

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Raheen Community Hospital
Centre ID:	OSV-0000611
Centre address:	Tuamgraney, Scariff, Clare.
Telephone number:	061 923 007
Email address:	maria.bridgeman@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maria Bridgeman
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	20
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 November 2016 09:00	16 November 2016 17:30
17 November 2016 09:00	17 November 2016 15:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 14: End of Life Care	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over two days.

As part of the inspection the inspector met with residents, relatives, the clinical nurse manager 2 (CNM2) who was deputising for the person in charge, business manager and staff. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, policies and procedures.

On the day of inspection, the inspector was satisfied that the nursing and healthcare needs of residents were being met. Residents had daily access to medical care and good access to other healthcare professionals such as physiotherapy.

The nursing staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents and relatives spoken with were very satisfied with the service provided.

A day care service was attached to the centre and more independent residents enjoyed mingling with the day care service users or participating in the activities provided there. The activities coordinator continued to work four days a week and provided a varied and interesting activity schedule as well as one to one activities with residents. There was evidence of consultation with residents and their families as to the organisation of the service in particular with regard to the new extension.

The management staff demonstrated a continued commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Phase one of the new development which comprised of six single and one twin bedroom with assisted shower en suite facilities was nearing completion. Plans for phase two and three of the development were in place to include an additional seven bedrooms and reconfiguration of the existing building.

Areas identified for improvement included the physical environment such as the size and layout of multi-occupancy rooms, inconsistencies in the nursing documentation, records relating to staff and staffing rosters, medication management and completion of an annual review of performance. These are contained in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The statement of purpose dated August 2016 contained all of the information required by Schedule 1 of the regulations, however, it required updating to reflect recent changes to the governance arrangements for the centre.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The provider had established a clear management structure, nursing management posts had been filled since the last inspection. There was evidence of consultation with residents and their representatives, however, a review of performance against the National Standards for Residential Services for Older People in Ireland had not yet been

completed.

The management structure included supports for the person in charge to assist her to deliver a good quality service. These supports included a clinical nurse manager (CNM2), a CNM1, risk advisor, infection prevention and control manager, business manager and senior operations manager. The management team were in regular contact. The person in charge met formally with the CNM2 on a weekly basis to review and discuss the individual care needs of all residents. The business manager visited the centre on a weekly basis and was available for support at all times. There were established regular meetings of persons in charge to discuss issues of concern and share learning.

The person in charge worked full time and had the appropriate experience and qualifications for the role. The person in charge was on leave during the days of inspection and the CNM2 deputised on her behalf. There was an on call out of hours system in place. The CNM2 told the inspector that nursing management were well supported in their roles that they could contact any member of the management team at any time should they have a concern or issue in relation to any aspect of the service.

There was evidence of consultation with residents and their representatives. Regular residents meetings were held, minutes of meetings were recorded. The inspector reviewed the minutes of recent meetings and noted that topics discussed included the new building, infection control, smoke free campus, recent fundraising events, activities and discussion regard to naming the new extension. There was evidence that residents and their representatives were included and consulted in the development and review of care plans.

Systems were in place to review the safety and quality of care. There was an audit schedule in place, recent audits completed included medication management, meals and meal times, infection control and hand hygiene. Recommendations were documented and quality improvement plans were in place. A new monthly audit was taking place and included review of medication management, pressure ulcers, falls, restraint, environment and care planning documentation. The results of audits were discussed with staff and there was evidence of learning and improvement as a result.

A review of performance against the National Standards for Residential Services for Older People in Ireland had not yet been completed for 2015. The business manager advised that this review would be taking place.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adults. The person in charge was on leave at the time of inspection.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

All records as requested during the inspection were made readily available to the inspector.

All policies as required by Schedule 5 of the regulations were available, systems were in place for the on-going review and updating of policies.

The inspector reviewed the staffing roster and noted that the hours that staff worked, the roles of staff, the full names of staff were not always clear on the duty roster.

The inspector reviewed a sample of staff files and found that they did not contain all the required documentation as required by the Regulations. Evidence of Garda Síochána vetting, photographic identification, two written references and full employment history was not available for all staff. These issues are discussed under Outcome 18: Suitable staffing.

