

**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:	Alice Clohessy-McGinley
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	2

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 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:
25 September 2017 09:00	25 September 2017 17:00
26 September 2017 09:00	26 September 2017 15:00

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 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection. 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.

Overall, the inspector found that the provider and person in charge continued to demonstrate a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Further improvements had been carried out since the previous inspection, building works to phase two of the development works were completed. Further development works (phase three) were in progress at the time of inspection. There were still limited bathing and showering facilities available to the residents in the older section

of the building. While the provider was in breach of condition 8 of the registration certificate which required that reconfiguration works to be completed by 1 January 2017 as per the plans submitted to the Chief Inspector on the 1 March 2015, some works were in progress at the time of inspection.

Other improvements completed included the repainting of the older parts of the building, new soft furnishings including curtains, window blinds and bed linen were provided, new furniture to the communal day and dining room areas and new comfortable seating in the church for residents. An automatic opening door, new access ramp and hand rails had been provided to the main front entrance area.

On the days of inspection, the inspector was satisfied that residents nursing and healthcare needs were being met. Nursing documentation was completed to a high standard. The inspector observed sufficient staffing and skill-mix on duty during the inspection and staff rota confirmed these staffing levels to be the norm.

The inspector noted that an ethos of respect and dignity for both residents and staff was evident.

There was evidence of good practice in all areas. The clinical nurse manager 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. 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.

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

Improvements were required to the premises, medication management, safeguarding and providing access to Wi-Fi. These areas for improvement are contained in the Action Plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 inspector reviewed the recently updated statement of purpose, dated August 2017. It complied with the requirements of the regulations. The statement of purpose accurately reflected the services and facilities; along with the aims, objectives and ethos of the centre.

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 provider had established a clear management structure. The person in charge worked full time in the centre, the clinical nurse manager 2 (CNM2) supported the person in charge and deputised in her absence. There was an on call out-of-hours system in place. The person in charge was further supported by the administrator and

management team including the business manager who was the person nominated to represent the provider, risk advisor, infection prevention and control manager and head of services. The management team were in regular contact. Formal management and staff meetings took place on a regular basis. There were established regular meetings of persons in charge to discuss issues of concern and share learning.

Systems were in place to review the safety and quality of care. There was an audit schedule in place and regular audits and reviews were carried out in relation to falls, restraint, medications, care plans, fire, food and nutrition, activities, infection control, hand hygiene and environment. Staff confirmed that results of audits were discussed with them and there was evidence of improvement brought about as a result of audits. For example, there was now a contract in place for the decontamination of mattresses following a recent infection control review. A report on the quality and safety of care of residents in the nursing home had been documented for 2017-2018 which included an improvement plan, action plan along with agreed timescales.

The system of review included consultation with and seeking feedback from residents and their representatives. Residents committee meetings continued to be held on a regular basis. Minutes of meetings were recorded, there was evidence of change being brought about as a result of feedback from residents. The weekly mass times had been changed at the request of residents and new toilet flushing mechanisms were being progressed at the time of inspection. A recent food satisfaction survey had also been completed. Residents had access to advocacy services, a representative from SAGE (support and advocacy services for older people) had visited the centre and spoke with staff and residents.

There was evidence that both residents and their relatives were involved in the development and review of their care plans.

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 on leave at the time of inspection and the CNM2 was deputising in her absence.

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

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 provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse, however, the inspector was not assured that there were appropriate safeguarding measures in place to protect residents in respect of all persons who provided services to residents on a regular basis.

There was a comprehensive policy on safeguarding vulnerable adults at risk of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on safeguarding. There had been no allegations of abuse in the centre.

The clinical nurse manager (CNM2) confirmed that all staff and volunteers had Garda Síochána (police) vetting in place. The inspector reviewed a sample of staff and volunteer files and noted Garda vetting in place. The CNM2 undertook to seek Garda Síochána vetting in respect of all person who provided services to residents in the centre.

The inspector reviewed the policies on meeting the needs of residents presenting with challenging behaviour and restraint use. 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. The national policy on the use of restraint was being implemented 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 continued to promote a restraint free environment, and the inspector saw that alternatives such as low low beds, crash mats and sensor alarms were in use for some residents. There were four residents using bedrails at the time of inspection, all at the residents own request. The inspector reviewed a sample of files of residents using bedrails and found that risk assessments

detailing alternatives tried and considered as well as care plans guiding care were documented. Regular checks of all residents were being completed and documented.

