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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Regina House Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Cooraclare Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	22 March 2023
Centre ID:	OSV-0000612
Fieldwork ID:	MON-0039622

## About the designated centre

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

Regina house community nursing unit is located on the outskirts of the town of Kilrush in West Clare. The centre is single storey and designed around a central, secure, enclosed garden, which was easily accessible from the corridors and day room areas. It can accommodate up to 30 residents over the age of 18 years. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides long-term residential, respite, dementia and palliative care. Bedroom accommodation is offered in 18 single and six twin rooms. Nine single bedrooms and five twin rooms have ensuite shower and toilet facilities. Nine single bedrooms in the older section of the building can accommodate residents who do not require the assistance of mechanical devices to mobilise. There was a variety of communal day spaces, including dining room, day rooms, quiet room, church, front entrance area, conservatory and family room.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	25
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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 22 March 2023	09:50hrs to 17:20hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector found that residents living in this centre were well supported to live a good quality of life by a team of staff who knew them very well. Feedback from residents was that this was a very good place to live, and that they were well cared for by staff who were kind and attentive to their needs. Staff were observed to deliver care and support to the residents which was kind and respectful. The inspector observed a lot of good practice on the day, and regulatory compliance was found across the majority of regulations assessed.

Following an introductory meeting, the inspector completed a tour of the centre with the person in charge. The centre was a single-storey purpose-built facility located in the town of Kilrush, County Clare, which provided accommodation for 30 residents. The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. The centre was bright, warm and well-ventilated throughout. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Bedroom accommodation provided residents with sufficient space to live comfortably, and adequate space to store personal belongings. The inspector observed that many residents had decorated their rooms with personal items of significance. Residents had access to bright communal spaces including a sitting room, living room, dining room and chapel. Visitors' rooms were also available, providing residents with a choice of comfortable spaces to meet with friends and family members in private. There was a sufficient number of toilets and bathroom facilities available to residents. Call bells were available throughout the centre, and inspectors observed that these were responded to in a timely manner. The centre was very clean, tidy and well-maintained on the day of the inspection. The décor was modern throughout, and all areas were appropriately furnished to create a homely environment.

There was safe, unrestricted access to an enclosed outdoor courtyard area for residents to use. This space included a variety of suitable seating areas and seasonal plants.

As the inspector walked through the centre, residents were observed in the various areas, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were having breakfast, while other residents were having their care needs attended to by staff. A number of residents were relaxing in the living room. As the day progressed, the majority of residents were observed in the various communal areas, watching TV, reading, chatting to one another and staff or participating in activities. Other residents were observed sitting quietly, relaxing and watching the coming and goings in the centre. A small number of residents were observed enjoying quiet time in their bedrooms. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in an unhurried manner. The

inspector observed that personal care was attended to a high standard.

Residents were observed to be content as they went about their daily lives. Friendly conversations were overheard between residents and staff and there was a relaxed, happy atmosphere in the centre throughout the day. The inspector interacted with the majority of residents throughout the inspection, and spoke in detail with a total of ten residents. Residents' feedback provided an insight of their lived experience in the centre. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. Those residents who spoke with the inspector were happy to talk about life in the centre. Residents stated that they had plenty to do every day, and that staff were kind and always provided them with assistance when it was needed. One resident told the inspector that the centre was 'like home' and that they had plenty of choice in how they spent their days which included going out on trips. Another resident stated that they were provided with everything they needed, and they described how they preferred to spend their day in their bedroom, reading and relaxing. A small number of residents were observed in the sitting room in the afternoon, and they told the inspector that they liked to sit together in this area to watch TV, chat with one another and to watch the comings and goings in the street outside.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector spoke with a number of visitors who were satisfied with the care provided to their loved ones.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of the food provided. The dining experience at lunchtime was observed to be a social, relaxed occasion and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was a schedule of activities in place, including exercise, bingo, quizzes and music. Residents told the inspector that they were free to choose whether or not they participated. On the day of the inspection, the inspector observed residents participating in a sing along, and a quiz which they appeared to enjoy. Residents also had access to television, radio, newspapers and books.

