

# **RAHENY COMMUNITY NURSING UNIT**

## **ANNUAL REVIEW**

**2020**



## Introduction

The Raheny Community Nursing Unit (RCNU) is a 100 bedded Nursing Home and is underpinned by the centre's self-assessment of performance against the National Standards for Residential Services for Older People in Ireland. The RCNU is committed to providing holistic person-centred care to the highest possible standard in partnership with the residents and the interdisciplinary team. In 2020 the RCNU saw the arrival of a new Director of Nursing and a new Acting Assistant Director of Nursing. The staff at the RCNU prides themselves on providing high standard, holistic patient centred care. The residents are cared for in an open, welcoming and safe environment with respect and dignity for residents, family members and highly committed staff members. The RCNU is a nurse led unit which is supported by a Consultant Geriatrician, medical team, multidisciplinary team members and activities team. 2020 proved to be a very difficult year for long term care facilities due to the global COVID-19 pandemic for residents, families and staff.

Despite the difficulties faced during 2020, there were many fun times for residents and staff and please see below:

### Fun Times at the RCNU during 2020



Pamela Archibold – Heather Unit



Santa Clause and Mrs. Clause  
with John Crimmins – Bracken Unit



Patrick Norris and Marie Finn – Clover Unit

The annual review concludes with a summary of 2020 and clearly defined objectives for the New Year ahead.

Each standard under the sections of

1: **Quality and Safety** and 2: **Capacity and Capability** have been performance rated by the multidisciplinary team, having taken into account that effective systems are in place to ensure all residents receive good quality and safe care in the RCNU. Residents and their families have also had input into this review through a resident satisfaction survey in 2019, but due the Covid-19 pandemic, this was not possible in 2020 but will be completed in the early part of 2021. Quality does not stand still and each standard will continue to be built upon year on year.

A performance plan has been put in place where it has been identified that the centre can further enhance meeting the standard. This Performance plan will form part of the overall key objectives for the centre in 2020.

Centre name: Raheny Community Nursing Unit

Centre ID: 000704

Registered provider: Beaumont Hospital Board

Person in charge: Sherin Boby, Assistant Director of Nursing

## Section 1

### Quality and Safety

<b>Theme 1: Person Centred Care and Support</b>		<b>Quality improvement required? Y/N</b> Where complete improvement plan
Standard 1:1	The rights and diversity of each resident are respected and safeguarded.	<b>No</b>
Standard 1.2	The privacy and dignity of each resident are respected.	<b>No</b>
Standard 1.3	Each resident exercises choice and to have their needs and preferences taken in to account in the planning, design and delivery of service.	<b>No</b>
Standard 1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.	<b>Yes</b>
Standard 1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.	<b>No</b>
Standard 1.6	Each resident, where appropriate, is facilitated to make informed decisions, has access to an advocate and their consent is obtained in accordance with legislation and current evidence-based guidelines.	<b>No</b>
Standard 1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.	<b>No</b>

## Theme 1: Person Centred care and Support:

1.1 - This standard is achieved through individualised care planning for each resident taking into account their choice and preferences. This is evidenced through their plan of care. All residents can exercise their rights through their right to vote, information and access to certain services ie. National Screening Services. There are scheduled residents' forums every quarter (this has been affected by COVID-19 pandemic). Families are invited to biannual forums (this has been affected by COVID-19 pandemic) and these are facilitated by SAGE. Residents also have access to advocacy services and this is advertised throughout the centre. To further enhance Person Centred care a Prayer Room has be upgraded to a multi denominational space.

1.2- Through individual care planning.

1.3 - All residents and/or their family advocating on their behalf are involved in care planning.

1.4- Residents have choice to go out with family or on scheduled trips through the activity team in RCNU (this has been guided by National guidance for visitation in Raheny Community facility due to COVID-19 in 2020).

1.5 - The "Magic Table" has proved invaluable in communicating with residents who have varying levels of cognitive impairment. Speech and language therapist is allocated to the centre. Residents are informed of service developments through their quarterly resident forum and minutes of same are available for all residents to read.

1.6- All residents have access to an advocate and this is advertised through leaflets and signage in the centre.

1.7 - A robust complaints procedure is in place and residents and families are informed through signage/leaflets.

