



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

Issued by the Chief Inspector

Name of designated centre:	Regina House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Cooraclare Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	12 February 2025
Centre ID:	OSV-0000612
Fieldwork ID:	MON-0044365

About the designated centre

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

Regina house community nursing unit is located on the outskirts of the town of Kilrush in West Clare. The centre is single storey and designed around a central, secure, enclosed garden, which was easily accessible from the corridors and day room areas. It can accommodate up to 30 residents over the age of 18 years. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides long-term residential, respite, dementia and palliative care. Bedroom accommodation is offered in 18 single and six twin rooms. Nine single bedrooms and five twin rooms have ensuite shower and toilet facilities. Nine single bedrooms in the older section of the building can accommodate residents who do not require the assistance of mechanical devices to mobilise. There was a variety of communal day spaces, including dining room, day rooms, quiet room, church, front entrance area, conservatory and family room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 12 February 2025	09:45hrs to 17:15hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about the staff in the centre and the care they provided.

This unannounced inspection took place over one day. There were 25 residents accommodated in the centre on the day of the inspection and five vacancies.

On the morning of the inspection, the inspector completed a walk through the designated centre with a clinical nurse manager, giving an opportunity to review the living environment, and to meet with residents and staff. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, some residents were relaxing in the communal areas, while other residents were having their care needs attended to by staff. There was a relaxed and calm atmosphere, and polite conversation was overheard between residents and staff.

Regina House Community Nursing Unit is a single-storey purpose-built facility providing accommodation for 30 residents, located in Kilrush, County Clare. The building was found to be laid out to meet the needs of residents, and to encourage and to support independence. Resident bedroom accommodation comprised of single and twin bedrooms, a number of which had ensuite bathroom facilities. Residents' bedrooms were suitably styled with adequate space to store personal belongings. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. There was a sufficient choice of suitable communal areas provided for residents to use, depending on their preference, including sitting rooms, a dining room, a chapel and a lobby area. There was sufficient space available for residents to meet with friends and relatives in private. All areas of the centre were designed and furnished to create a comfortable and accessible living environment for residents. There was an accessible enclosed garden available which contained a variety of seasonal plants and suitable seating.

The centre was very bright, warm and well-ventilated throughout. Corridors were wide and there were appropriately placed hand rails to support residents to walk independently. There was ample storage facilities for equipment, and corridors were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. Call-bells were available in all areas and residents told the inspector that they were answered in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents.

The centre was very clean, tidy and well-maintained. Equipment used by residents was observed to be visibly clean. Housekeeping staff were observed to clean the

centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned.

Throughout the day, the inspector spent time observing staff and resident interaction in the various areas of the centre. The majority of residents were up and about as the day progressed. Residents were observed to be content as they went about their daily lives. They were relaxed and familiar with one another and in their environment. Some residents moved freely around the centre, while other residents were observed sitting quietly, relaxing and observing their surroundings. It was evident that residents were facilitated and supported to exercise choice in their daily routines. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. The inspector observed that personal care was attended to a high standard. Staff supervised communal areas and those residents who chose to remain in their bedrooms were supported by staff. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

Residents were happy to talk about their experience of living in the centre. Those residents who spoke with the inspector said that they were satisfied with life in the centre. Residents commented that they were well cared for, comfortable and happy. One resident told the inspector 'we are well-looked after and what more could you ask for'. Another resident said that 'life is good'. There were a number of residents who were unable to speak with the inspector and were therefore not able to give their views of the centre. However, these residents were observed to be content and relaxed in their surroundings.

There were opportunities for residents to engage in recreational activities of their choice and ability. There was a schedule of activities in place which included, exercises, bingo and music. Dementia-specific activities were also provided. The inspector observed residents participating in various activities throughout the day. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished. There was a well-attended music session in the afternoon provided by a staff member. One of the residents also played the accordion during the session.

The inspector observed many visitors being welcomed to the centre throughout the day of the inspection.

The centre provided residents with access to adequate quantities of food and drink. Residents had a choice of meals from a menu that was updated daily. Snacks and refreshments were available throughout the day. The residents' lunch time was observed to be a pleasant, relaxed experience for residents. Staff were observed to provide assistance and support to residents in a respectful manner.

In summary, this was a good centre with a responsive team of staff, delivering safe and appropriate person-centred care and support to residents.

