

**Health Information and Quality Authority  
Regulation Directorate**

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



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

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 27 January 2015 09:00 To: 27 January 2015 15:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of a follow up unannounced inspection that took place on one day. The inspection focused on the areas where improvements were required as highlighted in the action plan of the previous inspection report of 1 and 2 December 2014.

There were 11 actions to be addressed from the inspection of the 1 and 2 December 2014. On this inspection the inspector was satisfied that 10 actions had been addressed and the remaining one action relating to the premises was partially addressed.

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

The design and layout of parts of the original building did not meet the needs of all residents or comply with the requirements of the Regulations. The older section of the building still had limitations with regard to the size and occupancy of bedrooms, bath and shower facilities.

The inspector noted that improvements were also required to meet the Regulations in terms of upgrading parts of the older building.

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

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspector reviewed the updated statement of purpose and found that it complied with the requirements of the Regulations and reflected the changes to the bedroom accommodation and the room sizes in the new extension.

**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):**

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

**Findings:**

All nursing documentation had been reviewed and updated. The person in charge had put systems in place to monitor and review residents' files on a three monthly basis. Care planning training had been arranged for nursing staff and was scheduled for 4 and 18 March 2014. This is discussed further under outcome 11: health and social care needs.

Risk management systems had been put in place since the last inspection. This is discussed further under outcome 8: health and safety and risk management.

**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):**

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

**Findings:**

The resident's guide had been updated to reflect changes to accommodation, use of assessments beds, respite charges and smoking policy, However, the guide was not yet available to residents.

**Judgment:**  
Non Compliant - Minor

***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):**

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

**Findings:**

The inspector noted that the policy on the use of physical restraint had been updated. The policies on the use of restraint and managing behaviours that challenge were now being implemented and reflected in practice in the centre.

The staff rota now clearly set out the actual times that all staff worked and the nurse in charge was identified on all shifts.

**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):**

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

**Findings:**

The issues at the last inspection referred to the management of the use of restraint. The inspector noted that the policy on the use of restraint was updated to reflect national policy and best practice and was now implemented in the centre. Risk assessments and care plans were now in place for the use of bedrails.

**Judgment:**  
Compliant

***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 systems had been reviewed and updated following the last inspection. Risks had been identified and assessed and the risk register had been updated. Measures were put in place to control identified risks.

The inspector reviewed the minutes of the last health and safety meeting held on the 23 January 2015 and noted that ideas for raising staff awareness of health and safety issues was discussed. A risk management training workshop had been scheduled for

some staff on 9 May 2015.

All staff had received training in relation to fire safety, use of new equipment including the overhead ceiling hoists and nurse call systems since the last inspection. Training records reviewed and staff spoken with confirmed that training had taken place. Further fire safety training was scheduled.

**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):**

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

**Findings:**

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

The inspector noted many improvements to the nursing documentation. All long stay residents' files had been reviewed and updated following the last inspection. The person in charge and CNM had carried out a review/audit of all files, the results of each audit were attached to the front of the file and included improvements if required. The person in charge told the inspector that a further audit was planned this week.

There was a range of up-to-date risk assessments completed including dependency, moving and handling, nutrition, risk of developing pressure ulcers, falls and oral health. Comprehensive nursing assessments were completed on admission and these were now being updated to reflect the changing needs of residents.

The assessed needs of residents were clearly set out in care plans. Care plans were in place for all identified issues. Care plans had been updated, individualised and were person centred.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody services were also provided. The inspector found that residents had

been referred to these services and results of appointments were written up in the residents' notes. Recommendations from these health professionals were reflected in residents' care plans.

**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 some improvements had been carried out since the previous inspection but further improvements were still required.

The visitors' room had been refurbished, and was now furnished in a comfortable and homely manner.

A designated indoor smoking area had been made available to residents who wished to smoke. New smoking aprons had been provided to ensure additional safety of residents.

The person in charge told the inspector that quotations had been obtained for shelving/storage units for personal belongings in the bedrooms and bathrooms and she was awaiting approval for same.

The design and layout of parts of the existing building did not meet with the needs of residents or comply with the requirements of Regulations. There were still limited bathing/showering facilities available to the residents in the older section of the building. Single rooms were small in size and did not meet the needs of residents.

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

The inspector noted that parts of the older building required upgrading. The flooring to the two toilet blocks on either side of the main dayroom and dining were defective, stained and difficult to clean. The coving to the wall floor junctions was also defective and loose. The hinge to the door of one toilet cubicle was broken and the door could not be closed. The window handles were also broken.



The flooring to some single bedrooms was defective and missing vinyl tiles were noted to some.

The paintwork of many areas including walls and door jams was worn and stained.

**Judgment:**

Non Compliant - Moderate

***Outcome 18: Suitable Staffing***

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

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

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

**Findings:**

Staff had received trained on the use of new equipment including ceiling hoists. Training records reviewed and staff spoken with confirmed that training had taken place.

Further training was scheduled in care planning, risk management, infection control, dysphagia and consent.

**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 report<sup>1</sup>

<b>Centre name:</b>	Regina House Community Nursing Unit
<b>Centre ID:</b>	OSV-0000612
<b>Date of inspection:</b>	27/01/2015
<b>Date of response:</b>	19/02/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 03: Information for residents

**Theme:**

Governance, Leadership and Management

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

The resident's guide was not available to residents.

**Action Required:**

Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

<sup>1</sup> 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:**

Outstanding stationery supplies received on 29th January 2015 which enabled us to bind further copies of the Residents Guide/Information Book. A copy of the residents guide has been given to all residents. Further copies have been made available for relatives at Reception.

**Proposed Timescale:** 30/01/2015

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

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

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

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

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

The flooring to the two toilet blocks on either side of the main dayroom and dining were defective, stained and difficult to clean.

The coving to the wall floor junctions was defective and loose.

The hinge to the door of one toilet cubicle was broken and the door could not be closed.

The window handles were also broken.

The flooring to some single bedrooms was defective and missing vinyl tiles were noted to some.

The paintwork to many areas including walls and door jams was chipped, worn and stained.

**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:**

Planning Permission has been granted for Phase II of works. The works will need to be tendered and the estimated completion date for the works will be the 30th June 2016.

Upgrade of Toilet facilities in the Lark & Robin Wing to be addressed by 30th April, 2015.

Flooring in single rooms to be replaced by 30th June, 2015.

Paintworks on hallways and existing bedrooms to be completed by 30th June, 2015.

**Proposed Timescale:** 30/06/2015