Improvement Plan	Action/ Resources	Timescale
1.1 - Prayer Room	To become a multi denominational quiet space for residents.	Completed
1.4 – Establishment of comfortable and safe window visiting during level 5 lockdown.	During 2020 visiting has been a huge issue for all long term care facilities. We have established safe, comfortable window and balcony visiting so all residents can maintain personal relationships with their family and the community. We have also established electronic communication including zoom, WhatsApp, facetime. We have been fully compliant with the National Guidelines for Raheny community facility visiting including compassionate visiting.	Completed

<b>Theme 2: Effective services</b>		<b>Quality improvement required? Y/N</b> Where yes complete improvement plan
Standard 2.1	Each resident has a care plan, based on an ongoing comprehensive assessment of their needs which is implemented, evaluated and reviewed, reflects their changing needs and outlines the supports required to maximise the quality of their life, in accordance with their wishes. Plan underway to introduce EpicCare to the RCNU so all care planning etc will be electronic.	<b>Yes</b>
Standard 2.2	Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience	<b>No</b>
Standard 2.3	The design and delivery of the residential service maintains and supports physical and psychological wellbeing for those who are cognitively impaired while achieving best health and social care outcomes.	<b>Yes</b>
Standard 2.4	Each resident receives palliative care based on their assessed needs, which maintains and enhances their quality of life and respects their dignity.	<b>No</b>
Standard 2.5	Each resident continues to receive care at the end of their life which respects their dignity and autonomy and meets their physical, emotional, social and spiritual needs.	<b>No</b>
Standard 2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.	<b>No</b>
Standard 2.7	The design and layout of the residential service is suitable for its stated purpose. All areas in the premises meet the privacy, dignity and wellbeing of each resident.	<b>No</b>
Standard 2.8	Each resident's access to residential services is determined on the basis of fair and transparent criteria.	<b>No</b>

Improvement Plan	Action/ Resources	Timescale
2.1 – EpicCare introduction	To introduce and establish EpicCare to provide electronic care planning and medication management administration etc.	April 2021
2.3 – Establishment of comfortable and safe window visiting during Level 5 lockdown.	During 2020 visiting has been a huge issue for all long term care facilities. We have established safe, comfortable window and balcony visiting so all residents can maintain personal relationships with their family and the community. We have also established electronic communication including zoom, WhatsApp, FaceTime and regular communications	Ongoing

## Theme 2: Effective services

2.1- All residents have a plan of care which is person centred. Following a HIQA inspection in July 2019 it was identified that a four monthly care plan review was not always evident for each resident. These four monthly reviews are now a KPI and a standing item on the Residents Quality and Safety meeting which occurs every six weeks (this has been disrupted by COVID-19 pandemic). Plans of care and Resident choice is also discussed at the weekly Multi-Disciplinary Meeting which occurs every Tuesday in the Centre.

2.2- All residents have choice in relation to food. Daily menus are on display. A resident is now a member of the food and nutrition committee in the centre voicing any concerns or wishes of the residents in relation to food.

2.3 – Extensive works have been undertaken around the outside of the RCNU to facilitate safe and comfortable window and balcony visiting during the COVID-19 pandemic i.e. tarmac around the outside of the building, visiting pods, outdoor heater etc. We have seen visiting restrictions due to the pandemic and we are fully compliant with the National Guidance for visitation for residential care services.

2.4 - End of life care plan is initiated at any stage, when any resident wants to make decisions about their end of life or when residents reach end of life to ensure all their needs are met.

2.5 - Prayer room has been upgraded to meet the spiritual needs of all residents at end of life.

2.6/2.7 –Evidence of meeting these standards clearly outlined in the HIQA report July 2019.

2.8 – A robust admissions policy is in place for the centre and a standardised assessment tool is used to determine if the needs of the potential resident can be met in the centre

Improvement Plan	Action/ Resources	Timescale
2.1 – EpicCare introduction	To introduce and establish EpicCare to provide electronic care planning and medication management administration etc.	April 2021



<b>Theme 3: Safe services</b>		<b>Quality improvement required? Y/N</b> Where            yes complete improvement plan
Standard 3.1	Each resident is safeguarded from abuse and neglect and their safety and welfare is promoted.	<b>No</b>
Standard 3.2	The residential service has effective arrangements in place to manage risk and protect residents from the risk of harm.	<b>No</b>
Standard 3.3	Infection prevention and control practices achieve the best outcomes for residents.	<b>No</b>
Standard 3.4	Each resident is protected through the residential services policies and procedures for medicines management.	<b>No</b>
Standard 3.5	Arrangements to protect residents from harm promote bodily integrity, personal liberty and a restraint free environment in accordance with national policy.	<b>Yes</b>
Standard 3.6	Each resident's personal property and finances are managed and protected.	<b>No</b>



### Theme 3 - Safe Services:

3.1- A robust mandatory training schedule is in place to achieve 100% compliance of safeguarding training for all staff who work with our residents. Designated Safe Guarding officers x 4 are currently in place in RCNU. Safety huddles were introduced – a ten minute safety pause to allow staff to raise any concerns.

