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Regina House Community Nursing Unit, Cooraclare Road, Kilrush, Clare.

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Regina House Community Nursing Unit
Centre ID:	OSV-0000612
Centre address:	Cooraclare Road, Kilrush, Clare.
Telephone number:	065 905 1209
Email address:	anneb.mcnamara@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Mark Sparling
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	3

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.

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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 December 2014 09:00	01 December 2014 17:30
02 December 2014 09:00	02 December 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

While there was evidence of good practice in all areas and there were systems in place to review some aspects of the safety and quality of care, the inspector was

concerned that there had been no monitoring or review of nursing documentation to ensure that the assessed needs of residents were set out in care plans. The inspector noted many inconsistencies in the care planning documentation.

The inspector had further concerns that risk management systems had not been adhered to prior to the recent opening of the new extension. There had been no risk assessment carried out of the new extension, staff had not been trained on the use of new equipment including ceiling hoists and fire safety training was not updated.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The building was clean and well maintained but as outlined in previous inspection reports the design and layout of parts of the original building did not meet the needs of all residents or comply with the requirements of the Regulations. The older section of the building still had limitations with regard to the size and occupancy of bedrooms, bath and shower facilities.

Phase 1 of the new development had recently opened and accommodated 12 residents. Planning permission had been granted for phase 2 of the development.

The inspector noted that other improvements were required to meet the Regulations in terms of updating the statement of purpose, updating the residents guide and including additional information on the staffing rota.

These areas for improvement are contained in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. 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.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector reviewed the statement of purpose dated September 2014. It required further updating to reflect the changes in the bedroom accommodation and room sizes in the new extension.</p>
<p>Judgment: Non Compliant - Minor</p>

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):
No actions were required from the previous inspection.

Findings:
While there were systems in place to review some aspects of the safety and quality of care, the inspector was concerned that there had been no monitoring or review of nursing documentation to ensure that the assessed needs of residents were set out in care plans. The inspector noted many inconsistencies in the care planning documentation which is discussed further under outcome 11.
The inspector had further concerns that risk management systems had not been put in place prior to the recent opening of the new extension. There had been no risk assessment carried out of the new extension, staff had not been trained on the use of new equipment including ceiling hoists and fire safety training was not updated. This is discussed further under outcomes 8 and 18.

Regular audits were carried out in relation to infection control, medication management and incidents/accidents. There was evidence of improvements been brought about as a result of these audits. Recent audits carried out in relation to medication management and various aspects of infection control indicated high compliance rates. Catering and infection control satisfaction surveys recently completed by residents and relatives indicated satisfaction with the services provided.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge and included a clinical nurse manager 2 (CNM2), risk advisor, infection

prevention and control manager, business manager and senior operations manager. The management team were in regular contact. There were established regular meetings of persons in charge to discuss issues of concern and share learning. Formal management meetings took place on a regular basis.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the resident's guide and noted that it did not comply with the requirements of the Regulations. Changes in relation to accommodation, use of assessments beds, respite charges and smoking policy require updating. The terms and conditions relating to residence must be included.

Contracts of care were in place for all long stay residents. The inspector reviewed a sample of contracts of care. They included the fees to be charged and the services to be provided. The person in charge stated that there were currently no additional charges and that residents paid their own pharmacy charges. Some contracts of care required updating to reflect recent changes of residents moving from single to shared bedroom accommodation.

Judgment:

Non Compliant - Minor

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 is a registered nurse with the required experience in the area of nursing older people. She has been employed in the post since 1998, she works full time. She was on-call at weekends and out of hours.

The person in charge was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a Diploma and Degree in Healthcare Management. She recently attended training in relation to risk management, infection control and end of life care. She had trained as a hand hygiene auditor and carried out regular hand hygiene audits in-house.

Suitable governance arrangements were in place in the absence of the person in charge. The CNM2 deputised in the absence of the person in charge. The person in charge told the inspector that there was always a senior nurse on duty at weekends and night time to supervise the delivery of care.

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:

The inspector was satisfied that records as required by the Regulations were maintained in the centre. However, while there was a staff rota in place, it did not clearly set out the actual times that all staff worked and it was unclear as to who was in charge at weekends and at night time.

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner.

All policies as required by Schedule 5 of the Regulations were available. The policy on the use of physical restraint was in draft format and some policies were not fully implemented.

