



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Raheny Community Nursing Unit
Name of provider:	Beaumont Hospital
Address of centre:	St. Joseph's Hospital Campus, Springdale Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	12 December 2023
Centre ID:	OSV-0000704
Fieldwork ID:	MON-0042048

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

69

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 12 December 2023	08:25hrs to 17:30hrs	Karen McMahon	Lead

## What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them, it was clear that the residents received a high standard of quality and personalised care living in the centre. The overall feedback from the residents was that the centre was a lovely place to live with friendly and helpful staff. Throughout the day, the atmosphere in the centre was relaxed and calm.

Staff members were observed to be gently interacting with residents and did not hurry residents when providing care. It was evident that the staff members knew the residents' needs and particular behaviours well. Residents were observed to be well presented in neat dress, with residents wearing make-up, as was their preference.

On the day of the inspection the inspector was met by the person in charge who guided them through the sign in procedure. After a brief introductory meeting the person in charge escorted the inspector on a tour of the premises.

The centre is set out over two large levels, split into four 25 bedded units with a mix of single and multi-occupancy rooms. The centre was observed by the inspector to be clean and well maintained. Each unit has a variety of small and large communal areas for use, including dining facilities and sitting rooms. These rooms were seen to be clean, bright, comfortable and tastefully decorated, suited to the purpose of their use. There was also a small conservatory on each unit that looked out on to the enclosed garden spaces.

There were two enclosed gardens available to residents in the centre, easily accessed through doors on the ground floor. Both the spaces had raised flower beds and appropriate out door furniture for residents' use. Paths around the garden ensured the garden was accessible to wheelchair users residing in the centre.

Resident's artwork, including glazed pottery pictures, decorated various walls and rooms in the centre. There was vintage memorabilia around different areas of the centre to provide areas for reminiscence therapy for residents, including vintage clocks, radios and record players. The centre had been recently decorated with Christmas trees and decorations by both staff and residents, to celebrate the upcoming Christmas season.

Residents' bedrooms were observed to be bright, spacious and comfortable. Many residents had personalised their rooms with photographs and personal possessions from home. All the rooms had a cosy and homely feel to them and were unique to each of the residents residing in them. Each bedroom had a small balcony outside the large windows. Some residents used this area in warmer weather. All bedrooms also had toilet and shower facilities.

There are four four bedded units in the centre and eight twin occupancy rooms.

These rooms were laid out to ensure the residents living in these rooms had their privacy and dignity maintained at all times. There was also appropriate individual storage for residents' personal possessions in these rooms.

Activities were observed taking place throughout the day of inspection including word games. Residents were enjoying the activities and were seen to be engaging in them. Information notice boards in the centre provided information on the activity plan for the week ahead and also provided information on other appropriate services including advocacy.

The inspector observed that dinnertime in the centre's dining room was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. The dining tables were nicely laid with Christmas themed table cloths. The food was served up fresh in the dining room and residents could choose how much food they wanted on their plates. There was an appropriate level of supervision in the dining rooms and assistance available to those who required it.

The inspector spoke with many residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre. All residents spoken with said that the staff couldn't do enough for them and they were never left waiting for help once they rang for assistance. One resident said that all the staff worked so hard that you couldn't even single one of them out for being better than the other. Two residents in a twin room said they loved it in the centre and loved the company in the shared room.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. However, some gaps around documentation were identified that required improvements. The registered provider had also failed to recognise allegations of abuse, made through the complaints procedure, as abuse and had not reported them under the regulatory notification requirements.

This was a one day unannounced inspection to monitor the compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2013 (as amended).

