

Raheny Community Nursing Unit

Annual Review

2024



Introduction

I am delighted to present to you the annual report for the Raheny Community Nursing Unit (RCNU) for 2024, which has been a really good year for us all at RCNU. The care at RCNU is underpinned by the centre's self-assessment of performance against the National Standards for Residential Services for Older People in Ireland. We at RCNU are committed to providing holistic person-centred care to the highest possible standard in partnership with the residents and the interdisciplinary team and highly dedicated staff.

High standard, holistic person centred care is the cornerstone of what the staff at the RCNU prides themselves on. This care is provided in an open, welcoming and safe environment with respect and dignity for residents, family members and highly committed staff members. Supported by a Consultant Geriatrician, our nurse led unit is further supported by a medical team, multi-disciplinary team members and activities team. In November 2024 the RCNU undertook an unannounced HIQA inspection with excellent results, confirming the high quality care that is provided every day at RCNU. I would like to take this opportunity to thank every staff member that provide this care every day of the week.

Fun Times at the RCNU in 2024





Christmas Fun!!



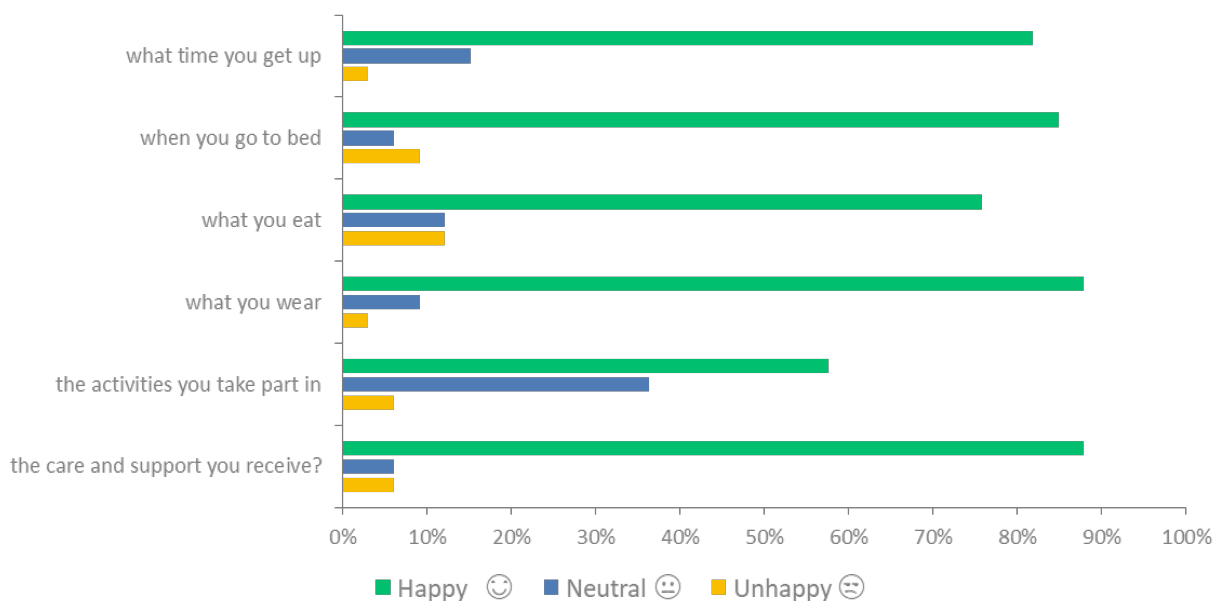


Thanks to the transition year students of 2024!!