Systems were in place to review and update policies. Staff spoken with were knowledgeable of policies. Policies were centre specific.

The inspector reviewed the register of residents which was found to be complete and in compliance with the Regulations.

Judgment:

Non Compliant - Minor

Outcome 06: Absence of the Person in charge

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.

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 and management team were aware of the requirement to notify the Chief Inspector of the absence of the person in charge.

The provider had notified the Chief Inspector of the absence of the person in charge in the past.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policies on responding to allegations of elder abuse and prevention, detection and response to elder abuse. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that all staff had received training and training was scheduled for three staff who required refresher training.

The inspector was satisfied that residents' finances were managed in a clear and transparent manner. There was a policy in place on the management of residents' personal property. The inspector spoke with the administrator who told the inspector that small amounts of money were kept for safekeeping on behalf of some residents. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two staff members. Receipts were kept for all purchases and expenditure.

The inspector reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. All staff had received training on crisis prevention intervention during 2013. The inspector reviewed the file of a resident who presented with behaviours that challenged. While there was a care plan in place and records were maintained of episodes, possible triggers and behaviour displayed, the ABC assessment was not completed in line with the policy. This was captured under outcome 5.

The policy on restraint was still in draft format and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible.

Staff promoted a restraint free environment. Alternatives including low low beds, crash mats and sensor alarm mats were in use for some residents. Three residents had requested the use of bedrails at the time of inspection. The inspector noted that risk assessments had been completed but there were no care plans to support the use of bed rails in place.

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 spoke highly of staff and stated that they were happy and felt safe living in the centre.

Judgment:

Non Compliant - Minor

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):

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

Findings:

While the provider had systems in place to protect the health and safety of residents, staff and visitors, the inspector had concerns that these systems had not been put in place prior to the recent opening of the new extension. There had been no risk assessment carried out, staff had not been trained on the use of new equipment including ceiling hoists and fire safety training was not updated. This was brought to the attention of the person in charge on the first day of the inspection, she immediately arranged for training to take place and confirmed the training dates were scheduled prior to the end of the inspection.

There was a health and safety statement available. The inspector reviewed the risk register and found that the risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included.

There was a site-specific emergency plan in place. The plan included clear guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated.

Training records reviewed indicated that most staff members had received training in moving and handling. Five staff had been identified as requiring refresher training, this training was not yet scheduled. Staff had not received training on the use of the new ceiling hoists. The person in charge confirmed that training was scheduled to take place on the 3 and 8 December 2014.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in October 2014 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 27 November 2014. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. All staff had received fire safety training in October 2013. Staff had not received fire safety training prior to opening of the new extension. Fire safety training was scheduled for all staff on 5, 11 and 15 December 2014.

The inspector reviewed the incident/accident report log and found details of all incidents were recorded. The CNM and person in charge reviewed all incidents and discussed action plans with staff. A copy of incident reports was sent to the risk advisor who completed a quarterly analysis.

The inspector noted that infection control practices were robust. There were comprehensive infection control policies in place relating to infection prevention and control. The inspector spoke with cleaning staff who were knowledgeable regarding infection control procedures. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. All staff had received training in infection control and hand washing techniques. Recent audits reviewed by the inspector indicated good compliance.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector noted that the policies and procedures for medication management were robust.

The inspector reviewed the medication management policy which was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, "as required" (PRN) medications, medications requiring strict controls and medication errors.

An 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.

The inspector reviewed a sample of medication prescribing and administration sheets. All medications were regularly reviewed by the general practitioners (GP). The inspector noted that medications requiring crushing were individually prescribed as such and the maximum dosage of PRN medications was prescribed.

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double locked cupboard in the clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. 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.

Systems were in place for recording of medication errors and the ordering, receipt and return of medications to the pharmacy, nursing staff were familiar with them.

Regular medication management audits were carried out in house. The inspector reviewed recent audits and no major issues had been identified. Staff confirmed that results of audits were discussed with them.

The HSE pharmacist had provided medication management training for all staff during 2013. Nursing staff told the inspector that they can contact the pharmacist for advice and guidance at any time. Some staff had recently completed the HSE online training. Nursing staff had also completed training in vena puncture.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

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):

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

implemented.

