	OSV-0000611
<b>Centre address:</b>	Tuamgraney, Scariff, Clare.
<b>Telephone number:</b>	061 923 007
<b>Email address:</b>	catherine.lillis@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	24
<b>Number of vacancies on the date of inspection:</b>	1

**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

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

From:	To:
06 December 2017 09:00	06 December 2017 16:30
07 December 2017 09:00	07 December 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an inspection, which took place following an application to the Health Information and Quality Authority, to renew registration and following notification of a change to the person in charge. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, health and safety records, policies, procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland. Many improvements had been completed since the previous inspection.

Improvements continued to be made to the premises and phase one of the new

development was completed however, as identified on all previous inspections elements of the design and layout of the older building were not suitable for its stated purpose and function, did not meet the individual and collective needs of residents, and did not meet regulatory requirements. The new extension was completed and finished to a high standard. The extension was bright and decorated and furnished in a homely and comfortable style.

There was evidence of good practice in all areas. The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff. Residents spoken with and those that had completed questionnaires in advance of the inspection stated that they felt safe and well cared for in the centre.

On the days of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Residents had very good access to medical review and care. Nursing documentation was completed to a high standard. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident. A day care service was attached to the centre and more independent residents enjoyed mingling with the day care service users or participating in the activities provided there.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Areas identified for improvement included the physical environment such as the size and layout of multi-occupancy rooms, inadequate showering facilities, medication management systems and documentation in relation to fire drills. These are contained in the Action Plan at the end of this 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: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

An updated statement of purpose dated December 2017 was submitted following the inspection. It complied with the requirements of the regulations.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The provider had established a clear management structure, a new person in charge had been appointed in July 2017. There was evidence of consultation with residents and their representatives and a review of performance against the National Standards for Residential Services for Older People in Ireland had been completed.

The management structure included supports for the person in charge to assist her to

deliver a good quality service. These supports included a clinical nurse manager (CNM2), a CNM1, administrator, risk advisor, infection prevention and control manager, senior operations manager and person nominated to represent the provider. The management team were in regular contact. The person in charge met formally with staff on a monthly basis. The person nominated to represent the provider visited the centre regularly and was available for support at all times. There were established regular meetings of persons in charge to discuss issues of concern and share learning.

The person in charge worked full time and had the appropriate experience and qualifications for the role. The CNM2 deputised in the absence of the person in charge. There was an on call out of hours system in place.

There was evidence of consultation with residents and their representatives. Regular residents meetings continued to be held, minutes of meetings were recorded. A representative from the national advocacy group (SAGE) had attended the last residents meeting to inform residents and their families regarding the service. Residents were consulted regarding their preferred day trips, activities and food. The person in charge had recently completed an activities, food and nutrition and resident satisfaction surveys.

Residents had been consulted with and involved in choosing colour schemes for the recently renovated dining room. A dedicated television sports channel had been requested by some residents and was in the process of being installed. All long stay residents had been consulted with and offered a choice of moving to one of the new single bedrooms.

Systems were in place to review the safety and quality of care. There was an audit schedule in place, recent audits completed included medication management, meals and meal times, infection control, hand hygiene, equipment and the environment. Recommendations were documented and quality improvement plans were in place. The results of audits were discussed with staff and there was evidence of learning and improvement as a result. Nursing staff completed a daily safety management report which included information on the number and dependency of residents, falls, incidents, use of restraint, infection control, wounds and pain. This report was reviewed on a daily basis by the person in charge.

A review of performance against the National Standards for Residential Services for Older People in Ireland was nearing completion for 2017. An improvement plan setting out identified areas for improvement was included.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked Monday to Friday and she was on call out-of-hours and at weekends.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the regulations, the Authority's Standards and her statutory responsibilities.

The person in charge had engaged in continuous professional development. Having previously completed a diploma in business enterprise development, diploma in health planning and management and post graduate diploma in epidemiology, she had recently completed a four day management training course and attended the HIQA information day. She had attended in house training and all mandatory training was up to date.

The inspector observed that she was well known to staff, residents and relatives. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

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

**Findings:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse. Following the last inspection all staff had received updated Garda vetting (police clearance). The person in charge advised that all staff had Garda vetting in place. A sample of staff files reviewed by the inspector confirmed this to be the case.

There was a suite of policies in place outlining the organisations policies and procedures on the management of any suspected, alleged or reported abuse; evidence based and nationally agreed policies on the use of restraint and procedures for the management of behaviours that challenged.

Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Residents who had completed questionnaires in advance of the inspection and residents spoken with during the inspection told inspectors that they felt safe in the centre.