Residents Survey May 2024

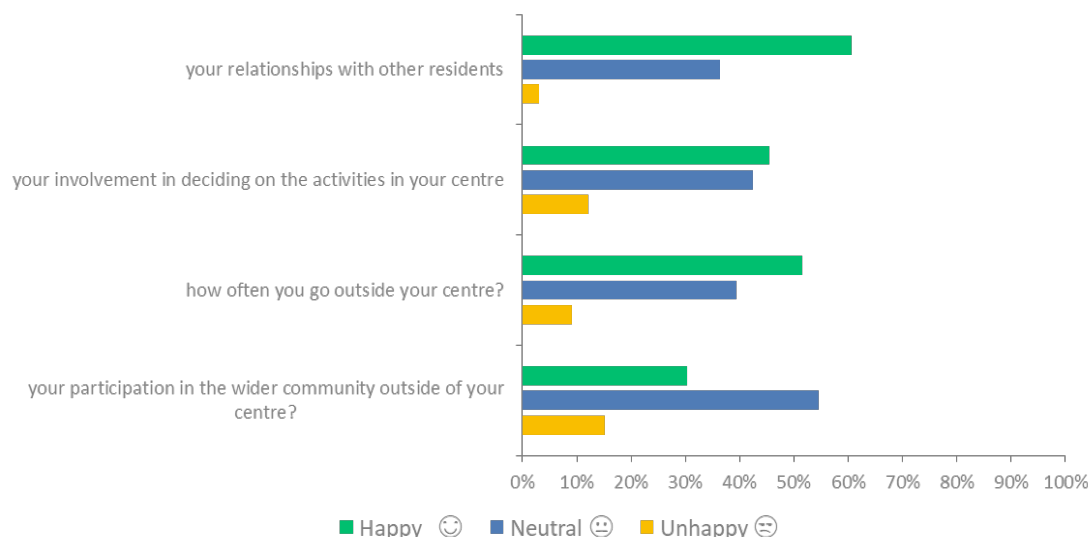
Below is a synopsis of the results from the Residents Survey undertaken in May 2024.

Care and support system in place



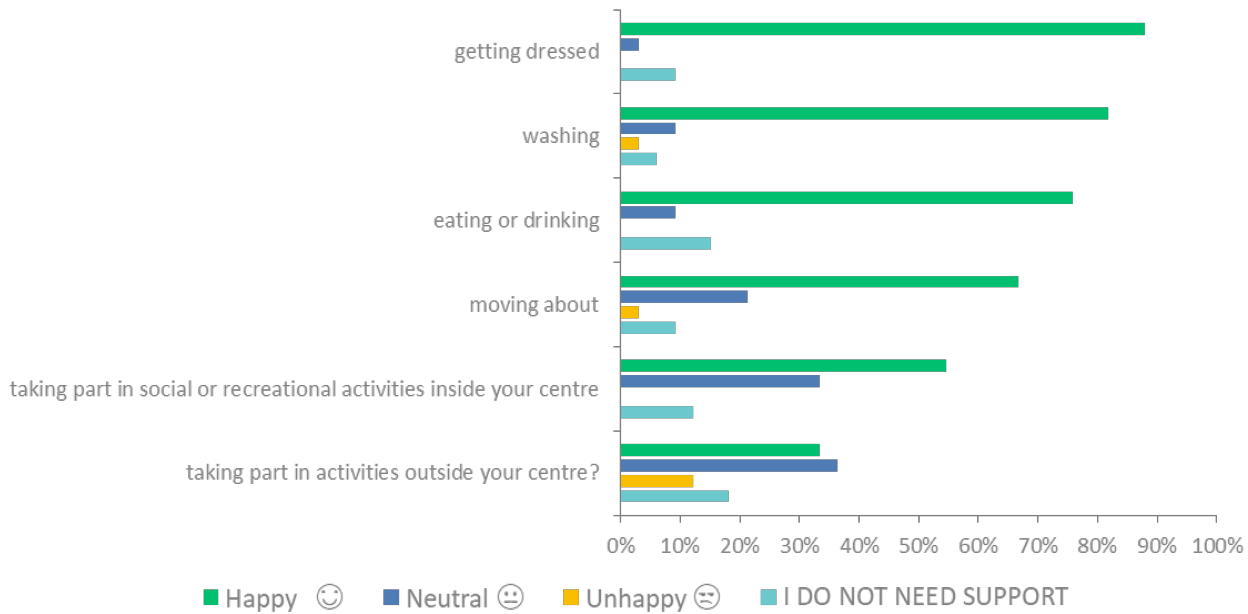
The above graph illustrates the resident's level of satisfaction with the choices and support they receive for their care. Residents are extremely satisfied with the care and support they receive from staff and the time they wake up and what they wear.

Activities and Social Engagement



Overall, residents were immensely satisfied with their relationships with other residents, as well as their involvement in deciding activities in RCNU. However, a small number of residents reported lower levels of satisfaction with their involvement in activities inside and outside of RCNU. A full range of activities are available and are reviewed regularly.