Findings:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The inspector was concerned that the action from the previous inspection relating to nursing documentation had not been adequately addressed despite assurances in the action plan response that all issues would be addressed by April 2013.

All residents had access to GP services. There was an out-of-hours general practitioner (GP) service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

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 services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. Many residents had been assessed by the OT for seating and specialised seating had been provided. The SALT had assessed many residents with swallowing difficulties, recommendations were noted in the residents files and staff were knowledgeable regarding the recommendations. Staff confirmed that the SALT had carried out recent training on dysphagia with them. A dietician had recently been appointed and was reviewing/assessing residents on the day of inspection. The person in charge told the inspector that the dietician would now be visiting the centre on a monthly basis.

The inspector reviewed a number of residents' files including the files of residents with wounds, restraint measures in place, at high risk of falls, at risk of developing pressure ulcers, nutritionally at risk and with specific medical conditions. See outcome 7 in relation to restraint management.

The inspector found that there was a range of up to date risk assessments completed including dependency, moving and handling, nutrition, risk of developing pressure ulcers, falls and oral health. Comprehensive nursing assessments were completed on admission but these were not updated to reflect the changing needs of residents.

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

While nursing staff were able to describe the care delivered, this in many instances was not reflected in the documentation. The inspector noted many inconsistencies in the nursing documentation. All residents assessed needs were not clearly set out in care plans. There were no care plans in place to guide care for some residents at high risk of malnutrition, with swallowing difficulties, at risk of developing pressure ulcers, with diabetes, with bed rails in place and assessed as having pain. Some residents had no care plan in relation to personal care while others were not individualised or person centered.

The inspector noted three monthly assessments template on file but these were not completed.

The person in charge assured the inspector that immediate priority would be given and she undertook to review, update and audit all residents files by the second week of January 2015.

Evidence of consultation with resident/relative was documented. Relatives spoken with and completed questionnaires reviewed confirmed that they were regularly consulted and involved in the review of their family members care plans. Residents' care plans were stored in residents' bedrooms which allowed residents to access and be involved in the review to their own care plan.

Staff and volunteers continued to provide meaningful and interesting activities for residents. Each resident had a documented social care activities care plan in place. The diversional therapy nurse coordinated the activities programme. The weekly activities schedule was displayed. The inspector observed residents enjoying a variety of activities during the inspection including making the advent wreath, designing Christmas cards, knitting, partaking in quizzes and enjoying a live music and singing session. Residents informed the inspector that they enjoyed the variety of activities taking place. Other regular activities included individual and group Sonas programme (therapeutic programme specifically for residents with Alzheimer disease), exercises to music, arts and crafts and bingo. Residents told the inspector that they looked forward to the upcoming Christmas celebrations including the Christmas Eve mass, Christmas party and dinner.

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:

The inspector noted that phase 1 of the new development had been completed and recently opened. The older section of the building still had limitations with regard to the

size and occupancy of bedrooms, bath and shower facilities. As stated in previous inspection reports the inspector noted that the design and layout of parts of the existing building did not meet with the needs of residents or comply with the requirements of Regulations.

The new extension included two single and five twin bedrooms, day room, nurses station, clinical room and wheelchair accessible visitors toilet. The corridors were bright and wide allowing plenty of space for residents using wheelchairs and specialised chairs to move about.

Each bedroom had en suite assisted shower and toilet facilities. They were fitted with call bell facilities, adequate screening curtains and flat screen televisions. Residents spoken with told the inspector that they liked their new bedrooms.

There were still limited bathing/showering facilities available to the residents in the older section of the building.

Single rooms were small in size and did not meet the needs of residents.

The size, occupancy levels and layout of the three-bedded rooms did comply with the requirements of the Standards.

The entire building was found to be clean and bright throughout.

The older building was designed around a central garden, which was accessible from the corridor area. The garden was secure and planted with a variety of shrubs and flowers of varying colours.

The main dayroom was large, bright, domestic in character and comfortably furnished. There were two large flat screen televisions on the walls at either end of the room. Residents told the inspector that they liked sitting in the dayroom and found it to be bright and relaxing.

There was a small church located near the dayroom. A separate visitors' room was provided for residents to spend quiet time alone or receive visitors in private. Residents confirmed that they availed of this space. The inspector found the room to be bare and uninviting.