Staff spoken with and training records indicated that staff had attended training on understanding and managing behaviours that challenged. Staff confirmed that they continued to promote a restraint free environment. There were two bedrails in use at the time of inspection, one at the residents own request. The inspector noted that risk assessments along with clear rationale for their use and care plans in line with national policy were documented. Staff carried out regular checks on residents using bedrails and these checks were recorded. Alternatives such as low low beds, crash mats and sensor alarms were also considered and used in some cases. The use of bed rails was regularly reviewed and discussed at the monthly staff meetings.

The inspector observed that residents appeared relaxed, calm and content. Nursing staff stated that there were no residents who presented with behaviours that challenged at the time of inspection.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents and relatives spoke highly of staff.

The finances of a small number of residents were managed in the centre, small amounts of money and some valuables were kept for safe keeping on behalf of other residents. The inspector was satisfied that systems in place to manage residents finances were clear and transparent. Individual balance sheets were maintained for each resident and all transactions such as lodgements and withdrawals were clearly recorded and signed by two persons. There were regular checks of individual accounts which were overseen by the administrator and senior staff officer.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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



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

**Findings:**

The provider had systems in place to protect the health and safety of residents, staff and visitors, the actions required from the previous inspection in relation to recording daily fire safety checks and updating the fire safety site maps had been addressed.

There was a recently updated health and safety statement available. The risk register was found to be comprehensive and had been recently reviewed and updated. All risks specifically mentioned in the Regulations were included.

There was a comprehensive emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for transport and accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had up-to-date training in moving and handling. The inspector observed good practice in relation to moving and handling of residents during the inspection. All lifting equipment such as hoists and slings had been recently serviced.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in February 2017 and the fire alarm was serviced on a quarterly basis. The fire alarm had been serviced in December 2017. Systems were in place for weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Training records reviewed indicated that most staff had received up-to-date formal fire safety training and further training was scheduled for remaining staff the day following the inspection. While records indicated that regular fire drills took place, the inspector noted that details such as time, outcome or learning were not documented for the last drill which took place in October 2017.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that satisfactory infection control practices and procedures were in place. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free throughout. The inspector spoke with cleaning staff who were knowledgeable regarding infection control procedures, colour coding and use of cleaning chemicals. All staff had received recent training in infection control. Regular infection control and hand hygiene audits were carried out and improvement to practice were identified.

**Judgment:**

Substantially Compliant

**Outcome 09: Medication Management**

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

**Findings:**

The inspector found evidence of good medicines management practices and sufficient policies and procedures to support and guide practice, however, some improvements were required to ensure systems were in place to account for all medicines and to clearly segregate medicines due for return to the pharmacist from other medicines.

While systems were in place for checking medicines on receipt from the pharmacy there were no clear signed records being maintained. There were no systems in place to record medicines received from residents on admission for short respite stays or for the return of medicines to residents when discharged following respite stays.

The inspector spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management.

Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medicines prescribing and administration sheets. Medicines were regularly reviewed by the medical officer. All medicines including medicines that were required to be crushed were individually prescribed.

Systems were in place to record medicines errors which included the details, outcome and follow-up action taken. Staff were familiar with these systems.

Systems were in place for the return of unused and out-of-date medicines to the pharmacy, however, while 'returns' were stored securely they were not clearly segregated from other medicines.

Regular medicines management audits were carried out by nursing management and the pharmacist. Audit findings and action plans were documented. Most nursing staff had recently completed medicines management training and remaining staff were scheduled to attend.

**Judgment:**

Substantially Compliant

**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Issues identified at the previous inspection in relation to nursing documentation had been addressed.

Residents had very good access to medical review and care. A local General Practitioner (GP) was appointed to the service as Medical Officer and medical review was available to each resident on admission and as required on a daily basis if necessary. Residents admitted for shorter periods of time were also medically reviewed on admission. Records seen by the inspector confirmed regular and timely medical review in line with the residents changing needs. There was an out-of-hours GP service available.

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 and results of appointments and recommendations were written up in the residents' notes

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, at risk of developing pressure ulcers and with communication issues. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

A comprehensive and informative daily needs care plan was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and safe environment, communication, controlling temperature, breathing, social, personal and emotional state, expressing sexuality, sleeping and end of life care. Focused care plans were in place for some residents with specific needs such as pressure care, nutrition, wounds and falls. Care plans guided care and were regularly reviewed. Care plans were person centered and

individualised. Recommendations from allied health services such as SALT were reflected in residents care plans. There was evidence of relative/resident involvement in the review of care plans. Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date needs.