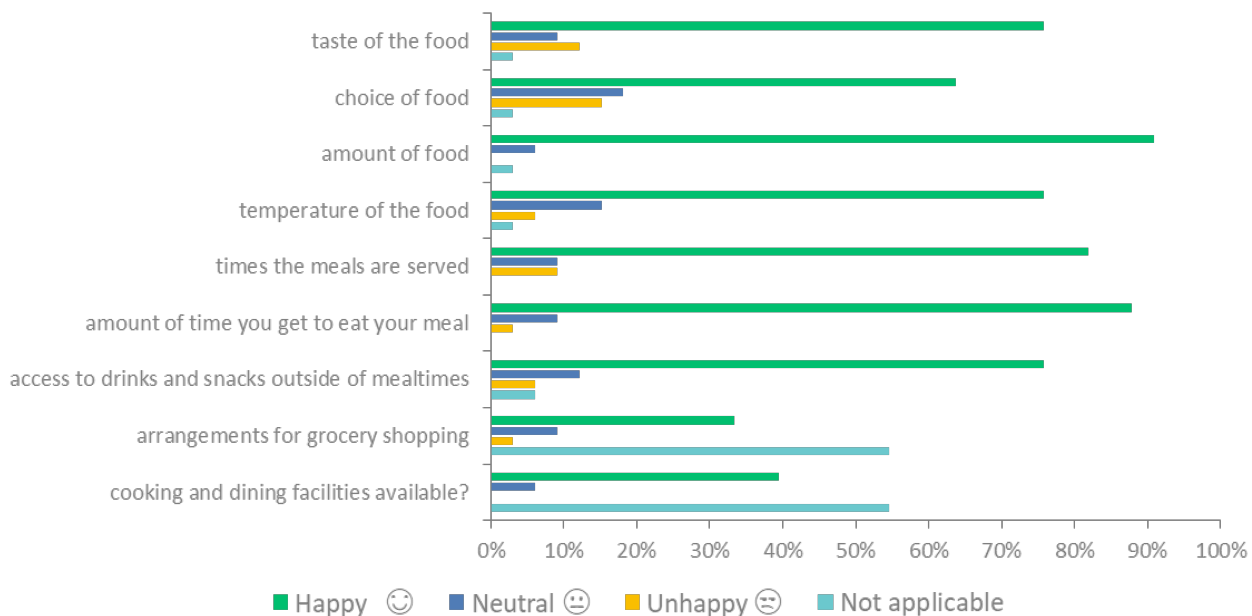
Provision of Care



Residents were asked to rate their level of satisfaction with the care provided by the staff on the unit. This was one of the areas where residents expressed mixed feelings but mainly satisfied. According to the graph above, most residents are satisfied with the care provided in terms of washing and dressing.