A new smoking policy had been implemented since the last inspection and the building was now a smoke-free environment. The policy outlined that the only designated smoking area for residents was in the central enclosed garden area, The inspector noted that there were inadequate facilities for residents who wished to smoke in the garden area; there was no sheltered/covered seating area.

The inspector visited the kitchen and found it to be clean, spacious and well equipped. Separate staff toilet and changing facilities were provided for catering staff. A large bright dining room was located beside the kitchen.

The inspector noted that adequate staff facilities were provided. Staff toilets, changing room, staff rest room and dining room were provided.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds, bath and mattresses. The inspector viewed the service and maintenance records for the equipment and found they were up-to-date.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a comprehensive complaints policy in place; it included details of the complaints officer and appeals process. The complaints procedure was clearly displayed.

The inspector reviewed the complaints log. Details of complaints, action taken and follow up were recorded. Outcomes and details of whether the complainant was satisfied or not with the outcome were documented. A small number of verbal complaints had been received to date in 2014, all had been investigated and the complainants responded to. There were no open complaints at the time of inspection.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

There was a comprehensive end of life policy in place. One staff member had completed

a diploma in palliative care and another staff member had completed 'train the trainer' in end-of-life care and had provided training for other staff in-house. Sixteen staff had recently attended the Irish Hospice 'what matters to me' end of life training and training for additional staff was planned. All nursing staff were trained in the use of syringe drivers.

Staff confirmed that support and advice was available from the local hospice home care team. They visited and liaised with staff and the GP in regard to medication review and symptom control.

There were two single en suite palliative care suites. The person in charge stated that families were facilitated to stay with their relative if they wished. Reclining chairs, a sofa and kitchenettes were provided in the palliative care suites.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were offered a varied and nutritious diet. Some residents required special diets or modified consistency diets and these needs were met. The quality and presentation of meals was of a high standard. Residents and relatives commended the quality of the food. Staff and residents confirmed that snacks and drinks were available throughout the day and night from the kitchen. The inspector observed a variety of drinks available to residents and staff were observed to encourage residents to take drinks.

All meals, with the exception of breakfast, were prepared and cooked in a central kitchen in Kilrush. Meals were delivered twice a day prior to each mealtime. This practice had been approved by the local Environmental Health Officer and complied with food safety management procedures. The kitchen assistant telephoned all orders to the chef in the central kitchen on a daily basis.

There was a two week rolling menu in place. Staff told the inspector that this menu had been in place for some time. The person in charge told the inspector that she planned in conjunction with the dietician to review the existing menu plans.

The daily menu was displayed; choices were available at every meal. Residents confirmed that they were given a daily choice.

The inspector observed the dining experience to be a pleasant one. The dining room was bright, homely and comfortable. Residents sat at table seating up to four; condiment sets, sauces and serviettes were provided. A choice of drinks was offered including water, milk and fruit juices. Residents and staff chatted over lunch and the atmosphere was relaxed and unhurried. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector noted that the privacy and dignity of residents was respected by staff. Bedroom, bathroom doors and screening curtains were closed when personal care was being delivered.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect.

Residents' religious and political rights were facilitated. The local priest visited and said Mass weekly. Holy communion was offered daily and the sacrament of the sick was offered monthly. The person in charge told inspectors of arrangements in place for residents of different religious beliefs. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during past elections.

Daily national and weekly local newspapers were available to residents. Newspapers were delivered from the local shop each morning. Residents had access to a telephone

for use in private, others had their own mobile telephones. The local parish newsletters were available for residents to read. Residents confirmed that they enjoyed getting the local news. Many of the staff were from the local area and shared stories and kept residents updated regarding local events.

Residents' were facilitated to order any items they wished such as magazines, treats or toiletries from the local shop; deliveries took place weekly. Some residents were facilitated to go shopping while others were facilitated to shop in-house. Two local drapery shops visited and displayed their clothing. Residents could choose and buy their own clothes.

Staff outlined to the inspector how links were maintained with the local community. Local musicians visited weekly and local school children visited and entertained residents with music, song and dance during the year. Residents attended the local musical society show. The hairdresser visited weekly and some residents attended their own hairdresser.

Some residents attended the adjoining day centre, while many of the people who attended the day centre also visited their friends and neighbours in the centre. All residents were encouraged to attend family occasions and many went on family outings. Some residents visited their families regularly.

