



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:	Announced
Date of inspection:	14 February 2024
Centre ID:	OSV-0000612
Fieldwork ID:	MON-0032716

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 14 February 2024	09:00hrs to 17:00hrs	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. Feedback from residents was that this was a very good place to live, and that they were very well cared for by staff who were very kind and caring. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

Regina House Community Nursing Unit was situated in the town of Kilrush, County Clare. The centre was a single-storey purpose-built facility which provided accommodation for 30 residents. This announced inspection took place over one day. There were 25 residents accommodated in the centre on the day of the inspection and five vacancies.

The inspector was met by the person in charge on arrival to the centre. Following an opening meeting, the person in charge accompanied the inspector on a tour of the centre which gave them the opportunity to meet residents and staff. Some residents were observed relaxing in communal areas and bedrooms, while other residents were receiving assistance with their personal care needs. Staff were observed assisting the residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout the centre and friendly, familiar chats could be heard between residents and staff.

The premises was laid out to meet the needs of residents. Bedroom accommodation comprised of single and twin bedrooms, which were spacious and provided residents with adequate space to store personal belongings. Many bedrooms were personalised with photos, ornaments and other items of significance. Residents had access to bright communal spaces including a sitting room, living room, dining room, and chapel. A lobby area was undergoing refurbishment on the day. The inspector was informed that this would provide additional communal space for residents when completed. There were visitors' rooms available providing residents with private spaces to meet with friends and family members.

There was a sufficient number of toilets and bathroom facilities available to residents. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. There was directional signage in place to assist residents to find areas of the centre. Call bells were available throughout the centre, and inspectors observed that these were responded to in a timely manner. The centre was bright, warm and well-ventilated throughout. The centre was very clean, tidy and all areas were styled to create a homely environment.

There was safe, unrestricted access to pleasant outdoor areas for residents to use which contained a variety of seasonal plants and suitable seating areas. The exterior of the building had recently undergone an extensive programme of refurbishment

including new render and new windows.

The inspector chatted and interacted with the majority of residents during the course of the inspection. Residents were happy to chat about life in the centre. When asked what it was like to live in the centre, one resident told the inspector 'it's mighty and the staff are great'. A number of residents told the inspector that they were very happy and that they felt at home. Residents told the inspector that they felt safe in the centre, and that they could freely raise any concerns with staff. One resident said that they felt reassured that the staff knew them well and that this made them feel safe. Residents told the inspector that they were happy with their bedrooms, which were comfortable and suitable for their needs. There were a small number of residents who sat quietly in the sitting room observing the comings and goings, and who were unable to speak with the inspector. These residents were observed to be comfortable and content.

As the day progressed, residents were observed in the various areas of the centre getting on with their day. The inspector spent time observing staff and resident interaction. The majority of residents were observed in the sitting room chatting to one another and staff, listening to music, watching television, reading and participating in activities. Other residents were observed moving freely around the centre. A small number of residents chose to remain in their bedrooms relaxing in their own company. It was evident that residents' choices and preferences in their daily routines were respected. Staff were knowledgeable about residents and their individual needs. The inspector observed that personal care was attended to a high standard. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms were monitored by staff throughout the day.

Residents stated that they had plenty to do every day and that they had a choice in how they chose to spend their day. There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities. The inspector observed a number of group activities taking place including a game of bingo and card game in the afternoon which were well attended by residents. The inspector observed that staff ensured that all residents were facilitated to be actively involved in activities. Residents also had access to television, radio, newspapers and books.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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

Capacity and capability

This was an announced 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 inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in March 2023. The inspector found good compliance across all regulations. The provider had addressed the actions required in relation to Regulation 24: Contract for the provision of service.

The provider had also submitted an application to renew the registration of the centre. This application was reviewed on this inspection.

The Health Service Executive (HSE) was the provider of Regina House Community Nursing Unit. There was a clearly defined organisational structure in place with identified lines of authority and accountability. There was a new person in charge of the centre since the last inspection. The director of nursing, who was the person in charge, facilitated this inspection. They demonstrated a good understanding of their role and responsibility. They were a visible presence in the centre and were well known to the residents and staff. They were supported in this role by a clinical nurse manager and a full complement of staff nursing and care staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by the service manager for Older Person Services.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The inspector found that this was a well-managed centre. The governance and management was well organised, and the centre was sufficiently resourced to ensure that residents were supported. The inspector found that the quality and safety of the services provided were of a good standard.

The designated centre had sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least two registered nurses on duty at all times supported by a team of healthcare staff. The person in charge and the clinical nurse manager provided clinical supervision and support to all staff. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents. Staff were observed working together as a team to ensure

residents' needs were addressed.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. Staff were facilitated to attend training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training. There were arrangements in place to provide supervision and support to staff.

The provider had systems in place to monitor and review the quality of the service provided for the residents. There was a schedule of clinical and environmental audits in place which reviewed areas of the service such as restraint practice, care planning, medication management and, incident management. This included data collection in relation to wounds, infections, weight loss, nutrition, complaints, falls and other significant events. Where areas for improvement were identified, action plans were developed and completed. An annual review of the quality and safety of the services in 2023 had been completed. There was a quality improvement plan in place for 2024.

There were good communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of relevant topics were discussed including, care planning, risk management, infection prevention and control, staffing issues, medication management, catering and other relevant management issues.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

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.

There were a small number of volunteers who visited the centre to provide additional social support to residents.

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to training appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily 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 inspector found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 30: Volunteers

The roles and responsibilities for volunteers were in place. All volunteers were vetted in accordance with the National Vetting Bureau

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

The inspector observed that residents living in this centre received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. Residents who spoke with the inspector said that they were very well cared for by staff in the centre. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

Nursing staff were knowledgeable regarding the care needs of the residents. Each resident had an assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with the appropriate level of care and support. Following admission, clinical assessments were carried out using validated assessment tools to determine the needs of residents including nutrition, mobility, and personal care needs. The outcomes of assessments were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The inspector reviewed a sample of residents' care records and found that care plans were sufficiently detailed to guide care, and that the information was holistic and person-centred. Daily progress notes

demonstrated good monitoring of residents' care needs.

Residents had access to medical and healthcare services. Residents were reviewed by their general practitioner (GP) as required or requested. Systems were in place for residents to access the expertise of health and social care professionals when required.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health professional.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were a small number of residents who requested the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out.

All areas of the centre were observed to be very clean and tidy and the premises was well-maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use.

The inspector observed that management and staff ensured that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and staff on how the centre was organised. This was evidenced in the minutes of resident meetings and satisfaction survey responses. Residents had access to an independent advocacy service.

The provider had a system in place for residents who required a pension agent. Appropriate arrangements, in line with best practice were in place.

Residents were provided with access to information that was in a format appropriate to their communication needs.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff with whom the inspector spoke with were knowledgeable about what to do in the event of a fire.

Regulation 10: Communication difficulties

There were provisions in place to ensure that residents with communication

difficulties were supported to communicate freely.
Judgment: Compliant
Regulation 11: Visits
The registered provider had ensured that arrangements were in place for residents to receive visitors. Residents who spoke with the inspector confirmed that visiting was unrestricted.
Judgment: Compliant
Regulation 12: Personal possessions
Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings, including lockable storage. Residents personal clothing was laundered by an external service provider. Arrangements were in place to ensure clothing did not become misplaced, damaged or lost.
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 18: Food and nutrition
Residents had access to sufficient quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily to ensure that each resident had a choice at mealtimes including those on a modified diet. There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. Residents were provided with access to dietetic services when

required.

There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

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

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

A restraint-free environment was promoted in the centre, in line with local and national policy. Each residents had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