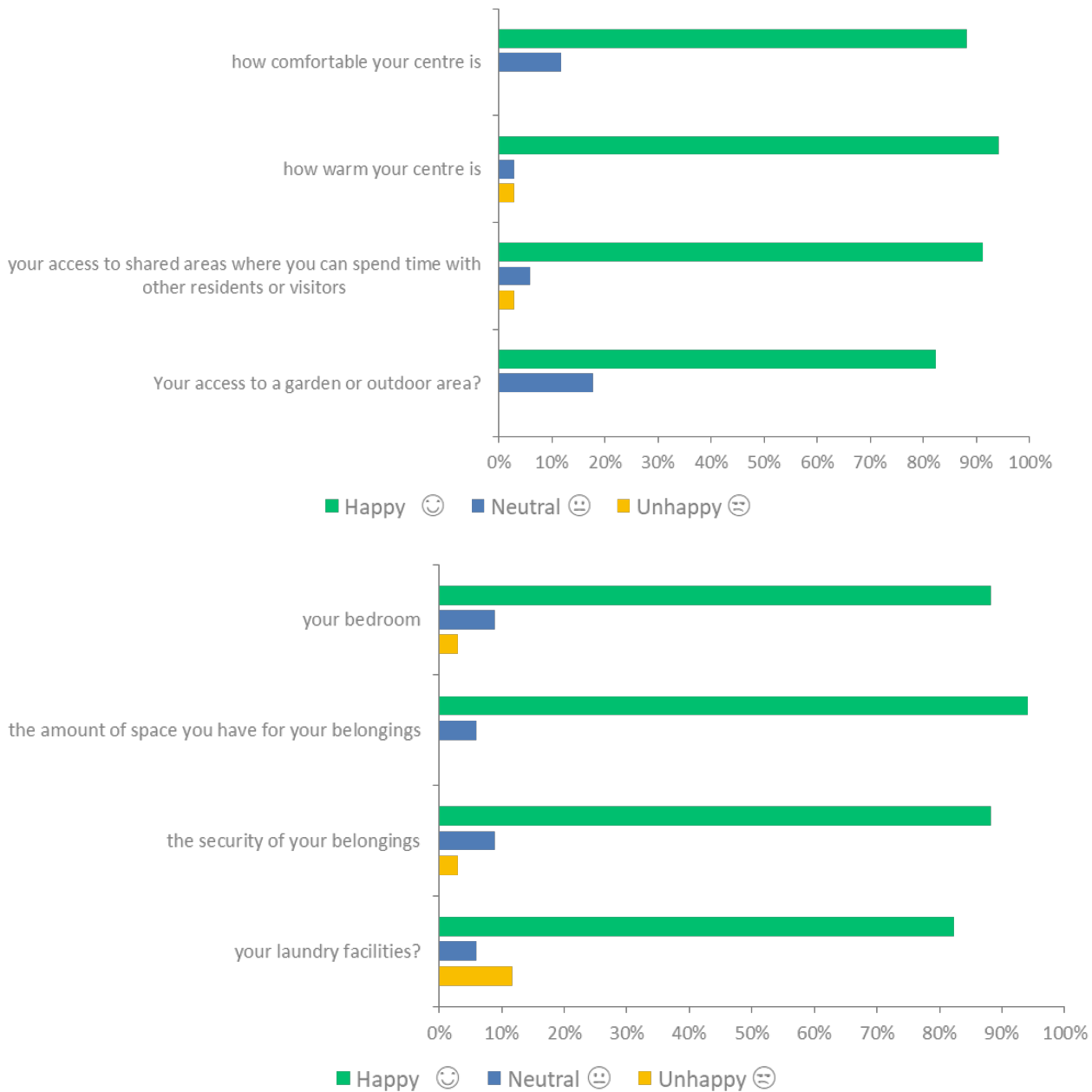
54.55% of residents are happy about the social or recreational activities provided inside the centre while 33.33% shows neutral opinion. 12.12% of the residents are unhappy about taking part in activities outside the centre while 36.36% of residents marked neutral.

Food and Meal times



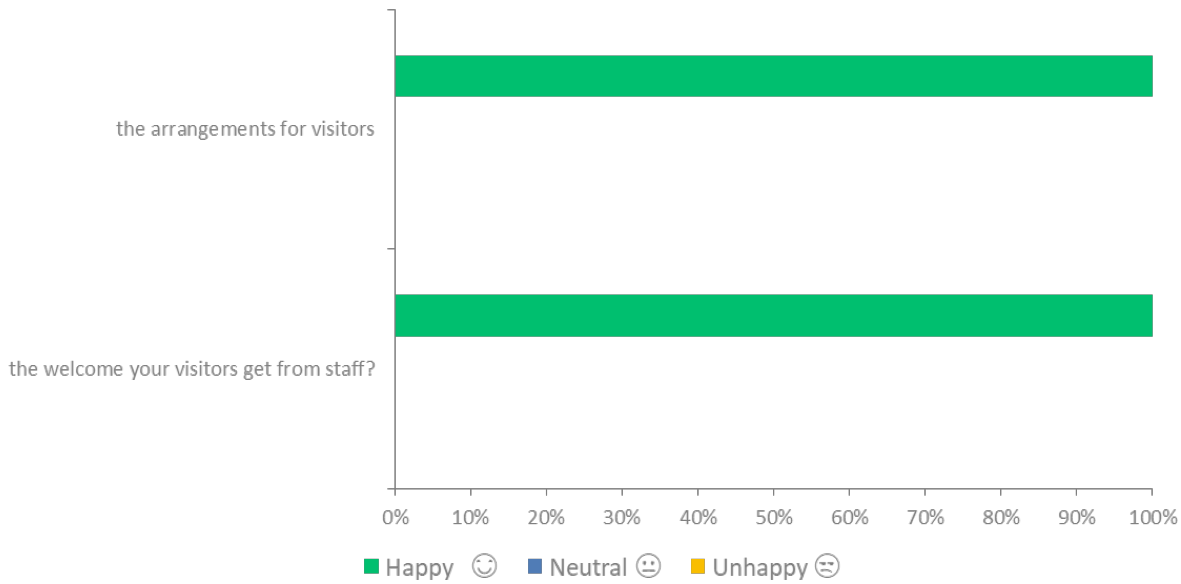
The responses to our satisfaction survey in this area were also mixed. Residents reported higher levels of satisfaction in a number of areas relating to the amount of food provided, the time allowed to eat meals, their access to drinks and snacks, meal times and temperature of meals served, the taste and choice of food. However, residents expressed lower level of satisfaction with the grocery shopping options and cooking and dining facilities in the centre. 54.55 % of residents marked not applicable to arrangements for grocery shopping and cooking and dining facilities respectively.