Staff continued to provide meaningful and interesting activities for residents. There was a full time activities coordinator employed. The social care needs of each resident were assessed and records were maintained of each residents participation in activities. The daily and weekly activities schedule was displayed. The activities coordinator had completed training in Sonas (therapeutic programme specifically for people with Alzheimer's disease) and she carried out individual sessions with some residents. She had recently completed creative arts level 6 training. The inspector observed residents enjoying a variety of activities during the inspection including listening to poetry and the local weekly newspaper readings and discussion, icing and decorating a Christmas cake, watching old farming DVD, making and decorating Christmas wreaths. Residents spoken with told the inspector that they enjoyed the variety of activities taking place. Some residents had attended many recent day trips including trips to a local art exhibition, local café, Garda brass band Christmas party, the daycare centre Christmas party and also drives around the local scenic lake. Residents artwork and photographs of residents enjoying various activities and day trips were displayed throughout the centre.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

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

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector noted that improvements continued to be made to the premises and phase one of the new development was completed however, as identified on all previous inspections elements of the design and layout of the older building were not suitable for its stated purpose and function, did not meet the individual and collective needs of residents, and did not meet regulatory requirements.

Phase one of the new extension which included two communal day rooms, six single

and one twin bedroom with en suite shower and toilet facilities, sluice room, nurses station and enclosed garden area were completed. The new extension was completed and finished to a high standard. The extension was bright and decorated and furnished in a homely and comfortable style. The corridor was wide and allowed plenty of space for residents to easily move about. Seating alcoves were located along the corridors. Residents spoken with informed the inspector that they liked and enjoyed the facilities of the new area.

The existing dining room had been extended and redecorated. The inspector noted that the majority of residents now had their meals in the dining room. This area was also used by residents partaking in activities such as baking and arts and crafts.

A new visitor's room was provided. This room was furnished in a comfortable and homely way, tea and coffee making facilities were also provided.

Resident private accommodation in the older section of the building was provided in four single bedrooms with full en-suite facilities. The remaining residents were accommodated in a three, four and six bedded room. The four and six bedded rooms had en suite toilet and shower facilities. The three bedded room had an en suite toilet and wash hand basin however, there was no shower available to these residents. Staff confirmed that these residents currently used the shower facilities in one of the other bedrooms. This impacted upon residents privacy and dignity.

The multi occupancy rooms in use appeared to be of sound construction and were in good decorative order but presented challenges to the provision of adequate space, privacy and dignity for each resident. The physical environment posed significant challenges when delivering personal care; attending to residents' care needs, infection control and communicating in privacy. Residents had limited space for the storage of personal belongings in the four and six bedded rooms.

The person nominated to represent the provider stated that funding had been allocated for phase 2 of the development which was to include a further extension of seven additional single bedrooms. She stated that following an option appraisal (assessment of costs) which was currently being undertaken that a design team would be appointed.

Residents were seen to be provided with suitable aids, appliances and equipment to support and promote their comfort and well-being and records were in place for the maintenance of such equipment.

The premises were found to be clean and bright, adequately heated and ventilated.

**Judgment:**

Non Compliant - Major

***Outcome 16: Residents' Rights, Dignity and Consultation  
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to***

***exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector noted that staff were sensitive to residents' rights for privacy and dignity. However, the physical environment in parts of the older building posed challenges when delivering personal care and attending to residents needs. This has been discussed under Outcome 12: Safe and suitable premises.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents and relatives spoken with were complimentary of staff and the care provided.

Bedroom and bathroom doors were closed and screening curtains were in place in shared bedrooms when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspectors observed that residents were always given choices around what they would like to do, where they would like to sit, what they would like to eat and drink.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents' independence. Some residents spoken with told inspectors that they could make their own decisions about how they wanted to spend their day.

Residents' religious and political rights were facilitated. Mass was celebrated twice weekly in the centres church. Many residents liked spending quiet reflective time in the church and the inspector observed staff supporting some residents to visit.

Arrangements were in place for residents of different religious beliefs. Staff told the inspector that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during past elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room, day room or in their bedroom.

There was an open visiting policy in place. The inspectors observed many visitors coming and going throughout the inspection. Relatives spoken with and those that

completed questionnaires indicated that they were always made to feel welcome by staff and could visit at any time. Residents had access to the centre's cordless phones and many residents had their own mobile handset device. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio, television, daily and regional newspapers. Some residents told the inspector how they enjoyed reading the daily newspapers. Some of the residents attended the adjoining day care centre. On the day of inspection some residents were attending the day care Christmas party which was being held in a local hotel. The centre had its own mobile shop. Residents could choose and buy items such as toiletries, drinks, snacks and sweets from the shop. Staff supported some residents to go on shopping trips. A mobile clothing and footwear shop also visited and residents could select and buy clothes and shoes of their choice.