Judgment:

Non Compliant - Moderate

<p>Outcome 06: Absence of the Person in charge <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The management team were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge.</p> <p>The CNM2 deputised in the absence of the person in charge.</p>
<p>Judgment: Compliant</p>

<p>Outcome 07: Safeguarding and Safety <i>Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: While the provider had taken measures to safeguard residents from being harmed and from suffering abuse, the inspector was unable to determine from staffing records maintained in the centre if all persons who were employed in the centre and persons who provided services to residents on a regular and on-going basis had Garda Síochána vetting in place. This was brought to the attention of the business manager and CNM2 who advised the inspector that some documentation was held in the human resource (HR) department in the HSE main office. They agreed to review staff files in the centre and follow up with the HR department.</p> <p>There was a suite of policies in place outlining the organisations policies and procedures on the management of any suspected, alleged or reported abuse; evidence based and</p>

nationally agreed policies on the use of restraint and procedures for the management of behaviours that challenged. Updated safeguarding training was currently being undertaken by staff, some staff member's had recently completed same, some were attending training on the days of inspection and training was scheduled for all staff in the coming weeks.

Staff spoken with and training records indicated that staff had attended recent training on understanding and managing behaviours that challenged. Staff confirmed that they continued to promote a restraint free environment. There were no bedrails and no chemical restraints in use at the time of inspection.

The inspector observed that residents appeared relaxed, calm and content. The CNM2 stated that there were no residents presenting with behaviours that challenged at the time of inspection.

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

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

The provider had systems in place to protect the health and safety of residents, staff and visitors, the action required from the previous inspection in relation to fire drills had been addressed, however, improvements were required to recording daily fire safety checks and updating the fire safety site map.

There was a health and safety statement available. Systems were in place for regular review of risks. The risk register was comprehensive, it identified both open and closed risks. It contained risk assessments for standard potential risks such as slips, trips and falls but also risk assessments for new and evolving risks such as the reduction to nursing staff available for day duty and infection control risks due to the lack of single bedrooms. There was documentary evidence that relevant personnel from within the wider organisation worked with the person in charge on identifying and implementing the required controls.

The risk register contained risk assessments for the specific risks identified in the regulations.

The inspector reviewed the emergency plan which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for alternative accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. Staff were seen to be provided with a high specification of equipment for moving techniques in resident care including ceiling hoists. Records seen indicated that the equipment was inspected and tested in July 2016.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in February 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in November 2016. Daily and weekly fire safety checks were carried out however, these checks were not consistently recorded. The fire safety site map which outlined all routes of escape required updating to reflect recent changes of the layout of the centre. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that many staff had received up-to-date formal fire safety training and further training was scheduled for 25, 26 November and 2 December 2016. Nineteen staff members had attended fire safety training and evacuation training in August 2016, a fire drill took place in January 2016, records maintained included the names of staff who attended as well as lessons learnt.

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

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. The building was found to be clean and odour free. All staff had recently completed training in infection control/hand hygiene. There was a monthly infection control audit schedule in place and monthly infection prevention control meetings took place to discuss and review all infections.

The inspector spoke with housekeeping staff regarding cleaning procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

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

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

Findings:

The inspector generally found evidence of good medication management practices and sufficient policies and procedures to support and guide practice. All issues identified at the previous inspection had been addressed, however, some gaps were noted in the medication administration charts. appropriate codes had not been used therefore the inspector could not determine if the medications had been administered as prescribed.

The medication management policy had been updated following the last inspection to provide guidance on the disposal of medicinal products.

The inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

All medications that required strict controls were now individually prescribed, supplied by the pharmacist and appropriately stored and managed. A controlled drug register was maintained and a stock balance check was found to be correct. All controlled drugs in stock were now labelled with resident specific details.

Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medication prescribing/administration sheets. They contained all of the information required to enable nurses to safely administer them. All medications including medications that were required to be crushed were individually prescribed. All medications were regularly reviewed by the general practitioner (GP).

The inspector noted that some medications had not been administered as prescribed. Gaps were noted in the medication administration charts, appropriate codes had not been used and no comments had been recorded such as withheld or refused.

Systems were in place to record medication errors which included the details, outcome and follow up action taken. Staff were familiar with them.

Systems were in place for checking medications on receipt from the pharmacy and the return of unused/out-of-date medications to the pharmacy.

Regular medication management audits were carried out by the CNM2. Recent audits reviewed had identified improvements required including the omission of codes. This issue had been brought to the attention of staff.

Nursing staff spoken with and training records reviewed indicated that nurses had

attended medication management training while others were in the process of completing updated on line training.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services, however, care planning documentation was not always updated to reflect advice from allied health services such as SALT, dietician and OT.

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

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents at high risk of falls, with reduced mobility, nutritionally at risk, with swallowing difficulties and with wounds.

