

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Raheny House Nursing Home
Centre ID:	0138
Centre address:	476 Howth Road
	Raheny
	Dublin 5
Telephone number:	01 8311 199
Fax number:	01 851 0213
Email address:	rahenyhouse@arbourcaregroup.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Raheny House Nursing Home Limited
Person in charge:	Mary Hanley
Date of inspection:	6 June 2012
Time inspection took place:	Start: 12:00 hrs Completion: 17:30 hrs
Lead inspector:	Sheila McKeivitt
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Raheny House Nursing Home is a two-storey building consisting of the original old house connected to a more recent two-storey extension. Care is provided for up to 43 residents over the age of 65 years, of all dependency levels.

Accommodation comprises of 37 single and three twin bedrooms. One twin room has an en suite shower and toilet facility and all other bedrooms have a wash hand basin.

Other facilities include two large sitting rooms, a large conservatory together with a number of seating areas for residents use, a hairdressing room, smoking room, visitor room, and small quiet/relaxation room.

There is also an oratory and an enclosed landscaped garden with seating for residents use.

Location

The centre is located in the middle of Raheny village, Dublin within a short walking distance to all local amenities.

Date centre was first established:	4 June 1986
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	2

Dependency level of current residents	Max	High	Medium	Low
Number of residents	11	13	14	3

Management structure

The Person in Charge is Mary Hanley, who reports directly to the Provider, Donal O' Gallagher. The Person in Charge is supported in her role by the Operations Manager, newly appointed deputy nurse manager and a senior staff nurse. Nursing staff report directly to the deputy nurse manager regarding the provision of care and to the Person in Charge on all other matters. The administration, maintenance, kitchen and domestic staff all report directly to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	0	2	7	3	3	1	1*

* Activities coordinator

Background

This additional inspection report outlines the findings of a follow up inspection that took place on 6 June 2012. The inspection was unannounced and focused on the actions of the registration inspection which took place on 8 and 9 December 2010. The report from the registration inspection contained ten actions which identified where improvements were required.

The purpose of this inspection was to establish the progress made by the provider in implementing the required improvements identified at registration inspection.

Summary of findings from this inspection

The provider had completed eight actions, partially completed one and had not completed one from the last inspection report.

Actions had been completed in relation to the fire certification, provision of privacy to residents in twin rooms, provision of training in the prevention, detection and response to elder abuse, manual handling to all staff, and installation of an assisted bath upstairs, installation of mechanical ventilation in the smoking room and provision of storage space for equipment.

The action plan relating to maintaining adequate nursing assessments, care plans and evaluation had been partially completed. The action plan relating to laundry was not completed.

Other regulations identified as not been met on this inspection included those relating to food and nutrition, risk management, records and notification of incidents.

Issues covered on inspection

Food and Nutrition

The variety and choice of food available to residents was not adequate.

On the day of inspection the residents had no choice at lunch time. Roast chicken was served to all residents'. The inspector reviewed the two week rolling menu. It contained little variety over the two week period. For example, the second choice everyday was roast chicken and as it was the main meal on the day of inspection, there was no choice available to residents.

Risk Management

Risk management required improvement.

There was no recorded evidence available to indicate that the environment was risk assessed on a regular basis. The following risks were identified on inspection:

- the non catering cleaning room had no wash-hand basin, nor hand washing or hand drying facilities for staff
- the sluice room had cleaning equipment stored within it including three sweeping brushes, one with kitchen written on it, together with a blue mop bucket containing a mop
- the upstairs bathroom where a new assisted bath had been installed had a motor and electrical materials exposed behind the bath
- the sinks, floor and walls in the downstairs sluice room were not clean. The plaster board on the ceiling had peeled away and was hanging off in one area.
- The floor covering in the corridors and bathrooms was dusty
- there was no privacy lock on the downstairs bathroom and it was found to be unclean
- the laundry floor was not impermeable.

Records

The directory of records was not kept up-to-date. The last resident admitted into the centre had not been entered into the register. In addition, the address of a number of residents' next of kin and their general practitioners had not been entered. The sex of residents was not recorded and the cause of death of the last resident to die in the centre had not been entered.

There was no record maintained of each resident's personal possessions. A review of two residents' files confirmed this.

Notification of Incidents

The Authority had not been notified within three days on two occasions where residents had fallen and sustained serious injury requiring hospitalisation. However, the Authority had been notified of both incidents on the quarterly returns only.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide the Authority with written confirmation from a competent person that all requirements of the statutory fire authority have been complied with.