Staff outlined to the inspectors how links were maintained with the local community. Some residents went home for visits while others attended special family occasions. Local choirs, musicians and school students visited regularly. The Christmas programme of events was displayed. The annual Christmas party was due to be held in the centre and all families had been invited. The centre had developed links with a local youth group and local school. Children from the school had recently visited and decorated the family tree with leaves they had designed and made. The person in charge outlined how plans and funding were in place to develop an intergenerational garden area with the neighbouring school. The youth reach group visited weekly and carried out art and craft activities with residents.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

During the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of 24 residents. There were two nurses, the clinical nurse manager 1 and four care staff on duty in the morning and afternoon, two 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 and CNM2 were normally on duty during the day time Monday to Friday. The CNM1 also supervised the delivery of care including night time and at weekends. The inspector reviewed the staffing roster and noted that these staffing levels were the norm.

There was a comprehensive recruitment policy in place based on the requirements of the Regulations. The inspector reviewed a sample of staff files and found that they contained all the required documentation as required by the Regulations including evidence of Garda Síochána vetting, photographic identification, two written references and full employment history. Nursing registration numbers were available and up-to-date for all staff nurses.

There were a number of volunteers attending the centre. The inspector reviewed a sample of volunteer files and noted that their roles and responsibilities were set out in writing and Garda Síochána vetting was in place.

The management team were committed to providing ongoing training to staff and staff training records were available in staff files. Further training was scheduled.

**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:***

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 report<sup>1</sup>

<b>Centre name:</b>	Raheen Community Hospital
<b>Centre ID:</b>	OSV-0000611
<b>Date of inspection:</b>	06 and 07 /12/2017
<b>Date of response:</b>	29/03/2018

### 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 08: Health and Safety and Risk Management

#### Theme:

Safe care and support

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

Details of the time, outcome or learning were not documented for the last fire drill which took place in October 2017.

#### **1. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the

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

designated centre and residents are aware of the procedure to be followed in the case of fire.

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

- Template designed to incorporate time and learning outcome from fire drills.

**Proposed Timescale:** 09/04/2018

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Systems were in place for the return of unused and out-of-date medicines to the pharmacy, however, while 'returns' were stored securely they were not clearly segregated from other medicines.

**2. Action Required:**

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

- Labelled Returns Box now in place for the return of unused medicines which are segregated from other medicines and stored securely.
- All unused medicines are signed for in the returns book and returned to the pharmacist.

**Proposed Timescale:** 09/04/2018

**Theme:**

Safe care and support

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

While systems were in place for checking medicines on receipt from the pharmacy there were no clear signed records being maintained. There were no systems in place to record medicines received from residents on admission for short respite stays or for the return of medicines to residents when discharged following respite stays.

**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:**

- On-going monthly audit for monitoring signed records when checking medicines on receipt from the pharmacy.
- Template in place to record medicines received from residents on admission for short respite stays and for the return of medicines to residents when discharged following respite stays.

**Proposed Timescale:** 09/04/2018

**Outcome 12: 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:**

As identified on all previous inspections elements of the design and layout of the older building were not suitable for its stated purpose and function, did not meet the individual and collective needs of residents, and did not meet regulatory requirements.

The multi occupancy rooms in use appeared to be of sound construction and were in good decorative order but presented challenges to the provision of adequate space, privacy and dignity for each resident. The physical environment posed significant challenges when delivering personal care; attending to residents' care needs, infection control and communicating in privacy. Residents had limited space for the storage of personal belongings in the four and six bedded rooms.

There was no shower available to residents in the three bedded room. Staff confirmed that these residents currently used the shower facilities in one of the other bedrooms. This impacted upon residents privacy and dignity.

**4. 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:**

- 1. A submission for the design team is currently being assessed for Phase 2 extension to the premises. This will incorporate showering facilities for all the residents. This will be complete in May 2018.
- 2. Phase 2 extension will be completed by Q3 2020. Phase 2 will provide a new purpose build comprising of two double rooms, three single rooms, one patient assessment bed, clean utility, day room, sitting room and garden. Under this phase, the residents will have a mix of single and double room accommodation providing adequate

space , privacy and dignity for each resident. This will address Outcome 12 issues in respect of HIQA standards.

- 3. A en-suite showering facility for the residents in the three bedded room will be complete July 2018
- 4. All options for additional storage for personal belongings in the four and six bedded rooms have been explored including the purchase of additional chests of drawers. Completion date July 2018
- 5. Additional storage options will be included in the Phase 2 extension

Proposed Timescale:

Action 1: May 2018

Action 2: Q3 2020

Action 3: July 2018

Action 4: July 2018

Action 5: Q3 2020

**Proposed Timescale: 31/12/2020**