Up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency and manual handling.

The inspector saw that each resident had a nursing plan of care based on an assessment of resident's strengths and need for supports. Care plans had been reviewed and updated on a regular basis. Some care plans were detailed, guided the care of the resident and were person centered. Systems were in place to record evidence of residents/relatives involvement in the development and review of their care plans.

However, the inspector noted some inconsistencies in the nursing documentation. The care plans in some cases did not clearly guide the care of the resident. Recommendations from allied health services such as SALT, dietician and OT were not always reflected or updated in residents care plans. Nursing staff spoken with were generally knowledgeable regarding the individual needs of residents and clearly described the care delivered however, this was not the case in relation to an OT seating intervention report. Staff spoken with were not knowledgeable regarding the advice given in relation to feet support.

The inspector was satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound charts in place.

The inspector was satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

Findings:
As identified on all previous inspections elements of the design and layout of the

premises are not suitable for its stated purpose and function, did not meet the individual and collective needs of residents, and did not meet regulatory requirements.

The inspector noted that improvements continued to be made to the premises. The inspector was shown around phase one of the new extension which was nearing completion and due to be handed over by the builders in the coming weeks. It included two communal rooms, six single and one twin bedroom with en suite shower and toilet facilities, sluice room and enclosed garden area. The business manager advised the inspector that it was planned to open the new extension during quarter one of 2017 and undertook to submit a transition plan prior to moving residents into the new accommodation. She stated that there were further plans for phase two and three of the development to include an additional seven bedrooms and reconfiguration of the existing building.

Resident private accommodation was provided in four single bedrooms, three with full en-suite sanitary facilities, one with en-suite toilet and wash-hand basin. The remaining residents were accommodated in multi-occupancy rooms of four, five and seven occupants. One five bed multi-occupancy bedroom was closed due to the current building works and the inspector was advised that this room would not be re-opening. The multi occupancy rooms in use appeared to be of sound construction and were in good decorative order but presented challenges to the provision of adequate space, privacy and dignity for each resident. The physical environment posed significant challenges when delivering personal care; attending to residents' care needs, infection control and communicating in privacy. Residents had limited space for the storage of personal belongings. The inspector noted that one multi-occupancy bedroom in particular, had both doors left open and was used as a thoroughfare by staff and relatives to get from one area of the centre to another.

The communal space provided was inadequate and consisted of two separate conservatory type structures; one clinical area opened directly into one of these areas. One of these areas was used to store unused beds and other furniture during the course of the building works.

The available dining space was inadequate for the number and needs of the residents accommodated.

There was no designated space for residents to meet with visitors in private.

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

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

Judgment:
Non Compliant - Major

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

The provider offered a dedicated palliative care and end of life care service. Two suites were available each comprising of a single en-suite bedroom with an adjoining living/kitchenette area. Staff spoken with said that given the predominance of multi-occupancy rooms all residents had access to these suites for end of life care so as to afford privacy and dignity to the resident and extended family unless there was an expressed choice to remain in the multi-occupancy room.

Two staff had completed post graduate education in palliative care and a significant number of staff had completed the end of life programme "what matters to me".

Staff spoken with said that care was supported by specialist palliative care services and that access and review following referral to the service was now always facilitated in a timely manner. The CNM2 advised that the service was available 24 hours a day and the home care team visited daily if required.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

During the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of residents. There were three nurses and CNM2, and three care staff on duty in

the morning and afternoon, two nurses and one care staff on duty in the evening and two nurses and one care staff on duty at night time. The person in charge and CNM2 were normally on duty during the day time Monday to Friday. A CNM1 also supervised the delivery of care including night time and at weekends.

The inspector reviewed the staffing roster and noted that these staffing levels were the norm. However, the hours that staff worked, the roles of staff, the full names of staff were not always clear. This action is included under Outcome 5: Documentation to be kept in a designated centre.

There was a comprehensive recently updated recruitment policy in place based on the requirements of the Regulations. The inspector reviewed a sample of staff files and found that they did not contain all the required documentation as required by the Regulations. Evidence of Garda Síochána vetting, photographic identification, two written references and full employment history was not available for all staff. This action is included under Outcome 5: Documentation to be kept in a designated centre.