Homely Environment



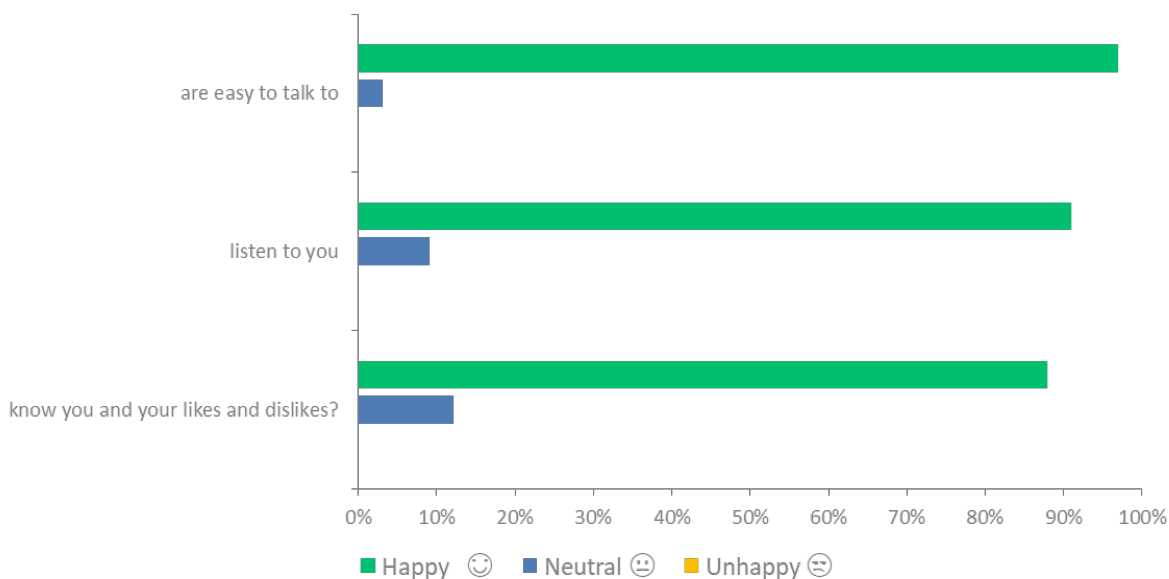
The above graph reflects that the residents and their families are extremely fond of the unit's comfortable atmosphere. While 88.24 % of residents were happy and 8.82% of residents were neutral with their bedroom and the space for belongings, 11.76% of residents appeared dissatisfied with laundry facilities. Locked drawers are available in all resident's rooms for the safe keeping of the belongings. Management is currently researching the possibility of having our own laundry service on site and this is progressing well.

Visiting arrangements



Residents and families were very positive in relation to staff welcoming the visitors and no residents are dissatisfied for the visiting arrangements in RCNU.

Staff



According to the survey results, residents reported staff are excellent, kind and caring. They find the staff easy to communicate with, they are aware of their likes and dislikes, and they feel listened to. However, a smaller percentage reports unhappy about staff listening to and know your likes and dislikes. Some residents or families neither expressed happiness nor sadness and fall into the neutral category.