The inspector reviewed a sample of files of residents presenting with responsive behaviour and noted that comprehensive care plans were in place to guide staff including summary of behaviour, known triggers, what the behaviour looks like and effective interventions. Episodes of responsive behaviour were recorded using an ABC log in line with centres own policy. There was evidence of regular multidisciplinary review as well as regular reviews of medications. There were no residents prescribed psychotropic medications on a PRN (as required) basis at the time of inspection.

Staff spoken with and training records reviewed indicated that staff had not attended recent training in the management of behaviours that challenged, however, training was scheduled for a number of dates in November 2017.

There was a policy on the management of residents finance. The inspector was satisfied that systems in place were clear and transparent. There were regular reviews of individual accounts which were overseen by the person in charge and external auditor. All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.

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. Questionnaires completed by residents in advance of the inspection by way of feedback to the authority indicated that residents felt safe in the centre and all residents spoke highly of staff, comments included " you couldn't find better".

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):

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

Findings:

The inspector was satisfied that risk management was well managed in the centre. Issues identified at the previous inspection had been addressed.

There was a health and safety statement available. The inspector reviewed the risk register and found it to be comprehensive, recently reviewed and updated. All risks specifically mentioned in the regulations were included. Systems were in place for regular review of risks. Risks were also discussed and reviewed at the monthly team

meetings.

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

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received this training. The inspector observed good practice in relation to moving and handling of residents during the inspection. The service records of all manual handling equipment such as hoists, wheelchairs and specialised chairs were up-to-date.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in October 2016 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in August 2017. Daily and weekly fire safety checks were carried out and these checks were recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training except for four recently recruited staff. Fire safety training was scheduled for those staff on 4 October 2017. All new staff had received comprehensive induction training which included fire safety policies and procedures, detailed records of all induction training was recorded and signed by each staff member and the CNM2.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitizer dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free. All staff had completed infection control training and further training was scheduled in October 2017.

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

Judgment:

Compliant

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):

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

implemented.

Findings:

The inspector had concerns regarding some medication management practices, issues identified at the previous inspection had not been addressed.

Nursing staff demonstrated knowledge when outlining procedures and practices on medication management. They outlined their on-going concerns regarding some practices taking place in the centre such as the increased risk to residents due to administering some medications without an original signed prescription that authorised them to administer those medications.

The inspector reviewed a sample of medication prescribing and administration charts. The inspector reviewed prescription and administration records and noted that nursing staff had administered some medications without an original signed prescription that authorised them to administer medications. Nursing staff told the inspector that in the absence of an original signed prescription they administered some medications by referring to the unsigned sticky labels with the medication details at the front of the booklet or to a copy of the pharmacy prescription which they retained at the back of the booklet. This posed an increased risk of medication error to residents and was not in accordance with best practice guidelines or prescription Regulations. Nursing staff told the inspector that this issue had been brought to the attention of the provider and General Practitioners (GP's) concerned. They stated that the issue had been raised at appropriate national level and efforts to resolve this issue were on-going.

Medications requiring strict controls were appropriately stored and managed. 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 checking medications on receipt from the pharmacy and for the return of unused and out-of-date medications to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who also provided ongoing training and advice to staff.

Systems were in place to record medication errors which included the details, outcome, follow up action taken as well as learning and improvements required. Staff were familiar with them. There were no recent medication errors. Nursing staff had completed recent medication management training.

Regular medication management audits were carried out by the pharmacist and nursing management.

Judgment:

Non Compliant - Major

***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:

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.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medications were regularly reviewed.

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

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, at risk of absconsion, nutritionally at risk, presenting with behaviours that challenge and with wounds. See Outcome: 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral health, continence and pain.

The inspector noted that nursing documentation was completed to a high standard. Care plans were in place for all identified issues including personal care, daily routine, skin integrity and incontinence, moving and handling, wounds, pressure care, safety awareness and bed rails, falls and safe environment, nutrition and diabetes, responsive behaviour, absconsion, activities and end of life. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. There was evidence of relative/resident involvement in the review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Care plans in place were found to be person centered and very comprehensive. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The daily menus were displayed which clearly displayed what food choices/dishes were available for each meal. Mealtimes in the dining room was an unhurried social occasions in a domestic style setting. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal.

The inspector reviewed the files of residents who were at high risk of falls and some who had fallen recently. Falls risk assessments and falls care plans in place were updated post falls. Additional measures including low low beds, hip protectors, sensor mats and crash mats had been put in place for some residents. There was evidence of regular review of falls in the centre.