Nursing registration numbers were available and up-to-date for all staff nurses. Staff training records were available in staff files and records indicated that staff had undertaken recent training in infection control, hand hygiene, nutritional screening, managing behaviours that challenge and care planning for nurses.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Raheen Community Hospital
Centre ID:	OSV-0000611
Date of inspection:	16/11/2016
Date of response:	12/12/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose dated August 2016 required updating to reflect recent changes to the governance arrangements for the centre.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

Statement of Purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 will be up-dated to reflect changes of the governance structure when this has been finalised. Maria Bridgeman continues as Provider for the centre. The changes to the Statement of Purpose will also include the new build.

Proposed Timescale: 31/01/2017

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A review of performance against the National Standards for Residential Services for Older People in Ireland had not yet been completed.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Annual Review Report Under Regulation 23(d) is currently being completed.

Proposed Timescale: 16/12/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Staff files did not contain all the required documentation as required by the Regulations. Evidence of Garda Síochána vetting, photographic identification, two written references and full employment history was not available for all staff.

The hours that staff worked, the roles of staff, the full names of staff were not always clear on the duty roster.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Staff files are currently being reviewed to ensure that the documentation as required by the Regulations is contained in each one.

HR have arranged to meet with staff identified as requiring Garda Vetting on the 14th December, 2016 to complete the Garda Vetting forms. These will then be sent to the Garda Vetting Liaison Office for processing.

Rosters have been amended and contain the hours that staff worked, the roles of staff, the full names of staff.

Proposed Timescale: 02/02/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspector was unable to determine from staffing records maintained in the centre if all persons who were employed in the centre and persons who provided services to residents on a regular and on-going basis had Garda Síochána vetting in place.

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

HR have arranged to meet with staff identified as requiring Garda Vetting on the 14th December, 2016 to complete the Garda Vetting forms. These will then be sent to the Garda Vetting Liaison Office for processing.

Proposed Timescale: 31/03/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The fire safety site map displayed which outlined all routes of escape required updating to reflect recent changes of the layout of the centre.

5. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

Fire Safety Site Map will be updated to reflect all changes to the centre.

Fire Training (Fire Evacuation and Fire Drill) took place on the 25th of November and the 2nd of December 2016.

Proposed Timescale: 31/01/2017

Outcome 09: Medication Management**Theme:**

Safe care and support

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

Some medications had not been administered as prescribed. Gaps were noted in the medication administration charts, appropriate codes had not been used and no comments had been recorded such as withheld or refused.

6. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Monthly medication audits of Drug Kardex has commenced and will continue on a monthly basis. Staff education continues at handover re omission codes. Nursing staff to complete Medication Management on HSE land by 31st March 2017. Medication management Training (CNME) organised for staff on the 13/03/2017.

Proposed Timescale: 31/03/2017

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

Effective care and support

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

Care plans in some cases did not clearly guide the care of the resident. Recommendations from allied health services such as SALT, dietician and OT were not always reflected or updated in residents care plans. Nursing staff spoken with were

generally knowledgeable regarding the individual needs of residents and clearly described the care delivered however, this was not the case in relation to an OT seating intervention report. Staff spoken with were not knowledgeable regarding the advice given in relation to feet support.

7. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care Plans have been updated to reflect recommendations from the Multidisciplinary Team. Care Plans will be audited monthly to ensure they are accurate and up to date. Staff have been informed of the importance of updating the Care Plans. Each care plan will be reviewed every 3 months by the key worker. Care Planning training has been arranged for the 27/02/2017

Proposed Timescale: 27/02/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

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

Some residents were accommodated in multi-occupancy rooms of four, five and seven occupants. The multi occupancy rooms in use appeared to be of sound construction and were in good decorative order but presented challenges to the provision of adequate space, privacy and dignity for each resident. The physical environment posed significant challenges when delivering personal care; attending to residents' care needs, infection control and communicating in privacy. Residents had limited space for the storage of personal belongings. The inspector noted that one multi-occupancy bedroom in particular, had both doors left open and was used as a thoroughfare by staff and relatives to get from one area of the centre to another.

The communal space provided was inadequate and consisted of two separate conservatory type structures; one clinical area opened directly into one of these areas. One of these areas was used to store unused beds and other furniture during the course of the building works.

The available dining space was inadequate for the number and needs of the residents accommodated.

There was no designated space for residents to meet with visitors in private.

8. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

All staff has been informed not to use Chestnut ward as a corridor. It is the wish of the a resident on this ward to keep a door open.

Phase 2 will include a residents lounge and provision of a designated space for residents to meet with visitors in private.

Options to expand the dining room are currently being explored.

The new build will be commissioned and occupied by the end of the 1st quarter 2017

Proposed Timescale: 31/03/2017