#### End of Year Mandatory Training

Manual Handling	88%
Children First	97%
Safeguarding	97%
Fire Training	96%
Restrictive Interventions	90%
Sepsis	98%

3.2- A robust Risk management policy in place

Pressure Injury 2020	Grade 3 unit/hospital acquired	Grade 4 unit /hospital acquired
RCNU	3	1

3.3- IPC policy in place and a dedicated .5 WTE IPC CNM 2 dedicated to the centre to oversee training in IPC, practices and support. The centre has a full time clinical practice support nurse.

3.4 - Medication management policy in place. Medication safety office attends the Resident Quality and safety committee meeting on a six-week basis.

3.5- Restrictive Practice committee in place. This committee restructured in Q4 of 2019 to work towards a restraint free environment. A focus placed upon audit of restrictive practice and action plans put in place where gaps have been identified. Hugh reduction in the use of bed rails from 24 in Quarter 1, to 15 in Quarter 2.

3.6-Policy in place re: Residents personal property. Dedicated administration process in place re: management of finances.

<b>Improvement Plan</b>	<b>Action/ Resources</b>	<b>Timescale</b>
3.1 Safeguarding Training	Robust schedule in place by CPSN An additional three safeguarding officers are trained.	Ongoing
3.2 Pressure injury Management	Education on Pressure Injury Management. Propose the introduction of a Tissue Viability Clinical Nurse Specialist.	Ongoing
3.5 Restrictive Practice Committee	Restrictive practice Audit tool is reviewed. Work towards a restraint free environment.	Ongoing.

<b>Theme 4: Health and wellbeing</b>		
Standard 4.1	The health and wellbeing of each resident is promoted and they are given appropriate support to meet any identified healthcare needs.	<b>No</b>
Standard 4.2	Each resident is offered a choice of appropriate recreational and stimulating activities to meet their needs and preferences.	<b>No</b>
Standard 4.3	Each resident experiences care that supports their physical, behavioural and psychological wellbeing.	<b>No</b>

## Theme 4 – Health and Wellbeing

4.1 Full schedule of daily activities promoting resident wellbeing available to all residents and lead by activities team. This has been impeded by Covid-19 but the activity team have been mainly focused at unit level in an effort to minimise cross infection and assist the health and well-being of the resident in particular time such as lockdown 5.

Access to Physio, Occupational Therapist, Dietetics and Speech and Language Therapist Mon to Friday. Access to Doctor on site 24/7 if required. Weekly multi-disciplinary team meeting and access to consultant geriatrician twice a week/as required.

4.2 Full schedule of daily activities promoting resident wellbeing available and lead by activities team. Residents have choice in attending same.

4.3 Each resident has an individualised care plan tapered to their needs.

Improvement Plan	Action/ Resources	Timescale
Not required		

## Section 2

### Capacity and Capability

Theme 5: Leadership governance and management		Quality improvement required? Y/N Where yes complete improvement plan
Standard 5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each resident and promote their welfare.	<b>Yes</b>
Standard 5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.	<b>No</b>
Standard 5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.	<b>No</b>
Standard 5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.	<b>No</b>

#### Theme 5: Leadership Governance and Management

5.1 Schedule 5 Policies and procedures are in place underpinned by legislation and regulations protecting all residents in the centre. Staff have received updates on the Health Act and this training will be part of induction to RCNU from Q1 2020. All Schedule 5 policies are update and available.

5.2 The RCNU continues to have a robust governance structure with clearly defined lines of reporting and accountability. The RCNU saw the appointment of a new Director of Nursing in August 2020 and a new Acting Assistant Director of Nursing.

5.3 A suite of metrics and audits are carried out bi-monthly and the results and action plans are presented to the quality and resident safety committee. An audit dashboard has been developed,

5.4 Following on from the Resident Survey in 2019 an action plan was derived and implemented in 2020.

Improvement Plan	Action/ Resources	Timescale
5.4 Resident satisfaction survey was carried out 2019/2020 as part of an ongoing quality improvement initiative. Due to Covid-19 it appeared difficult to complete a resident satisfaction survey in 2020 but this will be completed in early 2021	Devise, distribute assess and action a resident satisfaction survey quarter 1 / quarter 2 2021	Quarter 3
5.1 Training on the Health Act was provided to all staff. All policies are updated periodically and are available to all staff on the internal internet. Hard copies of all Schedule 5 policies are available in all units. Staff on induction to RCNU will receive education on Health Act and legislation in relation to residential setting.	The use of Online training module on BORIS.	Ongoing

<b>Theme 6: Use of resources</b>		<b>Quality improvement required? Y/N</b> Where yes complete improvement plan
Standard 6.1	The use of available resources is planned and managed to provide person-centred effective and safe services and supports to residents.	<b>No</b>

6.1- Human and financial resources are planned and managed to ensure a safe and effective service. This is evidenced through transparent financial records and staff rosters.