The next section of the annual review is described under the National Standards and concludes with a summary of 2024 and clearly defined objectives for the 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 high quality and safe care in the RCNU. Residents and their families have also had input into this review through a resident satisfaction survey (results included). Quality does not stand still and each standard will continue to be built upon year on year.

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

Theme 1: Person Centred Care and Support		Quality improvement required? Y/N Where yes complete improvement plan
Standard 1:1	The rights and diversity of each resident are respected and safeguarded.	No
Standard 1.2	The privacy and dignity of each resident are respected.	No
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.	No
Standard 1.4	Each resident develops and maintains personal relationships and links with the community in accordance with their wishes.	No
Standard 1.5	Each resident has access to information, provided in a format appropriate to their communication needs and preferences.	No
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.	No
Standard 1.7	Each resident's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.	No

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 i.e. the National Screening Services. There are scheduled residents' forums every quarter. Families are invited to biannual forums and Residents also have access to advocacy services and this is advertised throughout the centre.
- 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 a choice to go out with their family or on scheduled trips with the activities Team.
- 1.5 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 There is a robust complaints procedure in place and residents and families are informed through signage and leaflets.

Theme 2: Effective services		Quality improvement required? Y/N 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. EpicCare is an electronic system is fully functional.	No
Standard 2.2	Each resident's needs in relation to hydration and nutrition are met and meals and mealtimes are an enjoyable experience.	No
Standard 2.3	The design and delivery of the residential service maintains and supports physical and psychological Well-being for those who are cognitively impaired while achieving best health and social care outcomes.	No
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.	No
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.	No
Standard 2.6	The residential service is homely and accessible and provides adequate physical space to meet each resident's assessed needs.	No

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.	No
Standard 2.8	Each resident's access to residential services is determined on the basis of fair and transparent criteria.	No

Improvement Plan	Action/ Resources	Timescale
Completion of refurbishment of the activities room upstairs and the opening up of 2 rooms in the dining room upstairs to create a much bigger and refreshing environment. Downstairs pergola's have been fitted for outdoor enjoyment.	As the dining experience has improved upstairs we plan to open up both rooms downstairs in 2025 so all residents can have the same enjoyable dining experience on both floors in the unit.	June 2025

Theme 2: Effective services

2.1 All residents have a plan of care which is person centred.

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

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 new seating arrangement at the end of 2024 and in use to meet the spiritual needs of all residents at end of life.

2.6 Evidence of meeting these standards clearly outlined in the HIQA report November 2024.

2.7 Evidence of meeting these standards clearly outlined in the HIQA report November 2024.

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.

Theme 2: Effective Care		Quality improvement required? Y/N Where yes complete improvement plan
Plan for onsite laundry service for all residents. This plan has commenced in 2024 and due for completion in 2025. The room layout has been completed and we await the completion of this service.	June 2025	Y

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

Improvement Plan	Action/ Resources	Timescale
Not required		

Theme 3 - Safe Services:

3.1 A robust mandatory training schedule is in place to target 100% compliance of safeguarding training for all staff who works with our residents. There are 3 designated Safe Guarding officers in place in RCNU in 2024. Safety huddles continue with a 10 minute safety pause to allow staff to raise concerns continue on each unit.

A.robust Risk management policy in place:

Pressure Injury 2024	Grade 3 unit/hospital acquired	Grade 4 unit /hospital acquired
RCNU	0	0

3.3 IPC policy in place and a dedicated 0.5 WTE IPC CNM 2 dedicated to the centre to oversee training in IPC, practices and support.

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

3.5 Restrictive Practice committee in place. A focus placed upon audit of restrictive practice and action plans put in place where gaps have been identified. There has been a huge reduction in the use of bed rails and overall improvement in restrictive practice.

3.6 Policy in place regarding Residents personal property. There is dedicated administration process in place regarding the management of finances.

Improvement Plan	Action/ Resources	Timescale
Safeguarding Training	Robust schedule in place by CPSN.	Ongoing
Restrictive Practice Committee	New restrictive practice register has been implemented in accordance with new HIQA guidelines. In addition to this we have a new Restrictive Practice Leaflet available for all residents and families. Work towards a restraint free environment.	Ongoing

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

Theme 4 – Health and Wellbeing

4.1 Full schedule of daily activities promoting resident wellbeing available to all residents and lead by the activities team. The activity team have mainly focused at unit level in an effort to minimise cross infection and assist the health and well-being of the resident. Group activities have increased over 2024 and this has been very popular with residents. The hugely successful breakfast club has been increased from twice per week to three times per week in 2024.