This action was completed. The provider submitted written confirmation from a competent person that all the requirements of the statutory fire authority had been complied.

2. Action required from previous inspection:

Provide residents with privacy in twin bedrooms.

This action was completed. The three twin bedrooms were inspected. They all had appropriate screening in place to maintain the privacy of residents living in these shared bedrooms.

3. Action required from previous inspection:

Ensure all care staff are provided with further education in communication with residents.

Ensure care staff do not attend to residents' prior to communicating with the resident.

This action was completed. There was no written evidence that staff had received further education in communication with residents'. However, practice observed over the course of the inspection indicated that the communication skills of staff had improved. The inspector observed staff communicating with residents prior to providing them with assistance. For example, two carers were observed assisting a resident from a sitting to a standing position using an assistive device. They sought permission from the resident and explained the procedure prior to assisting the resident to a standing position.

4. Action required from previous inspection:

Ensure staff are provided with further training in manual handling.

This action was completed. Records provided to the inspector showed that all staff did have up-to-date manual handling training. As mentioned under action three, manual handling practices observed during the course of the inspection were good.

5. Action required from previous inspection:

Ensure all staff employed in the centre receives training in the prevention, detection and response to elder abuse.

This action was completed. The inspector was provided with written evidence that all staff working in the centre had received training in the prevention, detection and response to elder abuse within the past two years.

Residents spoken with during the course of the inspection confirmed that they felt safe and secure living in the centre. They spoke highly of the staff.

6. Action required from previous inspection:

Ensure the residents care plan includes the all the residents identified needs.

This action was partially completed. The inspector reviewed two residents' nursing documentation. Both residents were assessed on admission and re-assessed on a three-monthly basis thereafter. They had care plans in place which reflected their assessed needs and were updated on a three-monthly basis. However, the daily nurses' evaluation for both residents' did not reflect the care prescribed on the updated care plan available. The daily evaluation referred to care prescribed on an old care plan which remained in the file. Evidence gathered showed that nurses were not referring to the residents care plan when evaluating the care they provided on a daily basis. Individual residents' nursing records did not reflect the care prescribed in the care plan. For example, one residents' care plan stated to weigh weekly but there was no recorded evidence in the residents file that reflected weekly weights had been taken or recorded.

Nursing documentation was disjointed and not person centred. This was leading to a lapse in the standard of nurses' documentation.

7. Action required from previous inspection:

Furnish the floor of the laundry with impermeable flooring.

Ensure the floor and wall finishes of the laundry are washable, anti-slip or easily cleaned when wet.

Ensure wall junctions of the laundry are coved.

This action was not completed. The laundry walls had been re-painted. The cement flooring which had been painted at one stage was in need of refurbishment as it was not impermeable and could not be washed thoroughly.

8. Action required from previous inspection:

Provide a suitable storage area for all equipment used in the centre.

This action was completed. Storage areas were provided throughout the centre. The inspector observed that corridors were clear and safe for residents to mobilise along. Equipment not in use was safely stored in the equipment rooms provided.

9. Action required from previous inspection:

Install a mechanical ventilation system in the smoking room.

This action was completed. The inspector saw that the smoking room had two electrically operated vents in place. These were seen to be in use when residents were using the smoking room.

10. Action required from previous inspection:

Replace the assisted bath.

This action was completed. An assisted bath had been installed in the bathroom upstairs. However, the motor and electrical connections remained exposed behind the bath.

Report compiled by:

Sheila McKeivitt

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

21 June 2012

Chronology of previous HIQA inspections

Date of previous inspection:	Type of inspection:
8 and 9 December 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
24 and 25 May 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Raheny House Nursing Home
Centre ID:	0138
Date of inspection:	6 June 2012
Date of response:	5, 19 and 27 July 2012

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Risks identified on inspection:

- the non catering cleaning room had no wash-hand basin, nor hand washing or drying facilities for staff
- the sluice room had cleaning equipment stored within it
- the upstairs bathroom had a motor and electrical materials exposed behind the new bath.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by managed the risks identified on inspection.

