



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Raheny Community Nursing Unit
Name of provider:	Beaumont Hospital
Address of centre:	St. Joseph's Hospital Campus, Springdale Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	20 November 2024
Centre ID:	OSV-0000704
Fieldwork ID:	MON-0038840

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre is located on the St Joseph's Hospital Campus and is close to local shops and amenities. The designated centre is under the management of Beaumont Hospital. The centre provides care and accommodation for 100 residents predominantly over the age of 65 years. Accommodation is divided into four units with 25 beds in each in a two storey purpose built building. There are two passenger service lifts between floors. Bedroom accommodation consists of a mixture of multi-occupancy, twin and single rooms, most of which overlook landscaped garden areas and internal courtyard gardens. There are communal lounges and dining areas available on each floor. Snacks and drinks are served from the pantry kitchens on the units. Main meals are prepared in the main campus kitchen. Care is provided by a team of nurses and care assistants, overseen by the Person in Charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	87
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 November 2024	10:10hrs to 16:00hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

This inspection took place in Raheny Community Nursing Unit, Raheny, Dublin. During this inspection, the inspector spent time observing and speaking to residents, visitors and staff. The overall feedback the inspector received from residents was that they were happy living in the centre, with particular positive feedback attributed to the staff team, food and premises.

Shortly after arrival at the designated centre and following an introductory meeting the inspector completed a tour of the designated centre with the Director of Nursing. Many residents were up and dressed participating in the routines of daily living. The inspector observed staff attending to residents needs and requests. The inspector observed numerous interactions where staff were gentle, patient and kind to residents. Throughout the day the atmosphere in the centre was calm and relaxed.

Raheny community nursing unit is located on the campus of St Joseph's hospital. It is a purpose built centre spread over two floors, with two units on each floor. The four units are known as Clover, Heather, Bracken and Fuschia. Each unit comprises of residents' accommodation and a choice of communal spaces. For the most part the centre was clean and well maintained, with suitable ancillary facilities. Communal spaces included sitting rooms, dining rooms, oratory and reminiscence room, most were tastefully decorated and suited to their purpose. However, the inspector observed that the reminiscence room was cluttered and visibly dirty in places.

Residents' bedrooms were seen to be warm and bright and laid out to meet the needs of the residents living in them. Residents had personalised their bedroom spaces with their belongings from home including photos, pictures, small furniture items and soft furnishings. Residents' had access to either an ensuite or to a shared bathroom. Many residents had a balcony outside their windows and some residents had decorated these with flower pots and hanging baskets. All residents who spoke with the inspector expressed satisfaction with their bedroom spaces.

There were two enclosed courtyards, easily accessible to residents, that were well maintained and had level pathways to facilitate residents, who use mobility aids, to freely access the area. Another outside space was currently under going some renovation works including the construction of a covered pergola.

The inspector observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables. The dining rooms were observed to be large and spacious with ample room to facilitate free movement of residents around the tables. Residents could attend the individual dining rooms or have their meals in their bedroom if they preferred. A menu was displayed on each dining table. On the day of the inspection, residents were provided with a choice of meals which consisted of roast turkey, shepherd's pie

or steamed chicken and a choice of lemon meringue or jelly and ice-cream for dessert. There was a hot and cold option for the evening meal.

A breakfast club had recently started in the centre, it originally started two days a week but due to its popularity it ran three days a week now, Monday, Wednesdays and Fridays. On the day of the inspection the menu had included options such as pancakes with a choice of purred mango, mixed berries or maple syrup, scrambled eggs, danish pastries, sausage rolls and jambon's.

Activities were observed on both floors throughout the day of inspection with free movement of residents between both floors to attend the activity of their choice. Activities were facilitated by two activity co-ordinators and large groups of residents were seen to participate and have positive engagements with the activities provided. Activity staff informed the inspector that groups of school children were due to come in the coming weeks to sing Christmas carols for the residents as well as the Garda band.