<b>Improvement Plan</b>	<b>Action/ Resources</b>	<b>Timescale</b>
Not Required		

<b>Theme 7: Responsive workforce</b>		<b>Quality improvement required? Y/N</b> Where yes complete improvement plan
Standard 7.1	Safe and effective recruitment practices are in place to recruit staff.	<b>No</b>
Standard 7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to all residents.	<b>No</b>
Standard 7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of all residents.	<b>No</b>
Standard 7.4	Training is provided to staff to improve outcomes for all residents.	<b>No</b>

### **Theme 7: Responsive Workforce**

7.1- A robust recruitment practice in place overseen by HR department in Beaumont Hospital.

7.2- A competency-based interview process in place to determine the suitability of the nurse/carer in relation to required skill set and experience. Personal Development plans being rolled out.

7.3 -Each unit has a designated CNM2 and there is a dedicated clinical practice support role, DON, ADON and CNM 3 to the centre. All staff have access to education on campus and through Beaumont Hospital.

7.4 -CNM2 work closely with ADON/CPSN/DON in determining the training needs of staff. CPSN leads out on training schedule across RCNU. Online trainings are available through HSELand and Beaumont Hospital online training.

<b>Improvement Plan</b>	<b>Action/ Resources</b>	<b>Timescale</b>
Not required		



<b>Theme 8: Use of information</b>		<b>Quality improvement required? Y/N</b> Where yes complete improvement plan
Standard 8.1	Information is used to plan and deliver person-centred, safe and effective residential services and support.	<b>Yes</b>
Standard 8.2	Information governance arrangements ensure secure record-keeping and file-management systems are in place to deliver a resident-centred, safe and effective service.	<b>No</b>

### **Theme 8: Use of information**

8.1 – Resident forums were held every quarter to listen to resident’s ideas on how we could improve life for all our residents in the centre. Resident satisfaction survey was completed in Nov 2019. This survey focused on key areas such as :

- Food and meal times
- Provision of care
- Care and support
- Homily environment
- Dealing with complaints.

The findings and actions from this survey has been distributed to all families and residents in the centre.

8.2 - Policy in place for the access to, keeping of and destruction of any records pertaining to a resident. Confidential bins in place across all units for the destruction of any confidential documentation.

<b>Improvement Plan</b>	<b>Action/ Resources</b>	<b>Timescale</b>
Installation of EpicCare system for Nursing Documentation, Care Package and Medication Module.	Consultation with Director of Finance, Stacks Pharmacy, and EpicCare Implementation and Education phase.	Q 3, 2020-Implementation complete and Q4 2021- training complete

## **Summary**

The year 2020 has been extremely difficult in terms of the Covid-19 pandemic and in particular in setting such as the RCNU.

The focus throughout 2020 was on the concept of person centred care but one of the main focuses throughout this year was to provide the safest possible care while dealing with a high contagious virus that has had detrimental effects on the elderly population. I would like to commend the hard work and dedication of every staff member that has gone above and beyond to maintain safety and minimise cross infection to the resident of the RCNU while considering their overall Health & Wellbeing. These difficulties have been multifaceted including effects on the socialisation of the residents and visiting restriction throughout the year. We recognised how difficult the year has been for the residents and families we have implemented strategies to alleviate the stresses that this has caused including visiting pod, new surfaces around the building to provide safe and comfortable window/balcony visiting. Regular communication with residents and families with updates on all aspects of the ever changing situation was undertaken. This communication also included Zoom, WhatsApp & facetime so that constant contact was maintained as much as possible with residents and families.

We look forward to a full vaccination programme in early 2021 and hope for a return to a new safe normality.

Workforce planning remained a key object in 2020 and a staff appreciation day took place in March 2020 which was highly successful. Ongoing staff education continued in 2020 with a number of staff undertaking various courses include

- Post Graduate in Gerontology Nursing
- Organisational & Personal Skills Development Programme.
- PETA Taffe Clinical Leadership course

Flu vaccination programme was a priority in 2020 with an achievement of 82% of all staff receiving the flu vaccination. The RCNU received third highest place in Flu Vaccination for large nursing homes in 2019 and received an award in 2020.

As a team we look forward to 2021 where we hope that the global Covid-19 pandemic will ease and allow us to return to some form of new normality. Our priority is to continue to provide high quality safe, effective patient centered care and build on our performance achievements from 2020.

**Sharon Trehy**  
**Director of**  
**Nursing**  
**Raheny Community Nursing Unit**