



**Health
Information
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Authority**

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:	Raheen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tuamgraney, Scariff, Clare
Type of inspection:	Unannounced
Date of inspection:	23 April 2025
Centre ID:	OSV-0000611
Fieldwork ID:	MON-0046194

About the designated centre

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

Raheen Community Hospital situated in an idyllic rural setting in Raheen Woods, three miles from Scariff includes a Community Nursing Unit and a very active Day Centre. The aim of Raheen Community Hospital is the enablement of all residents to live the most fulfilled lives in an environment, which is cognisant of their needs, dignity and privacy. We do this by providing a Quality Assured Residential Community Nursing Unit and Day Care Centre Service to those Older Persons entrusted into our care to achieve and sustain a high quality care environment, which cares for supports and values each resident.

The Day Centre provides day services to a wide geographical area, which spans an expansive area reaching ten community areas in East Clare.

The Community Nursing Unit registered to accommodate 25 residents. It is a two-storey building and the bedroom accommodation comprises eleven single rooms, six-twin rooms and two palliative rooms, all with en-suite facilities. There are varieties of private and communal spaces for residents to relax and enjoy. Communal areas comprise of sunroom/ conservatory, two sitting rooms, church, dining room, family room, kitchen and Sunflower activities area.

The Community Nursing Unit provides 24-hour nursing care to both male and female residents aged 18 or over requiring long-term, short-term, respite and palliative care. Raheen CNU aims to promote a human rights based –approach to health and social care services which upholds the resident's core human rights, principles of fairness, respect, equality, dignity and autonomy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 April 2025	08:15hrs to 15:45hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

Based on feedback from residents and observations made during this inspection, it was clear that residents were very happy living in Raheen Community Hospital and felt their rights were respected in how they chose to spend their time. Those who spoke with the inspector expressed satisfaction with the staff, meals, bedroom accommodation, and the range of services and activities available to them.

Upon arrival at the centre, the clinical nurse manager welcomed the inspector. The inspector conducted a walk through the facility, reviewing the premises and engaging with most of the residents. During this inspection, the inspector spoke in detail with ten residents about their lived experiences. The centre was decorated very nicely with an Easter tree and other decorations; this centre has strong ties with the community that include the Youthreach programme and the local school.

During the inspection, the inspector met with four visitors who expressed a high level of satisfaction with the quality of care provided to their relatives and friends. They noted that their interactions with the management and staff were positive. The visitors reported that the management team were approachable and responsive to any questions or concerns they had.

Residents had convenient access to a secure internal courtyard, which was well-maintained and nicely decorated, providing ample space for them to relax in pleasant weather.

There were information notice boards for residents and visitors in corridors around the centre, this was to inform residents of the services available to them as a resident in the centre. Advocacy and other supports services were displayed with their contact details. A notice board dedicated to infection prevention and control (IPC) was visible to inform staff and residents of best practice.

The accommodation is divided into three areas, Brian Boru, McLysaght and Oak. There were six twin bed and ensuite rooms, 11 single bed and ensuite rooms and two Palliative Care suites. The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia.

There was a variety of comfortable communal spaces including sitting rooms, day rooms and dining rooms available to residents. Communal areas were seen to be supervised at all times and call bells were answered promptly.

On the day of the inspection there were advisory notices on all the hand-wash basins informing not to turn on the taps. Residents had been informed that there was no access to cold water aside from bottled water for drinking or washing. This measure had been put in place in consultation with public health and is discussed further in the report under Capacity and capability. Residents and visitors were informed about the water restrictions and said "it was like back in the old days and

they would manage fine".

The main kitchen was clean and adequate in size to cater for the residents' needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff.

On the day of inspection there was Mass held by the local priest in the small on-site chapel. Mass is held there twice a week and residents told the inspector how much they enjoyed attending the service.

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

Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of quality and safety which is further discussed within this report.

This unannounced inspection focused on the infection prevention and control related aspects of the regulations.

The Health Service Executive (HSE) is the registered provider of Raheen Community Hospital. There were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The person in charge had nominated three staff members to the role of IPC link practitioners to support staff to implement effective IPC and antimicrobial stewardship practices within the centre. Staff also had access to on-site training and support from IPC specialists as required, one of which was on-site during this inspection.

The inspector observed there were sufficient numbers of clinical and housekeeping staff to meet the needs of the centre on the day of the inspection. Residents were seen to receive support in a timely manner, such as providing assistance at meal times and responding to requests for support. The provider had increased the staffing levels in housekeeping since the last inspection, this had improved the cleanliness of the centre. On the day of the inspection the centre was clean and fresh smelling. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene in the centre. These included cleaning specifications and checklists. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths. Cleaning records were in place to show that rooms

were cleaned daily and deep cleaned.

The provider had identified high levels of *legionella* bacteria in the water supply based on laboratory reports. In response, and following advice from public health officials and the microbiologist from the IPC community team, all water outlets for drinking and washing connected to the main water supply were marked out of use. After the disinfection of the system was completed, the water had been retested and the provider was waiting on the results to determine if the bacteria present was now within normal limits. There was a robust risk assessment in place to ensure that residents and staff were safe and well informed. Bottled water was used for drinking and boiled water for washing was used.