There was evidence of adequate wound assessments, care plans and wound progress notes in place.

Staff provided end of life care to residents with the support of their GP and the palliative care team. There were two dedicated palliative care suites. The inspector reviewed a number of 'end of life' care plans, they outlined detailed individual wishes of residents and their families. Many staff had undertaken training in end of life care and further training was scheduled.

Staff continued to provide meaningful and interesting activities for residents. Detailed life histories, a 'Key to me' had been documented for residents. Each resident had a meaningful activities assessment and a detailed individualised activities plan documented. The individual care plans outlined the physical, mental, social, creative and spiritual interests of residents. There was an activities coordinator employed three days a week as well as external facilitators such as artist and musicians. The activities coordinator had completed training in Sonas and imagination gym specifically to support the delivery of appropriate activities for residents with a dementia. The activities coordinator carried out group and individual activities with residents. The weekly activity schedule was displayed. A variety of activities took place regularly including, Sonas, imagination gym, aromatherapy, bingo, baking, quizzes, art, reminiscing, pampering morning (including facials and nail care), newspaper reading and discussions. On the first day of inspection, the inspector observed residents enjoying a variety of activities including baking and art. On the day, a transition year student from a local school assisted with activities including playing the piano for some residents and assisting others to go for walks and chatting with others. Many of the residents enjoyed walking,

the inspector observed many residents walking independently on the corridors and outside in the enclosed garden area. Staff supported many other residents to go for walks on the corridors, in the enclosed garden area, to and from the dining room and to the in house church. Residents told the inspector that they enjoyed the variety of activities taking place particularly on the three days when the activities coordinator was present. Some commented that other days can be "quiet with no excitement". Residents confirmed that musicians visited regularly and that they could attend the adjoining day care centre activities when they wished. Many residents spoke of enjoying weekly mass in the in-house church, receiving daily holy communion and saying the daily rosary. The clinical nurse manager spoke of plans to arrange more volunteers and external facilitators to provide further activities in the centre.

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):

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

Findings:

The inspector noted that further improvements had been carried out since the previous inspection and the building works to phase two of the development works were completed and included four additional single bedrooms with en suite facilities, a communal day room, visitors room, assisted toilet and sluice room. These facilities were completed to a high standard. Further development works (phase three) were in progress at the time of inspection which included the upgrading of toilet, shower and bedroom facilities in the older Robin wing however, the upgrading of the toilet and bedroom facilities in the Lark wing had not yet commenced. There were still limited bathing and showering facilities available to the residents in the older section of the building. The provider was in breach of condition 8 of the registration certificate which required that reconfiguration works must be completed by 1 January 2017 as per the plans submitted to the Chief Inspector on the 1 March 2015.

Single rooms in the older building were small in size and did not meet the needs of residents or comply with the requirements of Regulations, however, the provider continued to ensure that residents who did not require the assistance of mechanical devices to mobilise were accommodated in these bedrooms as set out in the statement of purpose.

The defective floor covering to the older section of corridor was not yet replaced however, the head of services stated that this work would be included as part of phase three refurbishment works.

Other improvements carried out since the previous inspection included the repainting of the older parts of the building, new soft furnishings including curtains, window blinds and bed linen had been provided, new furniture had been provided to the communal day and dining room areas and new comfortable seating had been provided in the church for residents. Residents, relatives and staff spoken with complimented the many improvements to the building.

The main entrance area had been provided with an automatic opening front door, new access ramp and hand rails.

There was a good variety of communal day space such as dining and day rooms, church and two visitor's rooms. All communal areas were bright, comfortably furnished and had a variety of furnishings which were domestic in nature.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

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

There was a functioning call bell system in place. Handrails were provided in circulation areas and grab rails were provided in bath, shower and toilet areas.

New signage had been provided in many areas, these were used to assist residents with perceptual difficulties and orient residents. For example, colour and signage was used to assist residents to locate toilet facilities independently. The corridors were wide and bright and allowed for freedom of movement. During the inspection, many residents were observed mobilising independently about the corridors while many other residents were supported by staff to go for walks.

The building was designed around a central, secure, enclosed garden, which was easily accessible from the corridors and day room areas. This area had a variety of garden furniture and was landscaped with a variety of colourful shrubs, flowers and plants. Paved walkways were provided throughout and many residents were observed walking and sitting out in the garden area. Residents spoken with stated that they enjoyed the garden area, some commented that they liked to sit outside and get fresh air, others stated that they loved to go for walks outside, while others stated they enjoyed looking out at the variety and colour of plants.