Capacity and capability

This was an unannounced inspection carried out 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 findings of this inspection reflected a commitment from the provider to on-going quality improvement that enhanced the daily lives of residents. This was evidenced through compliance with the regulations reviewed.

The Health Service Executive (HSE) is the registered provider of Regina House Community Nursing Unit. The inspector found that there was an established and clear management structure in place. There was a person in charge in post, supported by a clinical nurse manager, nursing and support staff. The governance and management was well-organised, and the centre was well-resourced to ensure that residents were supported to have a good quality of life. The management team were well known to the residents and staff. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge. On the day of the inspection, the person in charge was not available and the clinical nurse manager (CNM) who was deputising in their absence facilitated the inspection.

The designated centre had adequate resources available to ensure residents received a good standard of care and support. The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew their individual needs. Staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of the residents, given the size and layout of the building. Staff had the required qualifications, competencies, and experience to fulfil their roles. Staff were observed working together as a team to ensure residents' needs were addressed and, were observed to be interacting in a positive and supportive way with residents. The person in charge and clinical nurse manager provided clinical supervision and support to all staff.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

Staff were facilitated to attend training, appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training. The inspector found that staff had completed training in the areas appropriate to their role.

The centre had a risk register in place which identified clinical and environmental risks to the safety and welfare of residents, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

There were a number of management systems in place to monitor the quality and safety of the service. There was a schedule of clinical and environmental audits which evaluated practices such as care planning, infection prevention and control and environmental hygiene. Action plans were developed and completed where areas for improvement were identified. Regular staff meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including health and safety, clinical issues, nutrition, staffing and training. An annual review of the quality and safety of the services in 2024 was in progress.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible.

The management team met with each other and staff on a regular basis. Records of meetings were maintained and showed that a range of agenda items were discussed including, care planning, risk management, infection prevention and control, staffing issues, medication management, catering and other relevant management issues.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a training programme appropriate to their roles. Staff had received training concerning safeguarding vulnerable adults at risk of abuse, fire safety, management of responsive behaviours and infection control. An ongoing training schedule was in place to ensure all staff remained up-to-date with these training programmes.

Judgment: Compliant

Regulation 21: Records

Record-keeping and file-management systems ensured that records were securely store, appropriately maintained and accessible. The inspector reviewed a number of staff personnel records, 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 designated centre had sufficient resources to ensure the effective delivery of good quality care and support to residents.

There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits was used to identify areas for improvement.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place, which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents living in Regina House Community Nursing Unit were satisfied with the service they received, and reported feeling safe and content living in the centre. The inspector observed that the standard of care which was provided to residents was of a very good quality. Staff were kind, compassionate and respectful with residents.

Nursing and care staff were knowledgeable about residents' individual health and social care needs and this was reflected in the nursing documentation. A sample of four residents' assessments and care plans were reviewed. A range of clinical assessments were carried out for each resident on admission to the centre to identify care and support needs using validated assessment tools. The outcomes of assessments were used to develop a care plan for each resident which provided guidance on their assessed needs. Individual care plans were comprehensive, with person-centred information that was updated every four months, or as changes occurred, to reflect residents' changing needs and to provide very clear guidance to staff on the supports required to maximise the residents' quality of life. Daily progress notes demonstrated good monitoring of residents' care and support needs.

Residents had access to appropriate medical and healthcare services. Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments and care plans were in place. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received non-restrictive care and support from staff that was kind, and respectful.

The inspector observed that residents' rights and choices were respected and facilitated in the centre. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. There was a schedule of recreational activities in place seven days a week and there were

sufficient staff available to support residents in their recreation of choice and ability. Residents had the opportunity to meet together and discuss relevant organisational issues in the centre. Residents had access to an independent advocacy service.

There was a residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and the arrangements for visits.

The environment and equipment used by residents were visibly clean on the day of the inspection. Staff demonstrated an appropriate knowledge of the centre's cleaning procedure and the systems in place to minimise the risk of cross infection. There were systems in place to monitor infection prevention and control, antimicrobial usage, and the quality of environmental and equipment hygiene.

There was effective oversight of medicines management to ensure that residents were protected from harm and provided with appropriate and beneficial treatment.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements as set out in Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were processes in place for the prescribing, administration and handling of medicines, including controlled drugs, which were safe and in accordance with current professional guidelines and legislation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor restrictive practices to ensure that they were appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives.

Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant