

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Raheny House Nursing Home
Centre ID:	OSV-0000138
Centre address:	Raheny House, 476 Howth Road, Raheny, Dublin 5.
Telephone number:	01 831 1199
Email address:	rahenyhouse@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Raheny House Nursing Home Limited
Provider Nominee:	Donal O'Gallagher
Lead inspector:	Angela Ring
Support inspector(s):	Helen Lindsey
Type of inspection	Announced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	1

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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 November 2016 09:30 To: 23 November 2016 17:30

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

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

Summary of findings from this inspection

Raheny House Nursing Home is a 43-bedded centre which provides long-term care for residents, several of whom have dementia. The person in charge has been in place for several years and demonstrated a firm commitment to providing a high quality, safe care to all residents. Residents rights and preferences were prioritised by staff and there was an atmosphere of homeliness and warmth.

The inspectors were satisfied that residents received a quality service. There was

evidence of a substantial level of compliance, in a range of areas, 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.

The safety of residents was promoted although independence with mobility was encouraged. A risk management process was in place although improvements were required to the risk management process. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment practices and a low turnover of staff. Mealtimes in the dining room were pleasant, dignified occasions and enjoyed by residents.

The health and social needs of residents were met to a high standard. Residents had access to general practitioner (GP) services and to a range of other health services and care plans were in place.

Improvements were required regarding review of staffing levels in the evening and night, risk management and updating the policy on response to alleged abuse. These are discussed further in the body of the report and the actions required are included in the action plan at the end.

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):

No actions were required from the previous inspection.

Findings:

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations. It was kept up to date and revised in November 2016.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services. However, the provider was asked to review staffing levels in the evening and at night, this is addressed in Outcome 18.

There was a clearly defined management structure that identifies the lines of authority and accountability.

Audits were being completed on a quarterly basis on several areas such as complaints, incidents, weight loss, wounds, infection control and medication management. The results of these audits were shared with all staff at team meetings. There was evidence of improvements being identified following these audits and interventions put in place to address them. For example, the use of alarms to prevent falls and increased activities at weekends.

Regular residents' meetings were carried out each month. The inspectors read the minutes and noted that comments from residents had been taken on board and addressed by the person in charge. The inspectors noted that food and the dining experience was rated as being very important to the residents and ongoing development work was taking place in this area.

The annual review of the quality and safety of care was completed and this identified areas for development and improvement.

Judgment:
Compliant

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 inspectors found that residents had a written contract. The contract included details of the services to be provided and the fees payable by the residents. The contracts specified the total amount payable and details the items covered by this fee. Expenses not covered by the overall fee and incurred by residents for example, chiropody, hairdressing and escort to appointments were clearly explained in the contract of care and the associated charges separately identified.

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the services provided and the complaints procedure.

Judgment:
Compliant

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 experienced, suitably qualified and demonstrated good knowledge of the regulations and standards. She was actively engaged with the governance, operational management and administration of the designated centre on a day to day basis. She demonstrated that procedures were in place to ensure the effective provision of clinical and social care and that the general welfare and protection of residents was a priority for staff.

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:

There was a good standard of record keeping and records were stored securely and information was readily accessible.

The directory of residents contained the facility to record all information required by schedule three of the regulations and was kept up to date.

Written operational policies, which were centre-specific, were in place. Records required by Schedule 4 of the regulations were maintained to include a directory of visitors, staff records, fire safety documents and details of complaints.

Judgment:
Compliant

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 provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

An assistant director of care was available to deputise in the absence of the person in charge if required.

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 inspectors found that staff had good knowledge of adult protection and the prevention of abuse. Staff had regular training on this topic and there was a system in place to identify when refresher training was required.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported in the past twelve months. However, inspectors found that the policy and procedure to guide the person in charge and senior staff on the response required to investigate alleged abuse was inadequate. This was discussed with the person in charge who agreed to update the procedure in line with best practice as she had recently attended a conference on safeguarding.

The financial controls in place to ensure the safeguarding of residents' finances were reviewed by the inspectors. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Transparent systems were in place and financial statements were issued on request.

There was a policy on the management of responsive behaviour. Staff spoken with were familiar with resident's behaviours. Staff could describe particular residents' daily routines well to the inspectors. Some staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia and additional training was planned in this area by the person in charge. Strong links were made with the local psychiatry team whose expertise was provided as required.

Restraint management procedures were in line with national policy guidelines (the use of bedrails, lap belts or alert bracelets) in place. There was a number of residents with bedrails and a risk assessment completed prior to the use of any restraint and assessments were regularly revised. Restraint risk assessments were revised routinely and supported with a plan of care. The rationale for each type of physical restraint was outlined in the risk assessment documentation reviewed. Staff were very clear what the care plans said and were observed putting the instructions in to practice.

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):
No actions were required from the previous inspection.

Findings:
The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. An up to date health and safety statement was available. The

inspectors noted however that there was no system in place in the risk management policy to record the specific and potential risks in the centre such as the smoking room and stairs and the measures and actions in place to control the risks.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures to include residents accommodated on each floor of the building.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Fire safety equipment was serviced and fire exit signage was in place. The procedures to follow in the event of discovering a fire or on hearing the alarm were displayed around the building. There was an updated list maintained of each residents mobility requirements in an emergency evacuation.

Staff had completed annual refresher training in fire safety procedures. Records indicated fire drill practices were completed. Routine checks were undertaken to ensure fire exits were unobstructed, automatic doors closer were operational and fire fighting equipment was in place and intact.

There were procedures in place for the prevention and control of infection and the centre was visibly clean. Several relatives commented on the cleanliness of the centre. Hand gels were located along the corridor. There was a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination. Hand testing indicated the temperatures of radiators and dispensing hot water did not pose a risk of burns or scalds.

A small number of residents smoked. A risk assessment was completed and a plan of care developed. The care plans indicated whether residents required support, and any steps required to improve safety, such as using a smoking apron. The plans were reviewed regularly taking in to account any changes to the residents health and mobility.

Falls and incidents were documented and audited. In the sample of accident report forms reviewed, vital signs for residents were checked and recorded and the resident's next of kin and General Practitioner (GP) were informed. Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs and safe practices were observed by inspectors. Staff were able to explain the steps they followed in the event of someone having a fall, and this was in line with the centres policies and procedures.

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:

There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration. All medication was dispensed from blister packs which were delivered to the centre by the pharmacist.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed. The prescription sheets reviewed were legible. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs being crushed were signed by the GP as suitable for crushing.

Medicines were being stored safely and securely in the clinic room which was secured.

Medications that required strict control measures were kept in a secure cabinet which was double locked. Nurses kept a register of controlled drugs. There were seven residents on controlled drugs at the time of this inspection. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the medication balances and found them to be correct.

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 inspectors reviewed a record of incidents or accidents that had occurred in the

centre and cross referenced these with the notifications received from the centre and found one incident that should have been reported. This was brought to the attention of the person in charge who submitted it on the day of inspection.

Quarterly notifications had been submitted to HIQA as required.

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):

No actions were required from the previous inspection.

Findings:

There were 42 residents in the centre during the inspection, 27 of these were deemed to have maximum dependency care needs. All residents were residing in the centre for continuing care.

The arrangements to meet residents' assessed needs were set out in individual care plans. A range of risk assessments had been completed. There was suitable linkage between assessments completed and developed plans of care. The interventions outlined in the plans of care reviewed were adequately descriptive to address the care needs identified.

There were plans of care in place for each identified need. In the sample of care plans reviewed, there was evidence that care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. Several relatives told inspectors that they were kept fully informed of their relative's condition and any changes that occurred. Staff were very knowledgeable of residents needs, and residents reported that if there was the slightest change in their health the staff noticed, and took appropriate steps. People said this made them feel well cared for.

The record of residents' health condition and treatment provided each day and night was up to date and comprehensive in the sample of records examined. Reviews and evaluations of care were completed at the required intervals. Residents had access to GP services and there was evidence of medical reviews routinely. Medical records

evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and re-issued each resident's prescriptions every three months. Out of hours services were used when it was necessary to ensure residents received appropriate care.

Residents had timely access to allied health professionals to include speech and language therapist, dietician, physiotherapy and a chiropodist. Records showed that where advice was provided by the professional this was recorded in the care plan and implemented by staff.

There was a small number of residents with vascular wounds and no residents with pressure ulcers. The inspectors reviewed the care plans for these residents and found that assessments and treatment plans were in place and referrals to appointments for investigation and medical treatment were followed up. Residents reported that treatment plans were effective in treating their condition.

Social care interests and activities were provided for residents and their relatives were encouraged to provide details of past interests, hobbies and lifestyles to inform individual social care programmes. The inspectors noted that residents had access to activities and staff were available to provide supervision and social contact throughout the day and a schedule of social events for the coming weeks was completed. This included a visit to the local shopping centre, carol service and afternoon tea in the national concert hall.

On the day of the inspection there was a music and movement class, a quiz, and singing. Residents were enjoying taking the lead in songs. Those spoken with informed inspectors that the staff were really full of energy and made the sessions really interesting. They also stated that they joined in with things if they chose, but may choose to spend time doing other things if they didn't wish to join in. There were also one to one sessions for things like using the internet and hand massage.

Staff were observed interacting with residents in a courteous manner and addressing them by their preferred name. Residents told the inspectors that staff provided personal care in accordance with their wishes. The inspectors observed very positive interactions with residents when providing support, for example when moving from one part of the centre to another, or receiving assistance with tasks.

Residents had ready access to drinks during the day and staff were observed to offer drinks and snacks regularly. There was a system in place to assess that nutrition was adequate and to identify if a nutritional risk was present. Residents were weighed regularly and weight changes upwards and downwards were highlighted and referred for opinion to a dietician and GP. The inspectors saw that there were records of fluid and food intake where these were required.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The centre was found to be well maintained, warm, comfortably decorated and clean.

There were good levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre. Decoration work was progressing to make individuals rooms easier to locate by making each bedroom door different colours and using pictures to make them easy to identify. On-going decoration was taking place in bedrooms following an agreed plan of improvement.

Bedroom accommodation consists of 37 single and 3 twin bedroom. Bedrooms are suitable in size to meet the needs of residents. Bedroom furniture, fixtures and fitting were of a good standard and there were plans in place to replace bed linen. Where there were shared rooms there was sufficient space for resident and their belongings, and curtains for privacy. In every room residents has a lockable storage space.

There were several communal seating areas provided and residents and their families were seen to be availing of each area. Some of the sitting rooms off the corridor provided a quieter environment for residents to relax and there was a external garden and courtyard to allow for access to outdoor space which was provided with suitable seating and handrails.

There were bathrooms and separate toilets located around the centre, close to residents bedrooms, and the main communal areas in the centre. There was a range of facilities including accessible baths and showers, and a number of wheelchair accessible toilets. There were sluice areas close to the bedrooms for ease of access.

Inspectors observed that equipment was available for use in the centre, and there were designated storage areas where items were not in use. There were handrails available in main walking areas, a stair lift and a passenger lift to support residents with a range of mobility needs.

There was an area for residents to make drinks and snacks for their visitors in the dining area, there were also a range of places for residents to meet with their visitors in

private.

Laundry facilities were sufficient to meet the needs of the residents living in the centre. Residents confirmed their clothes were well cared for by the staff responsible for that area.

Judgment:
Compliant

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:

The inspectors were satisfied that the complaints of each resident, his/her family, advocate or representative were listened to and acted upon and there was an effective appeals procedure. The policy met the requirements of the regulations. The inspectors reviewed the policy and saw that it detailed the procedure to follow should a complaint be received and details of the person nominated to ensure that all complaints were appropriately responded to and that the required records were maintained. The procedure was on display in a prominent position as required by the Regulations.

The inspectors saw evidence of good management of complaints. A log was maintained and adequate details were recorded. Residents and families told inspectors who they would talk to if they had a complaint and all stated that any minor complaints they had were addressed promptly and to their satisfaction.

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):

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

Findings:

There was an end-of-life care policy detailing procedures to guide staff. Resident's end-of-life care preferences or wishes were identified and documented in their care plans. These were regularly reviewed with the residents and with their families where appropriate. The plans recorded resident's religion, their wishes around their care, and then wishes following death.

The management team confirmed they had good access to the palliative care team who provided advice to monitor physical symptoms and ensure appropriate comfort measures. Where palliative care plans were in place staff spoken with were very aware of the residents needs, and record showed they had responded to any changes promptly to ensure residents remained comfortable. Relatives told inspectors they felt very confident about the quality of care provided.

There was a oratory in the centre used for daily prayers and a mass was read each weekend. If it was resident's choice this place could be used for their removal following death.

Staff confirmed relatives and friends were welcome to stay with residents where it was their wish, and that they would be catered for in relation to refreshments and meals.

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):

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

Findings:

The inspectors sat with residents during lunch and residents spoken with were highly complimentary of the food and told the inspectors they could have a choice at each mealtime. Tables were nicely laid and meals well presented. Requests for an option other than those on the menu were facilitated. The different choices were observed at tea time. Catering staff were very familiar with each resident's food likes and dislikes.

Residents told inspectors that they could choose to take their meals anywhere, but for

most they enjoyed the social experience on the dining room. Some preferred a quieter environment and that was facilitated. Residents who were in bed were also provided with a meal on a tray if that was their choice. Where residents required support this was seen to be provided by staff who were sensitive to the needs of the residents and done discreetly. Drinks and snacks were available at all times to meet the needs of the residents.

There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those on fortified diets. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights. Residents had care plans for nutrition in place. There was access to allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition intake.

Care staff spoken with could describe the different textures and the residents who had specific requirements. All residents were weighed regularly and those at risk on a more frequent basis. Specialist diets were catered for such as an appropriate diet for people who are diabetic.

The meals and snacks were homemade by the chef and kitchen staff and there was sufficient produce available to provide the meals and snacks for the resident's. The menu ran on a three week cycle, but lots of examples were given where at the request of the residents changes were made. Plans were seen for the festive period, including Christmas lunch, and catering for the activities taking place such as carol services.

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 inspectors observed and heard staff interacting well with residents in a courteous manner and respecting their privacy at appropriate times.

Questionnaires completed by residents and relatives confirmed satisfaction with the

quality and safety of care provided by the centre's management team. Residents had access to a variety of national and local newspapers and magazines and a mobile phone was also available. These were located in easily accessible areas and available to residents daily.

A residents' forum was in place where the activities coordinator facilitated residents' meeting. Residents had access to an independent advocate if required. Residents' civil and religious rights were respected with some services provided in the centre on a weekly basis.

As part of the initial assessment when moving to the centre staff asked residents and relatives about their interests and people were supported to continue these where they wished to. For example reading, knitting and art.

All residents who spoke with the inspectors said they felt they could make choices about how they spend their time, what they do, the meals they had and also when and where to see their visitors. The overall sense from the residents was one of satisfaction with a centre that provided them with person centred care and support. Staff spoken with also explained that the centre was focused on meeting the needs of the residents rather than keeping to schedules.

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 evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe and set of drawers. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished. There was a labelling system in place to ensure all clothes were identifiable to each resident.

A property list was completed with an inventory of all residents' possessions on admission. The property list was updated at regular intervals.

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):

No actions were required from the previous inspection.

Findings:

The inspectors reviewed staffing levels in the context of the layout of the centre and residents identified dependency levels. The rota available indicated that there was a nurse on duty each day and night as required and several carers were also scheduled for duty daily. In addition there were housekeeping, catering and administration staff available daily. From 16:00 in the afternoon until 08:00 the next morning, there was one nurse on duty for 43 residents with the support of care assistants. The inspectors found that the staffing levels needed review to ensure that the nurse on night duty could provide adequate care for 43 residents, supervise care staff, administer medication and evacuate residents in the event of fire if required. The majority of staff interviewed informed inspectors that the staffing levels in the evening and at night required review as it was a busy time. The design and layout of the centre was also a factor to consider as residents spent time in several communal areas which required supervision.

The inspectors spoke with staff and found that they were enthusiastic about their work and the care of older people. They could describe where some residents had specific needs and additional care requirements. Residents and staff were observed to have good relationships and residents said they valued staff and knew them well.

Staff had access to training and schedule that included a range of topics had been provided including adult protection and the prevention of elder abuse, fire safety and moving and handling. Additional training was provided in dementia, use of restraint, continence promotion and phlebotomy. The schedule and training records provided to inspectors indicated that staff had completed their mandatory training requirements and also indicated when refresher training was due. A sample of staff files were reviewed and found to comply with the Regulations including vetting for staff.

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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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:	Raheny House Nursing Home
Centre ID:	OSV-0000138
Date of inspection:	23/11/2016
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 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 was an inadequate policy and procedure in place to guide staff on the response to alleged abuse.

1. Action Required:

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

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

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

The current policy dealing with the protection of residents from all forms of abuse requires to be updated in line with new guidelines on Safeguarding of the Vulnerable Adults. We will review the policy and update it to ensure full compliance by 31/1/2017, following which all staff will be retrained within the first quarter of 2017.

Proposed Timescale: 31/1/2017 and 31/3/2017.

Proposed Timescale: 31/03/2017

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:

The risk management policy did not include the measures and actions in place to control the risks identified in the centre.

2. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

A section of risk assessments will be added to the Safety Statement pack. The current completed risk assessments will be added to this section. A further list of identified possible hazards will be risk assessed before 28/2/2017 and added to the risk assessment section.

The Safety Committee will then be used to identify on-going hazards which will in turn be assessed.

Proposed Timescale: 28/02/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The number and skill mix of staff in the evening and at night required review to ensure that the number and skill mix of staff is appropriate to the needs of the residents and the size and layout of the designated centre.

3. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Our staffing levels and skills mix are constantly reviewed in line with changes to the care needs of the resident population at Raheny House Nursing Home. This is completed at least quarterly or more often depending on the changing needs of the residents. All staffing levels are assessed with the input from the care team, both nurses and carers.

The current staff levels and mix will be reviewed by 31/12/2017 and any identified shortfalls filled.

Proposed Timescale: 31/12/2016