Health Information and Quality 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:	25 October 2022
Centre ID:	OSV-0000611
Fieldwork ID:	MON-0038284

About the designated centre

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

Raheen Community Hospital iIs situated in an idyllic rural setting in Raheen Woods, three miles from Scariff. It is registered to accommodate 25 residents. It is a two-storey building and the bedroom accommodation comprises of eight single rooms, one twin room, two palliative rooms, three three-bedded units and one four-bedded unit, all with en-suite facilities. Communal areas comprise of sun room/ conservatory, relaxation garden room, sitting room, church, dining room, family room, kitchen and St Teresa's Garden. Raheen Community Hospital provides 24-hour nursing care to both male and female residents aged 18 or over requiring long-term, short-term, respite and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21

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
Tuesday 25 October 2022	09:40hrs to 18:05hrs	Oliver O'Halloran	Lead

What residents told us and what inspectors observed

Overall the feedback from resident's was positive about their experience of living in the centre. The inspector spoke with multiple residents throughout the day, who described that staff were kind and responsive to their needs. One resident described that 'the staff here couldn't be better'. Another resident said that 'everybody is just so kind'.

On arrival at the centre, the inspector was met by the clinical nurse manager. Following an introductory meeting, the inspector walked about the centre accompanied by the clinical nurse manager. The inspection was facilitated by the person in charge and clinical nurse manager.

The inspector observed a calm, relaxed and unhurried atmosphere in the centre throughout the inspection. Staff were observed to be kind and respectful when interacting with residents, and while meeting resident's personal care needs. Staff were observed providing prompt assistance to residents, with call bells being responded to promptly.

The centre was laid out over two floors, with resident communal and bedroom accommodation set out over the ground floor. The first floor accommodated office spaces for the person in charge, clinical nurse manager, and administration. Staff facilities were also located on the first floor. Resident private accommodation comprised of ten single rooms, one twin bedroom, three three- bedded rooms and one four-bedded room. There were two sitting rooms, one of which was the library, a dining room, and a chapel for resident's communal use. In addition there was a comfortably furnished seating area along a resident bedroom corridor. Throughout the day, the inspector observed residents spending time in these communal areas. The centre had a hairdresser's room. There was a day centre, that provided a service to the local community, which was part of the designated centre. Residents could independently access a landscaped enclosed garden. The palliative care accommodation area had its own sitting room. This sitting room was not accessible to residents or visitors as it was being used for storage.

The inspector observed that residents' bedrooms had adequate storage space, which included a bedside locker and wardrobe space for each resident. Bedrooms were observed to have space for residents to display items of personal significance. The inspector observed that photographs, ornaments and other personal items were on display in residents' bedrooms. In the multi-occupancy bedrooms, privacy screens ensured that resident's privacy and dignity was respected. The inspector observed that one resident did not have call bell access at their bedside. Not all communal toilets had call bell access to enable residents to call for assistance when needed.

The inspector observed that the lunch- time dining experience was an unhurried, social occasion. Residents could choose to have their lunch in the dining room, in

one of the sitting room areas or in their own bedroom. A resident told the inspector that 'the food is wonderful here', and another resident said that 'there is always a choice of food'. When residents needed assistance, staff providing the assistance did so in a manner that ensured the resident's dignity was respected. The inspector observed that the resident's lunch time meal was being provided by an external service, whilst the centre kitchen was having upgrading works completed.

Residents were engaged in group activities, facilitated by an activities co-ordinator in the morning and in the afternoon. There was an activities schedule in place seven days a week. An activities notice board was prominently displayed and informed residents of the activities that were on offer. In addition to the activities provided in the centre, residents explained that they could participate in activities that were taking place in the day centre. Residents also went on trips out in the centre's mini bus.

Family and friends were facilitated to visit residents. Visitors were observed coming and going in the centre throughout the day. Visitors had access to a family room, with comfortable seating, and also a kitchenette facility to prepare hot drinks.

The next two sections of this report present the findings in relation to the governance and management of the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection were that the management structure and resources in the centre ensured that residents received a good standard of person- centred care, in response to their assessed needs. However, improvements were required to ensure compliance with Regulation 24, Contract for the provision of services.

This was an unannounced risk inspection, carried out over one day, by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The Health Service Executive (HSE) is the registered provider of the centre. The provider had a clear governance structure in place with lines of authority and accountability clearly defined. The centre had access to resources within the provider organisation, such as human resources, and infection prevention and control nursing expertise. The person in charge was supported by a general manager. In the centre, the person in charge was supported by two clinical nurse managers, with one working in a supervisory role and the other working predominantly in direct care delivery. Arrangements were in place to ensure that one of the clinical nurse managers deputised in the absence of the person in charge. There was a team of nursing, care and support staff in place.