The registered provider of Raheny community unit was Beaumont hospital. The assistant director of nursing was the person in charge. They were supported in their role by the director of nursing of St Joseph's campus and other members of the provider's management team. Within the unit there were clinical nurse managers, nurses, health care attendants, activity staff as well as household and maintenance staff. Members of the Multi disciplinary team were available throughout various days of the week, including a consultant geriatrician, physiotherapists, and speech and language therapist.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed or had plans for completion. A falls risk initiative had been commenced in the centre in 2018 with the aim of reducing falls and associated injuries in the centre. The initiative had very successful results and had seen a major reduction in falls over the years with a continuing downward trend. A comprehensive annual review of the quality of the service in 2022 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

There was a directory of residents made available to the inspector. This had all the required information in relation to residents' admissions. However, the details regarding residents' general practitioner (GP) and next of kin phone numbers were missing in it.

The complaints log and complaints policy were viewed on the day of the inspection. Any complaints made were logged in the complaints log and detailed any relevant investigations or procedures followed, as well as documenting the overall outcomes and learning. There was a low level of complaints within the centre. However, the complaints policy had not been updated to reflect recent regulatory changes and was not reflective of current required regulatory practises, these findings are detailed under regulation 34: Complaints procedure.

Furthermore, there had been a failure to recognise allegations, made through the complaints procedure, as allegations of physical and psychological abuse. This failure to recognise incidents of abuse had meant no three day notifications had been submitted, as required, to the office of the chief inspector. This is further discussed under Regulation 31.

## Regulation 19: Directory of residents

While there was a directory of residents maintained and available on request in the centre, not all information required under paragraph (3) of Schedule 3 was completed in the directory. For example, the phone numbers of the general

practitioner (GP) and next of kin were missing from all residents' entries.

Judgment: Substantially compliant

### Regulation 22: Insurance

The inspector viewed a valid insurance certificate which covered residents against injury and loss or damage to resident's property.

Judgment: Compliant

### Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the care and quality of service provided to the residents, the registered provider's oversight and review of the recognition and responding to allegations of abuse needed to be strengthened, to ensure that the service is safe, appropriate, consistent and effectively monitored.

Furthermore, there was inadequate oversight in relation to changes in the regulations. For example:

- on the day of the inspection staff and management were not aware of changes to Regulation 34 :Complaints procedure, which had come in to effect in March 2023. Subsequently, the complaints policy had not been updated to reflect these changes.
- management were not aware that previous changes to regulation 24 required room number and occupancy to be included on a residents' contract of care.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The contracts for the provision of services did not detail the occupancy level related to the bedroom the resident was residing in. Furthermore, a number of contracts,



viewed on the day, did not include the number of the room being occupied by the resident.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The registered provider had failed to notify the Chief Inspector of Social Services of one incident of alleged physical abuse and one incident of alleged psychological abuse.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The complaints procedure had not been updated to reflect recent regulatory changes. For example:

- There was no mention of the nomination of a review officer to review, at the request of a complainant, the decision of whether or not their complaint had been upheld. Furthermore, there was no provision for the written response of the outcome of this review.
- The policy did not outline how the registered provider shall take such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a complaints or review officer.
- It did not outline how the resident has access to records and information in relation to the complaint, subject to the law and that they are not adversely affected by reason of the complaint having been made.
- There was no provision for the access to advocacy services to assist with the making of a complaint.

The registered provider had failed to follow their own policy on complaints which states following investigation of the complaint, the complaints officer should write to complainant with findings of the investigation and details for the ombudsman. However, a written response had not been sent on completion of investigation into a written complaint made earlier this year.

Judgment: Not compliant

## Quality and safety

Overall, the inspector found that the care and support residents received was of high quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and opportunities for social engagement.

Staff were observed to appropriately communicate with residents who had communication difficulties. They afforded time to the resident to express themselves and did not hurry them. A review of the resident's records showed that when a resident had a communication difficulty, it was appropriately assessed, and all relevant information was recorded in a personalised care plan. The care plan was regularly reviewed and updated to reflect any changes to the resident's communication needs.

Residents receiving end of life care had their needs and wishes respected and clearly documented in their care plans. There was access to medical services as required and many staff had taken part in training to enhance the end of life care that they delivered. Resident's family and friends were facilitated to remain with residents at all times, in accordance with the resident's wishes.