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

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A review of the space has taken place so that arrangements can be made to install wash-hand basins and associated items to these rooms in order to comply with the relevant regulations. This practice has stopped from 7 June 2012 and staff have received further training and information on the correct storage of equipment and use of the sluice room. Complete from 7 June and staff meeting held on the 7 June 2012. The plumber that installed the motor and associated wiring has confirmed that they are safe and fit for purpose. However, we have enclosed the motor in a ventilated box for aesthetic reasons.	To be completed by October 2012 07/06/2012 27/06/2012

2. The provider has failed to comply with a regulatory requirement in the following respect: An adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines was not available.
Action required: Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.
Reference: Health Act, 2007 Regulation 25: Medical Records Standard 13: Healthcare Standard 14: Medication Management Standard 15: Medication Monitoring and Review

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Nurses have received training on Care Planning. However, we have commenced a mentorship programme on 2 July 2012 where the Nurse Manager personally mentors each nurse and conducts a review of documentation and agrees an improvement plan. Care plans and associated documentation have always been part of our management audits where samples are examined on a regular basis and measured against our standards. This practice will continue with no additions at this time.</p> <p>The mentoring programme commenced on 2 July 2012 and we expect to have had all nurses first review completed by the end of October 2012.</p>	<p>End of October 2012</p>

<p>3. The person in charge has failed to comply with a regulatory requirement in the following respect:</p>	
<p>The variety of food available to residents was not adequate. On inspection, there was no choice of food available to residents at lunchtime.</p>	
<p>Action required:</p> <p>Provide each resident with food that is varied and offers choice at each mealtime.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A new 21 day repeating menu plan has been introduced which provides a varied and nutritious diet as well as two choices for each meal. This menu will be reviewed initially every month to gauge the residents' response to it and then annually every June. The new menu was introduced on 1 July 2012.</p>	<p>01/07/2012</p>

4. The person in charge has failed to comply with a regulatory requirement in the following respect:

There was no record kept of each resident's personal property that was signed by the resident.

Action required:

Maintain an up-to-date record of each resident's personal property that is signed by the resident.

Reference:

Health Act, 2007
Regulation 7: Residents' Personal Property and Possessions
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

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

Timescale:

Provider's response:

A review of this documentation has commenced and in house training for staff has also begun on the requirement to record residents' property on admission. We are also discussing various options with regard to the up-dating of that information. Review commenced on 16 July 2012. Staff have are being informed on an informal ongoing basis. It was on the agenda of the management meeting held on 13 June 2012 and is also on the agenda of the nurse meeting scheduled to take place on 7 August 2012.

07/08/2012

5. The provider has failed to comply with a regulatory requirement in the following respect:

The floor of the laundry was not sealed.

The sluice room was in a poor state of repair and was not kept clean.

The catering cleaning room was cramped with the storage of equipment making the flush sink inaccessible.

The corridor floors upstairs were unclean.

The downstairs bathroom had no privacy lock on the door.

Action required:	
Ensure the premises are of sound construction and kept in a good state of repair externally and internally.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The laundry floor was sealed with a water proof paint product. This had become slightly patchy in parts due to wear and tear. A programme of inspection and repair has been put in place and all current patches are programmed for repair.	18/07/2012 and 19/07/2012
The sky light in the sluice room had a small leak which was being reviewed by roofers on the day of the inspection. This is due for repair in the coming weeks. A review of the domestic function in this area has taken place and is part of the Safety Represent ivies daily checks. Work on the roof is scheduled to commence on 7 August 2012 and weather allowing will be complete within the month.	Commence 07/08/2012 weather allowing will be complete within the month
The catering cleaning room has had all unnecessary equipment removed. Complete on 6 June 2012.	06/06/2012
The corridor floors are clean and the domestic cover has been reviewed to include cover over longer periods in the day and evening. We have identified a new domestic shift pattern that means increasing the weekly hours by 10.5 hours. We have commenced engaging with our staff to cover these new shifts and hope to have them up and running before the end of September 2012. Complete on 7 June 2012.	7 June 2012
Privacy lock has been installed in this bathroom.	10/07/2012

6. The person in charge has failed to comply with a regulatory requirement in the following respect:

The directory of residents did not include the information specified in Schedule 3 paragraph (3) of the Regulations.

Action required:	
Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.	
Reference:	
Health Act, 2007 Regulation 23: Directory of Residents Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
On receipt of the amendment to the Regulations we have inserted a column for the recoding of the residents gender in the Register. We have inserted the gender of all current and past residents and will record all future admissions.	18/07/2012

7. The person in charge has failed to comply with a regulatory requirement in the following respect:	
The Authority had not been informed without delay of the occurrence of a serious injury to a resident.	
Action required:	
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.	
Reference:	
Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
This was an oversight. All accidents of this nature will be reported as required	Immediate

Any comments the provider may wish to make:

Provider's response:

None received.

Provider's name: Donal O'Gallagher

Date: 27 July 2012