Staff had effectively managed an outbreak of *COVID-19* and *Influenza* in January of the year. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. A review of notifications submitted found that outbreaks were managed, controlled and reported in a timely and effective manner.

The centre had a schedule for conducting IPC audits, carried out by the management team. The audits covered various areas such as hand hygiene, linen management, equipment, environmental cleanliness, laundry and waste management. Audit scores were high which reflected what the inspector observed on the day of inspection.

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of the residents living in the centre.

There were sufficient staff resources to maintain the cleanliness of the centre. There were two housekeeping staff in the centre on the day of the inspection. Both of the housekeepers were employed through an agency but they knew the centre as they had worked there previously.

Judgment: Compliant

Regulation 16: Training and staff development

Efforts to integrate infection prevention and control guidelines into practice were underpinned by education and training. A review of training records indicated that

all staff were up to date with IPC training through a blended approach of on-line and face-to-face.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There were effective management systems in place to ensure the service was safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that the quality of the service and quality of the care received by residents was of a high standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre.

Access to daily newspapers, television and radio was available. In the sitting room there was a computer for residents and visitors to use. Each bedroom had a television that connected to the internet for residents to access online services if they wish.

Conveniently located alcohol-based product dispensers along corridors and within

resident bedrooms facilitated staff compliance with hand hygiene requirements. Clinical hand-wash basins were available in resident bedrooms for staff use. There were no hand-wash sinks available for staff on the day of the inspection, except the kitchen where the water supply came from an on-site well. This had been risk assessed by the IPC community team.

Ancillary facilities generally supported effective IPC. The infrastructure of the small on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Sluice rooms were clean and well-ventilated. One of the sluice rooms had a bed pan washer that was out of order, this meant that some of the urinals had not been cleaned between use. This is discussed under Regulation 27: Infection control.

The inspector identified some good practices in IPC. For example;

- Waste, laundry, linen and sharps were managed in a way to prevent the spread of infection.
- Vaccination records for residents were kept up to date and there was a high vaccine uptake for *COVID-19* and *Influenza*.
- Ample supplies of personal protective equipment (PPE) were available and appropriate use of PPE was observed during the course of the inspection.
- Antimicrobial stewardship initiatives reviewed provided ongoing assurance regarding the quality of antibiotic use within the centre. For example; the use of dipstick urinalysis was no longer routinely used to assess for evidence of urinary tract infection in adults without clinical signs and symptoms of infection. This initiative minimised unnecessary antibiotic prescribing.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visits and social outings were encouraged and facilitated.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

The visitor policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, also access during outbreaks and arrangements for residents to receive visits by their nominated support persons during outbreaks.

Judgment: Compliant
Regulation 17: Premises
<p>The registered provider ensured premises were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations (2013). The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs.</p> <p>Overall, the general environment including residents' bedrooms, communal areas and toilets were visibly clean and well-maintained.</p>
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
<p>A review of documentation found that there was effective communication within and between services when residents were transferred to or from hospital to minimise risk and to share necessary information. The National Transfer Document was used to share information when residents were transferred to acute care.</p>
Judgment: Compliant
Regulation 26: Risk management
<p>Following the last outbreak, the person in charge had prepared a detailed outbreak report in line with the national guidelines. The report included a timeline of events, the number of residents and staff affected and details of the infection control measures implemented. The outbreak report identified learning points and included clear recommendations to improve future responses.</p> <p>A risk assessment was in place to manage the current risk of <i>legionella</i> bacteria in the water supply.</p>

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example:

- The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:
 - The bedpan washer in one of the sluice rooms was not in good working order. This meant that urinals and bedpans may not have been cleaned properly thus increasing the risk of infection spread. Three urinals found in residents rooms were dirty at the base and had been reused without being cleaned in the bedpan washer.
 - The change of curtains in the twin rooms had not been included in the deep clean schedule after the last outbreak. This omission increased the risk of infection spread.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidence- based interventions to meet the assessed needs of residents.

A review of care plans found that accurate IPC information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and the resident that had a urinary catheter.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and appropriate

expertise in line with their assessed needs, which included access to an occupational therapist (OT), tissue viability and dietitians as required.

Judgment: Compliant

Regulation 9: Residents' rights

Call-bells were accessible throughout the centre, and staff were responsive and attentive, promptly addressing residents' requests and needs. Staff members knocked on residents' bedroom doors before entering, and the inspector observed that they were familiar with residents' needs and preferences, greeting them by name. Residents appeared relaxed and enjoyed the company of the staff.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Raheen Community Hospital OSV-0000611

Inspection ID: MON-0046194

Date of inspection: 23/04/2025

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Actions completed: <ul style="list-style-type: none">• The bedpan washer in the referenced sluice room was awaiting removal from the sluice room. It had been replaced by a macerator at time of inspection.• Communicated to staff to use the macerated single use bedpans and urinals.• Deep Clean Schedule has been updated to include change of curtains.	

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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	24/04/2025
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	24/04/2025