Residents who required transfer to hospital had all relevant documents, including the national transfer document sent with them. The national transfer document included information on their past medical history, list of current medications and emergency contact numbers. Any changes to care were reflected in the residents care plan, on return to the centre. In house policy required a checklist to be completed on return to centre to ensure all relevant updates and other relevant procedures were completed. Transfer documents were saved to the residents file.

The centre was clean and well-maintained and the premises was suitable for the needs of the residents living there. The registered provider had addressed all issues, with premises, identified on the previous inspection.

Fire evacuation plans were noted on various walls throughout the centre and clearly identified evacuation routes in the event of a fire. There were adequate fire exits throughout the building. A review of fire safety records showed regular fire drills were taking place. Notes documented, by the centre, which evaluated the drills clearly identified outcomes and areas for improvement. There were up-to-date records available on the day of inspection for the servicing and checks of emergency lighting and smoke alarms.

Pharmacy services were provided by an external contractor who supplied a digital system of medication administration and provided support and services around pharmaceutical training, policies and medication audits. Fridge storage for

medication had a record of daily temperature recordings.

### Regulation 10: Communication difficulties

Residents with communication difficulties were assisted to communicate freely in the centre. They had access to specialist equipment and services including ophthalmology and audiology. Residents individual needs were clearly documented in care plans.

Judgment: Compliant

### Regulation 13: End of life

Care plans for resident's receiving end of life care were appropriate and individualised. They clearly identified the personal beliefs and wishes of the resident. Family and friends who wished to stay with the resident, with their consent, were facilitated to do so. The centre had access to relevant medical services to provide comfort and support to the resident.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured the premises was appropriate to the needs of the residents and was in accordance with the statement of purpose. The premises conformed to schedule 6 of the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

All relevant information was communicated through the form of the national transfer document on resident transfers to hospital or elsewhere. Changes to care, on return

to the centre, were reflected in the care plans.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and provided suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. There were adequate evacuation plans, highlighting relevant evacuation routes, around the centre. The inspector observed that all staff were up-to-date with the fire training. Regular fire drills were taking place in the centre, with learning outcomes clearly identified.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant

# Compliance Plan for Raheny Community Nursing Unit OSV-0000704

Inspection ID: MON-0042048

Date of inspection: 12/12/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: <ul style="list-style-type: none"> <li>• Notification to all staff concerned to complete all information including GP phone numbers in the directory of residents.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Review by management of the amendments to the Health Act completed.</li> </ul>	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none"> <li>• All new admission contracts will be amended to identify the resident's room number. All staff concerned have been notified.</li> </ul>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• Registered provider/Person In Charge will ensure that all notifiable incidents are sent in, in accordance with the time frames as set out under regulation 31.</li> </ul>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• Updated complaints procedure.</li> </ul>	



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	12/12/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/12/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	19/12/2023

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	12/12/2023
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Not Compliant	Orange	15/01/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph	Not Compliant	Orange	15/01/2024

	(c).			
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Not Compliant	Orange	15/01/2024
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.	Not Compliant	Orange	15/01/2024
Regulation 34(3)	The registered provider shall take such steps as are reasonable to give effect as soon as possible and to the greatest extent practicable to any improvements recommended by a	Not Compliant	Orange	15/01/2024

	complaints or review officer.			
Regulation 34(4)(a)	The registered provider shall ensure that a resident has access to records and information in relation to the complaint, subject to the law.	Not Compliant	Orange	15/01/2024
Regulation 34(4)(b)	The registered provider shall ensure that a resident (b) is not adversely affected by reason of the complaint having been made by them or by any other person, whether or not that person comes within the definition of complainant or not.	Not Compliant	Orange	15/01/2024
Regulation 34(5)(b)	The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.	Not Compliant	Orange	15/01/2024