Throughout the day, staff supervised communal areas, and those residents who chose to remain in their rooms, or who were unable to join the communal areas, were monitored by staff throughout the day. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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.

## Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in March 2022.

The inspector found that this was a well-managed centre, and that the quality and safety of the services provided were of a good standard. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. The provider had addressed the actions of the compliance plan following the last inspection. A review of the contract for the provision of services was required to ensure full compliance with the regulations.

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. There was a new person in charge of the centre since the last inspection. They were supported in this role by a clinical nurse manager and a full complement of staff including, nursing and care staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. Management support was also provided by the service manager for Older Person Services.

On the day of the inspection, there were sufficient resources in place to ensure effective delivery of high quality care and support to residents. The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew them well. Staffing and skill mix were appropriate to meet the assessed needs of residents, and teamwork was evident throughout the day. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of multi-task attendants. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The provider had management systems in place to ensure the quality of the service was effectively monitored. A range of audits had been completed which reviewed practices such as care planning, use of antibiotics, falls management, use of restraint, and medication management. Key aspects of the quality of resident care were collected and reviewed by the person in charge and clinical nurse manager on a weekly basis. This included data collection in relation to wounds, infections, weight loss, nutrition, complaints, falls and other significant events. The person in charge was in the process of completing an annual review of the quality and safety of the service for 2022.

There were contracts for the provision of services in place for the majority of residents which detailed the terms on which they resided in the centre. However, a review of the contracts of care found that residents admitted to the centre for short-term care did not have a contract of care in place.

There was evidence that there was effective communication systems in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed including, health and safety, infection prevention and control, staffing issues and other relevant topics. Where areas for improvement were identified, action plans were developed and completed.

### Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.



Judgment: Compliant

#### Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

#### Regulation 23: Governance and management

The inspector found that there were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring system in place to ensure positive outcomes for residents living in the centre.

Judgment: Compliant

#### Regulation 24: Contract for the provision of services

A review of the contracts for the provision of service found that a number of residents who were in the centre on a short term basis did not have a contract of care in place.

Judgment: Substantially compliant

#### Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector, within the required time frames.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspector found that residents living in this designated centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and independence were promoted. Staff were observed to be kind and respectful to residents. Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive.

Care delivered to the residents was of a good standard, and staff were knowledgeable about residents' care needs. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. An individualised care plan was developed for each resident, within 48 hours of admission to the centre. The inspector reviewed a sample of five residents' files. Individual care plans were comprehensive, with person-centred information that was updated every four months, or as changes occurred, to reflect residents' changing needs and to provide very clear guidance to staff on the supports required to maximise the residents' quality of life. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed need.

There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including activities, infection control and advocacy. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

The management of risk in the centre was guided by the risk management policy and associated policies that addressed specific issues of risk to residents' safety and wellbeing. There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and

recording of incidents were in place.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff with whom the inspector spoke with were knowledgeable about what to do in the event of a fire.

### Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required.

There were sufficient numbers of staff to assist residents at mealtimes .
Judgment: Compliant
<b>Regulation 26: Risk management</b>
The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.
Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Regina House Community Nursing Unit OSV-0000612

Inspection ID: MON-0039622

Date of inspection: 22/03/2023

## 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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• A Contract for the provision of care for Short Stay Residents is now in place in addition to a contract of care for Long Stay Residents.</li> <li>• The contract of Care is signed by the Provider and the Resident/Representative on or shortly after admission and in the case of Respite/Palliative residents on admission and subsequent admissions.</li> <li>• All contracts for the provision of care puts in writing the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom on which that resident shall reside</li> <li>• A Copy of the Contract for the provisions of services is retained by the Home and the Resident/Representative</li> </ul>	



## 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 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	17/04/2023