Regular meetings facilitated by the diversional therapy nurse were held with residents. The person in charge stated that minutes of meetings were maintained but they were not available on the day of inspection as the facilitator was not on duty.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a laundry room with ample space for washing/drying and sorting of residents clothing. The inspector noted that good care was taken of residents' personal laundry. Residents and relatives were satisfied with the laundry arrangements.

Adequate personal storage space including a wardrobe and chest of drawers was provided in some residents' bedrooms. A secure lockable storage space was provided for

personal possessions.

The inspector noted that there was inadequate storage space for personal belongings in the new bedrooms. There were no drawers available to store small items of clothing such as underwear and socks. There were inadequate storage for toiletries in shared bathrooms. This was actioned under outcome 12: Premises.

Judgment:

Non Compliant - Minor

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:

On the days of inspection, there was an adequate ratio of staff to residents on duty throughout the days. On the days of inspection there were three nurses and six multi-task assistants (three multi-task attendants assigned to delivering personal care) on duty during the daytime; three nurses and two multi-task attendants on duty in the evening time and two nurses and one multi-task attendant on duty at night time. The person in charge and CNM2 were also on duty during the day time. There was a staff rota in place but it did not clearly set out the actual times that all staff worked and it was unclear as to who was in charge at weekends and at night time.

This was actioned under outcome 5; Documentation to be kept at a designated centre.

There was a recruitment policy in place based on the requirements of the Regulations. Staff files reviewed contained the documentation as required by the Regulations. Garda Síochána vetting was in place for all staff.

While the management team had provided ongoing training to staff, they had not provided training to staff on the use of new equipment including ceiling hoists. Training records indicated that staff had attended recent training on basic life support, infection control, risk management, end of life care, consent and dysphagia.

A volunteer attended and assisted residents with a variety of activities in the centre. A policy on the management of volunteers and students. Records reviewed indicated that

the volunteer was vetted appropriate to her role and her roles and responsibilities were set out.

A service level agreement was in place between the Health Services Executive (HSE) and two staff agencies to ensure that all agency staff had been recruited in line with the HSE's own recruitment policy and Schedule 2 of the Regulations.

Judgment:

Non Compliant - Moderate

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Regina House Community Nursing Unit
Centre ID:	OSV-0000612
Date of inspection:	01/12/2014
Date of response:	07/01/2015

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 required updating to reflect the changes to the bedroom accommodation and the room sizes in the new extension.

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:

The Statement of Purpose has been updated to reflect the changes to the accommodation and room sizes in the new extension. Completed 2nd December 2014 and shown to Inspector during the inspection.

Proposed Timescale: 05/01/2015

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:

There had been no monitoring or review of nursing documentation to ensure that the assessed needs of residents were set out in care plans. Risk management systems had not been put in place prior to the recent opening of the new extension. There had been no risk assessment of the new extension carried out, staff had not been trained on the use of new equipment including ceiling hoists and fire safety training was not updated.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Review of Care Plans and Audit of Nursing Documentation – On the 2nd December, 2014 the Inspector was informed that current Care Plans will be reviewed and additional Care Plans will be implemented by the 31/12/2014 to reflect the assessed needs of the residents. An Audit of Care Plans will be undertaken by 14th January 2015.

Risk Assessments have been carried out in the new extension including Steps in the New Unit, lack of storage space for residents personal belongings, Staff training, Curtain rails in New Unit, Handheld nurse-call device, access via link door from Shannondoc and lack of suitable smoking area for residents.

Staff have received training on use of ceiling hoists and fire safety.

Proposed Timescale:

Care Plans implemented by 31st December 2014.

Audit of Nursing Documentation by 14th January 2015.

Risk Assessments completed 5th December 2014.

Training on ceiling hoists provided by Medi-Call to all Staff on 3rd and 15th December 2014.

Fire Training provided to all Staff on 5th, 11th and 15th December 2014.

Proposed Timescale: 14/01/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The resident's guide requires updating to reflect changes to accommodation, use of assessments beds, respite charges and smoking policy.

Action Required:

Under Regulation 20(2)(a) you are required to: Prepare a guide in respect of the designated centre which includes a summary of the services and facilities in the centre.