Each resident has access to Physio, Occupational Therapist, Dietetics and Speech and Language Therapist Monday to Friday. Access to medical staff is available on site 24/7 if required. There is a weekly multi-disciplinary team meeting led by the consultant geriatrician.

4.2 There is a full schedule of daily activities promoting resident wellbeing available and lead by the activities team. Residents have the choice to attend any activities they wish to.

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.	No
Standard 5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.	No
Standard 5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.	No
Standard 5.4	The quality of care and experience of residents are monitored, reviewed and improved on an ongoing basis.	No

Theme 5: Leadership Governance and Management

5.1 Schedule 5 Policies and procedures are in places which are underpinned by legislation and regulations protecting all residents in the centre. 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 has a Director of Nursing, an Assistant Director of Nursing, Clinical Nurse Manager III and a number of Clinical Nurse Managers II.

5.3 A suite of metrics and audits are carried out monthly and the results and action plans are presented to the quality and resident safety committee.

5.4 Following on from the Resident Survey in 2024 an action plan was derived and implemented in 2024.

Improvement Plan	Action/ Resources	Timescale
5.4 Resident satisfaction survey was carried out 2024 as part of an ongoing quality improvement initiative (please see below results).	Devise, distribute assess and action a resident satisfaction survey.	Complete
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

Theme 6: Use of resources		Quality improvement required? Y/N 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.	No

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.

Improvement Plan	Action/ Resources	Timescale
Not Required		

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

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/health care assistant 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, CNM 3 and ADON to the centre. All staff has access to education on campus and through Beaumont Hospital.

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

Improvement Plan	Action/ Resources	Timescale
As noted at the November 2024 HIQA inspection improvement was required in mandatory training in specific areas.	A 95% compliance to be achieved in specific areas.	January 2025

End of Year Mandatory Training

Certification Name	Percentage of Is certified
Standard Precautions (Hand Hygiene)	100%
Children First Certification	98%
In the Line of Fire Certification	95%
CPR BLS Certification	86%
Sepsis	100.0%
Manual Handling	96.69%
Open Disclosure	95%
Anaphylaxis Theory for Vaccinators	100.0%
GDPR Data Protection	100.0%
INEWS	95.4%
Fire Marshal Training	100.0%
RCNU - Medicines Management	97%
RCNU - Safeguarding Adults at Risk of Abuse	94%

Infection Prevention and Control Audits 2024

Hand Hygiene Audit Compliance

We did 952 hand Hygiene Observations in 2024 with an Overall Compliance for the unit was 97.5%

Environmental Audits Compliance

Clover Unit	96.0%
Fuschia Unit	95.4%
Heather Unit	94.9%
Bracken Unit	92.7%

Theme 8: Use of information		Quality improvement required? Y/N Where yes complete improvement plan
Standard 8.1	Information is used to plan and deliver person-centred, safe and effective residential services and support.	No
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.	No

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 May 2024. 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 have been distributed to all families and residents in the centre and have been discussed earlier in this report.

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.

Improvement Plan	Action/ Resources	Timescale
Introduction of electronic medication management – Digicare. Proven to be very successful.	Completed	Completed

Summary

The focus throughout 2024 was on the concept of person centred care but one of the main focuses throughout this year was to provide the safest possible care. I would like to commend the hard work and dedication of every staff member that has gone above and beyond to provide the highest level of person centred care to all of the resident of the RCNU.

2024 has been a really good year for us at RCNU and we have implemented many successful changes throughout 2024 that has further enhanced the care we provide. We will continue to provide education to our staff to undertake various courses including:

- Post Graduate in Gerontology Nursing
- Organisational & Personal Skills Development Programme.

November 2024 saw a very successful unannounced HIQA inspection and I would once again like to sincerely thank each and every staff member for their continued hard work and dedication. Please see below:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Our main objective in 2025 is to focus on maintaining and strive to improve the care we provide.

Wishing you all the very best for 2025!!!



Sharon Trehy
Director of Nursing
Raheny Community Nursing Unit