The inspector spoke with many residents throughout the day of inspection all of whom were positive and complimentary about the staff, and had only positive feedback about their experiences of residing in the centre. One resident said the staff were "empowering" and that they go above and beyond for everyone. Another said that they brought so much joy to everyone and fulfill their roles beyond any expectations they had. Another resident told the inspector how their health was so much better since they came to live in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the findings of this inspection were that Raheny Community nursing unit was a well-managed centre where there was a focus on ongoing quality improvement to enhance the lived experience of residents. The inspector found that residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is owned and operated by Beaumont hospital. There were clear roles and responsibilities outlined with oversight provided by the management team of the registered provider. The person in charge is a registered nurse who was full time in post and had the necessary experience and qualifications as required by the

regulations. The person in charge is supported in their role by the Director of nursing of St Joseph's campus and a number of clinical nurse managers. Nursing staff are supported by health care assistants, activity staff, domestic, catering and maintenance staff.

Management systems in place included meetings, committees, service reports and auditing. Key data was seen to be discussed during meetings attended by senior management in areas such as occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement. There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed. A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, and there was evidence of consultation with residents and their families. Satisfaction surveys had also recently been completed to inform the report for 2024.

The inspector found that there was an appropriate skill mix and good supervision of staff in the centre. Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. However, the inspector found that there was significant gaps in the amount of staff participating in this training. This is further discussed under Regulation 16; Training and staff development.

There was a directory of residents made available to the inspector. This had all the required information in relation to residents' admissions and the required information as set out in the regulations.

Notifications of incidents were recorded and reported, as per the regulations. Three-day notifications and quarterly notifications were being appropriately reported and submitted within the regulation's time frame. The complaints policy and procedure had recently been updated, following the findings of the previous inspection, to reflect regulatory changes and there was an appropriate system to log complaints made.

Regulation 16: Training and staff development

A schedule of training was available for review. The inspector found that while the registered provider provided both in person and online mandatory and non mandatory trainings there was significant gaps on the uptake by staff. For example;

- only 72% of nursing staff had completed medication management training (6.5% staff who had not completed this were on long term leave).
- 86% of staff had completed online safe-guarding training, while 35% of staff had completed, recently commenced, face to face training.

- only 75% of staff had attended in person fire training. Further training was organised for later this month.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents available which included the information required as set out in Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2023 was reviewed and it met the regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedure had recently been reviewed and updated to reflect the recent regulatory changes. Evidence was seen by the inspector that

procedures were in place to ensure any complaints received were promptly investigated and managed in line with the centre's complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures on the matters set out in Schedule 5.

Judgment: Compliant

Quality and safety

The inspector found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents, while ensuring resident's rights were upheld. The inspector observed that the staff treated residents with respect and kindness throughout the inspection.

Residents living in the centre had good access to on site supports including a geriatrician, on call doctor services, dieticians, physiotherapists, occupational therapists and speech and language therapists. There was a direct admission pathway through Beaumont hospital for residents who required hospital treatment.

Residents reported positively regarding the food on offer in the centre and the inspector found that residents' nutritional and hydration needs were being met. Residents' nutritional status was assessed every month and health care professionals, such as the on site medical team, speech and language and dieticians, were consulted when required. Review of the minutes of resident's meetings found that the feedback on food choice in the centre was being listened to and actioned by the management and staff in the centre.

There was a low level of restraint in the centre and the management were driven towards achieving a restraint free environment. Records showed that residents displaying responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were managed in the least restrictive manner. However, the inspector identified, on review of training records, that not all staff had completed the available trainings around responsive behaviours.

The risk management policy was made available to review on the day of inspection. The policy included all the required information in line with the regulations.

There was an open visiting policy and visitors were observed attending the centre throughout the inspection. Residents could receive their visitors in the privacy of their bedrooms or in a private visiting room as required.

Regulation 11: Visits

The registered provider had arrangements in place for a resident to receive visitors in so far as is reasonably practicable.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 26: Risk management

An appropriate risk management policy was in place and in accordance with regulation. This policy outlined the risk management systems for the designated centre including a system in place for responding to emergencies.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that all residents had access to appropriate medical and health care, including a geriatrician, physiotherapy, speech and language therapy and dietetic services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While the registered provider had ensured all staff had access to trainings on managing behaviour that is challenging only 85% of staff were up to date with this training on the day of inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

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

Compliance Plan for Raheny Community Nursing Unit OSV-0000704

Inspection ID: MON-0038840

Date of inspection: 20/11/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Full schedule of training continues, compliance of medication management training is now 97% (this excludes those on long term sick leave).</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Full schedule of training continues, compliance of training in managing behaviour that is challenging is now over 95%.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	14/01/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	14/01/2025