Judgment:

Non Compliant - Moderate

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 was satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. This is discussed further under Outcome 2: Governance and management.

The inspector noted that the privacy and dignity of residents was well respected. All residents in the new bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms.

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, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. The inspector observed that residents were always referred to by their first name and politely asked if they needed anything, given choices around what they would like to do, where they would like to sit, what they would like to eat and drink, and reassured and reoriented when they were upset or confused.

Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their meals in the dining room, in the day room or in their bedroom. Comments included "nobody tells us what to do here" and "I can go to bed whatever time I like". The inspector noted that the majority of residents were up and about during the day time and the majority of residents choose to have their meals in the dining room.

A number of the questionnaires completed by residents and family members by way of feedback to HIQA confirmed that the centre made every effort to maintain residents' independence.

Residents' religious rights were facilitated. Mass was celebrated weekly in the centre and daily during the summer months. The rosary was recited daily. Eucharistic ministers

visited daily and offered Holy Communion to residents.

There was an open visiting policy in place. Relatives indicated in completed questionnaires that they were always made to feel welcome by staff. There were now two separate visitors rooms available, one with tea and coffee making facilities. Residents had access to the centre's cordless phones and many residents had their own mobile handset device.

The centre was part of the local community and residents had access to radio, television, parish newsletter, daily and regional newspapers. Some residents told the inspector how they enjoyed reading the daily newspapers. Residents could request their own specific newspaper or magazine and these were delivered daily from the local shop. Residents did not have access to the internet and this issue had been recently highlighted by residents and relatives. The clinical nurse manager stated that she would discuss the issue with senior management with a view to getting prompt access. Residents had the choice to attend local day care services which took place in the adjoining building. Some residents attended occasionally while people who attended the day care service from the local community regularly visited residents in the centre. Many of the staff were from the local area and discussed local and sporting news issues with residents.

Judgment:

Substantially 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 inspector formed the view that during the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of 24 residents. There were three nurses, a clinical nurse manager (CNM2) and four care staff on duty in the morning and afternoon, three nurses and two care staff on duty in the evening and two nurses and one care staff on duty at night time. The person in charge was normally on duty during the day time Monday to Friday.

The inspector reviewed a number of staff files and found them to contain all the

required documentation as required by the Regulations. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction/orientation received and training certificates were noted on staff files. The inspector reviewed the file of a volunteer and noted that their roles and responsibilities were clearly set out.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2017. Staff had recently completed training in use of syringe drivers, end of life care, continence, dysphagia and nutrition, open disclosure. Further training was scheduled in infection control, fire safety, risk management and managing actual and potential aggression.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Regina House Community Nursing Unit
Centre ID:	OSV-0000612
Date of inspection:	25/09/2017
Date of response:	13/11/2017

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The inspector was not assured that there were appropriate safeguarding measures in place to protect residents in respect of all persons who provided services to residents on a regular basis.

1. Action Required:

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

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

residents from abuse.

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

The HSE recognises the input and support by persons who provide services to enhance the lives of the residents in Regina House.

- The HSE has put additional safeguarding measures in place to ensure safety of residents. Volunteers will assist residents in communal areas and will be supervised at all times. Where a volunteer is required to provide a service in a bedroom they will be accompanied by a staff member at all times.
- The HSE has put appropriate safeguarding measures in place including Garda vetting for volunteers and those who provide a regular service to residents.

Proposed Timescale:

Outcome 09: Medication Management

Theme:

Safe care and support

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

Nursing staff continued to administer some medications without an original signed prescription that authorised them to administer medications.

2. Action Required:

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

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

The action plan submitted by the provider does not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this action plan.

Proposed Timescale:

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

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

Single rooms in the older building were small in size and did not meet the needs of residents or comply with the requirements of Regulations.

The flooring to the older sections of corridor were defective in parts.

3. Action Required:

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

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

Phase III works are currently in progress with an expected completion date of 13.12.2017. This will address the issue with

-Bathing/Showering Facilities

-Defective Flooring.

-Two further rooms will be upgraded as part of Phase III works to meet with Regulation 17(2) for long-term care residents.

- The single rooms in the older part of the building will be used to accommodate respite clients following completion of works.

Proposed Timescale: 13/12/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents did not have access to the internet.

4. Action Required:

Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

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

Residents have access to radio, television, newspapers and a mobile internet device- Surface Pro has been ordered to allow residents access to the internet. This portable device will be available to residents in their room and communal areas. January 2018

Proposed Timescale: 31/01/2018