The provider had oversight systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. There was an audit schedule in place. Audits were undertaken across clinical and environmental aspects of the service, such as infection prevention and control and care planning. A review of the audit schedule and audits completed in 2022 evidenced that quality improvement plans were developed to address deficits found on audit. These plans were discussed at fortnightly management meetings. These meetings were attended by the nursing management team, and strategies were put in place to ensure that quality improvement plans were implemented in the centre. The inspector observed that the centre had moved to an electronic audit management system in September 2022.

There was evidence that risks were appropriately identified and monitored on the centre's risk register. For example, a number of identified risks associated with the current building works being undertaken in the centre had been documented and managed in the risk register. Risk control measures were outlined and additional controls were put in place to minimise the impact of the risk to residents.

The person in charge attended monthly governance and management meetings with the general manager, and persons in charge from other designated centre's in the provider organisation. A review of the minutes of these meetings evidenced that centre-specific risks were escalated and addressed through this forum.

An annual review had taken place for the year 2021, which was informed by resident feedback.

The inspector found that the staffing level in the centre was appropriate for the size and layout of the centre, the assessed needs of the residents, and in accordance with the staffing resources outlined in the centre's statement of purpose.There was an adequate skill mix of nursing and support staff on duty.

The person in charge had ensured that staff had access to mandatory training. There was a system in place to monitor staff training. A review of this system evidenced that mandatory training was provided at appropriate intervals. Staff were also facilitated to avail of other training appropriate to working with older adults in residential care, such as, dementia care. Staff who spoke with the inspector were knowledgeable about individual resident’s needs and their role in supporting the resident's quality of life. Staff told the inspector that they were supported in their role by the centre's management team.

There were effective record and file management systems in place. All records, such as staff personnel files and residents records were well maintained and stored securely in the centre. A review of a sample of staff personnel files found that they contained the necessary documentation, as set out in Schedule 2 of the regulations.

A review of contracts for the provision of services found that all residents had an agreed contract in place. However, the contract did not detail the room number, or the occupancy of the room.

The centre had a complaints policy. The complaints procedure was on clear display

in the centre and set out clearly the process for making a complaint. Residents who spoke with the inspector, understood what action to take in the event that they needed to make a complaint about the service. A review of complaints records found that they contained sufficient detail of the nature of the complaint and the investigation carried out. The records also evidenced communication with the complainant and the complainants satisfaction with the outcome was identifiable.

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of the staff in the centre was appropriate with regard to the assessed needs of the residents and for the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date mandatory training. Staff demonstrated appropriate awareness from the training undertaken.

Arrangements were in place to ensure that staff were appropriately supervised in their roles.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a number of staff personnel files which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the centres statement of purpose. There was a clearly defined management structure that identified lines of

authority and accountability.

Management systems were in place that ensured the service provided was safe, appropriate and effectively monitored. For example, there was a robust audit schedule in place which ensured continuous quality improvement in the centre.

An annual review was undertaken for the year 2021, which was informed by resident and relative feedback. The annual review was available in the centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Action was required to ensure that the contract for the provision of services met regulatory requirements. For example:

- The contract for the provision of services did not specify the room number or the number of other residents, if any, sharing the residents bedroom accommodation.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure. The complaints procedure was accessible to residents. A review of complaints found that complaints were managed in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents received a good quality service that met their assessed needs. However, improvements were required to ensure compliance with Regulation 17, Premises, Regulation 27, Infection control, and Regulation 28, Fire precautions.

The design and layout of the premises was appropriate to support the needs of the residents. It provided adequate indoor communal and private spaces for residents. The centre's enclosed landscaped garden could be accessed independently by residents. The inspector found that the centre was well lit and warm throughout on

the day of inspection. However, there was a lack of adequate storage space in the centre, and there was a lack of emergency call facilities in every room used by residents.These findings will be discussed under Regulation 17, Premises.

Residents' had a comprehensive assessment of their health, personal and social care needs on admission to the centre. The assessment was undertaken using validated assessments. This assessment informed the development of a resident's care plans. A review of a sample of resident's care plans evidenced that they were developed in consultation with the resident, and where appropriate their relatives. Care plans were reviewed at intervals not exceeding four months and more frequently where the resident's condition necessitated a review being undertaken.