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

Prior to the Inspection, HIQA had been informed that the residents guide was due to be updated December 2014 to reflect the changes in S.I. 415 and residents moving to the New Unit.

A guide is currently been prepared and a draft copy will be available by 15th January 2015 to reflect the changes.

Proposed Timescale: 15/01/2015

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:

The policy on the use of physical restraint was in draft format.

ABC assessments were not completed in line with the centres guidelines on managing behaviours that challenge.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

A new National Policy Document "Towards a Restraint Free Environment in Nursing Homes" was issued by the Department of Health on 4th December 2014 and Local Policy has been updated to reflect the principles and guidelines within this National Policy.

ABC assessments have been completed for residents with behaviours that challenge.

Proposed Timescale: New National Policy Document implemented and Local Policy updated on 4th December 2014.ABC assessments completed 17th December 2014.

Theme:

Governance, Leadership and Management

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

There was a staff rota in place but it did not clearly set out the actual times that all staff worked and it was unclear as to who was in charge at weekends and at night time.

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:

The Staff Rosters have been reprinted with start/end times for night duty and the Person-in-charge is highlighted for all shifts.

Proposed Timescale: 15/12/2014

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:

There were no care plans to support the use of bed rails in place.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

We promote a restraint free environment and there were no residents using restraints during the inspection. Bed rails were in use for 3 residents as enablers at the residents or their relatives request. Care Plans have been implemented to reflect resident's need/choice.

Proposed Timescale: 17/12/2014

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

Hazard identification and assessment of risks had not been carried out to the new extension prior to opening. This posed a risk to residents, staff and visitors.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk Assessments have been carried out including Steps in the New Unit, lack of storage space for residents personal belongings, Staff training, Curtain rails in New Unit, Handheld nurse-call device, access via link door from Shannondoc and lack of suitable smoking area for residents.

Proposed Timescale: 05/12/2014

Theme:

Safe care and support

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

Arrangements had not been made to provide suitable fire safety training to staff prior to opening the new extension. This posed a risk to residents staff and visitors.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire Training provided to all Staff on 5th, 11th and 15th December 2014. The training which had been scheduled for January 2015 will be going ahead as planned but will cover another aspect of fire training.

Proposed Timescale: 15/12/2014

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:

Some residents assessed needs were not clearly set out in care plans. There were no care plans in place to guide care for some residents at high risk of malnutrition, with swallowing difficulties, at risk of developing pressure ulcers, with diabetes, with bed rails in place and assessed a having pain. Some residents had no care plan in relation to

personal care while others were not individualised or person centered.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Review of Care Plans and Audit of Nursing Documentation – On the 2nd December, 2014 the Inspector was informed that current Care Plans will be reviewed and additional Care Plans will be implemented by the 31/12/2014 to reflect the assessed needs of the residents. An Audit of Care Plans will be undertaken by 14th January 2015.

Proposed Timescale: 14/01/2015

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:

The design and layout of parts of the existing building did not meet with the needs of residents or comply with the requirements of Regulations.

There were limited bathing/showering facilities available to the residents in the older section of the building.

Single rooms were small in size and did not meet the needs of residents.

The size, occupancy levels and layout of the three-bedded rooms did comply with the requirements of the Standards.

The visitors room was not suitably decorated.

Suitable facilities were not provided in the external enclosed garden for residents who wished to smoke.

There was inadequate storage space for personal belongings in the new bedrooms.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Phase II of Development Control Plan has been granted Planning Permission. This will address some of the issues in relation to the design and layout of the existing building,

inadequate bathing/showering facilities and the size of the single rooms.

The Visitors Room has been redecorated and further works will take place by 31st January 2015.

The indoor smoking room has been re-opened to Residents who wish to smoke.

Shelving and Drawers will be provided in wardrobes in new Unit and shelving will be provided in en-suites for each resident.

Proposed Timescale: Phase II Completion by end 2015 / 1st Quarter 2016.

Visitors Room works to be completed by 31st January 2015.

Indoor Smoking Room re-opened 5th December 2014.

Shelving and Drawers provided in new Unit by 1st Quarter 2015.

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff had not received trained on the use of new equipment including ceiling hoists.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training on ceiling hoists was provided by Medi-Call to all Staff on 3rd and 15th December 2014.

Proposed Timescale: 15/12/2014