Residents were facilitated with timely access to the centre's medical officer. A referral system was in place that ensured residents had access to allied health and social care professionals, such as occupational therapy and physiotherapy. A review of resident's records found that the centre incorporated allied health professionals and medical team's treatment plans into the resident's care plans. These plans were observed to be adhered to. For example, a resident's wound care regime was guided by the recommendations made by the vascular doctors.

The centre's infection prevention and control practices were underpinned by up-to-date guidance documents. A review of documentation evidenced that the centre had access to professional advice from the provider organisation infection control nurse specialist. There was a cleaning schedule in place, which included staff rostered for cleaning, seven days a week. Staff with responsibility for cleaning demonstrated awareness of their role and the processes in place in the centre. Nonetheless, there was a cleaning trolley in use that was visibly unclean. This posed a risk of cross contamination. Furthermore, the trolley had no lockable or closable space for the storage of cleaning chemicals which were in use. This posed a risk to resident safety. There were areas in the centre where the wall covering was not intact in a bathroom and a sluice room. This resulted in these areas not being amenable to being effectively cleaned. There was also an area on a corridor where the floor was not intact.

There was an activity schedule in place. Residents had access to daily newspapers and had access to radio, television and the internet. The activities co-ordinator was observed facilitating a daily news session with a group of residents in the morning time, and in the afternoon the co-ordinator facilitated a game of bingo for a group of residents. A group of four residents took part in a session with the centre's physiotherapist. Residents had the opportunity to participate in resident's meetings, which had taken place monthly in 2022. A review of the minutes of these meetings evidenced that this forum provided an opportunity for residents to be informed and consulted about the organisation of the centre.

Records maintained evidenced that maintenance and servicing of the fire alarm, emergency lighting systems and firefighting equipment were carried out in line with regulatory requirements. Staff demonstrated awareness of the centre's fire safety and evacuation procedures. However, there were fire doors that when activated and closed had visible gaps between the doors, rendering these doors ineffective in

preventing the spread of smoke in the event of an outbreak of a fire. This finding will be discussed further under Regulation 28, Fire precautions.

Regulation 11: Visits

The registered provider had ensured that there were arrangements in place for a resident to receive visitors.Visits to residents were not restricted.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure compliance with Regulation 17, Premises. For example:

- There was inadequate storage space. This was evidenced by items being stored inappropriately in the residents dining room and in a sitting room area in the centre.
- Emergency call facilities were not accessible in all communal toilet facilities in use by residents. In addition, a resident did not have access to emergency call facilities from their bedside.

Judgment: Substantially compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27, Infection control. Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, as published by the Authority were implemented by staff. For example:

- There were areas in a communal bathroom and a sluice room where the wall covering was not intact. This resulted in these areas not being amenable to be effectively cleaned.
- There was an area of flooring not intact on a corridor area in use by residents. This area could not be effectively cleaned.
- A cleaning trolley in use was visibly dirty, which posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure compliance with Regulation 28, Fire precautions.

A review of the fire safety systems in the centre found that arrangements in place for fully containing a fire in the event of an outbreak of fire in the centre were inadequate. For example:

- There were fire doors with large gaps between the doors when the doors were in the closed position.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was in place that guided the development of care plans. The assessment was undertaken using validated assessment tools to identify resident need. Care plans contained sufficient detail to guide staff to meet residents individual needs. Care plans were reviewed at intervals not exceeding four months, in consultation with the resident, and where appropriate, their family.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a doctor. A review of residents records evidenced that resident's had access, by a system of referral, to the expertise of allied health professionals, such as physiotherapists, occupational therapists and a dietitian.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their

interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre. Residents had access to an independent advocacy service.
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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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-0038284

Date of inspection: 25/10/2022

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 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: Actions : The contract for the provision of services will specify the room number In addition, it will include the number of residents if sharing a resident bedroom accommodation. Proposed Timescale: 15/12/2022	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Actions: Inappropriately stored items have been removed and alternative storage areas are been explored. Proposed timescale for additional storage to be put in place : 15/ 02/ 2023 Emergency call facilities are assessable in all communal toilet facilities in use by residents. All bedside call facilities from bedside have been checked and are in working order.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Areas in the communal bathroom and sluice room where the wall covering was not intact have been referred to maintenance for correction to ensure this area is amenable to effective cleaning.

Proposed Timescale: 15/02/2023

New flooring to corridor area used by residents
Proposed Timescale: 15/02/2023

Cleaning trolley cleaned and decontaminated to prevent risk of cross infection.
Proposed Timescale: Completed

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The fire doors were assessed by a Fire Officer, all doors are compliant.

Proposed Timescale: Completed

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/02/2023
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 number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	15/02/2023

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	15/02/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/12/2022