



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

Issued by the Chief Inspector

Name of designated centre:	Raheny House Nursing Home
Name of provider:	Raheny House Nursing Home Limited
Address of centre:	476 Howth Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	15 October 2024
Centre ID:	OSV-0000138
Fieldwork ID:	MON-0044036

About the designated centre

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

Raheny House Nursing Home is a centre in a suburban area of north Dublin providing full-time care for up to 43 adults of all levels of dependency, including people with a diagnosis of dementia. A core objective outlined within the centre's statement of purpose is 'To care for those who have entrusted themselves to us. To provide for their physical, social, emotional and spiritual needs to the best of our ability as per best practice nationally and globally'.

The centre is across two storeys and the upper floors are divided into two parts. Bedroom accommodation comprises 37 single and three twin bedrooms and a variety of communal rooms were available that were stimulating and provided opportunities for rest and recreation.

There is an oratory onsite close to a spacious dining room. A smoking room adjoins the main recreation room and an enclosed outdoor garden courtyard is accessible from the ground floor recreation room and from the conservatory.

The centre has a spacious car park and is in close proximity to local amenities and public transport routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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
Tuesday 15 October 2024	08:25hrs to 16:40hrs	Niamh Moore	Lead
Tuesday 15 October 2024	09:30hrs to 16:40hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

During this inspection, the inspectors spent time observing and talking to residents, visitors and staff. The overall feedback the inspectors received from residents was that they were happy living in Raheny House, with particular positive feedback given about the staff and management team. Visitors spoken with were very complimentary of the quality of care that their family members received, including support during the admission process. Since the last inspection the centre had removed all the commodes from the residents' rooms. This was highlighted as being a positive initiative from one visitor.

During the premises walk, inspectors noted that there were improvements made to the premises. The dining room and the sitting room had recently been re-located and these rooms had been refurbished and redecorated. Seasonal Halloween decorations were on display throughout the communal areas and this increased the warm and homely atmosphere in the centre.

Residents resided in 37 single and three twin-bedded bedrooms, one of which had an en-suite. Access to shower or bath facilities was shared. Residents' accommodation was set out over two floors, the ground and the first floor. Bedrooms on the first floor were accessed by stairs, stair lift or a lift. Many residents had personalised their rooms with photographs and personal possessions to create a sense of home.

The ancillary facilities supported effective infection prevention and control. There were two dedicated housekeeping rooms for storage and preparation of cleaning trolleys and equipment and three sluice rooms on the ground floor. On the day of inspection one of the sluice rooms was not in use as it was being upgraded. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a dedicated clean utility room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. These areas were well-ventilated, clean, tidy and well-maintained.

Inspectors observed residents in various areas throughout the inspection day; for example, some residents were leaving the dining room following breakfast and lunch, some residents were sitting in chairs near to the nurses' station, and others were sitting in communal rooms. The atmosphere was relaxed and calm.

Notice boards provided information to residents such as advocacy details, planned activities and celebrations for the month including residents' birthdays. There was a stand of information displayed near the reception area, this included information such as maintenance and servicing of equipment, the residents guide and recent inspection reports.

There were no visiting restrictions and visitors were seen coming and going throughout the day. The sitting room was a hub of activity throughout the inspection day, with activities and visitors spending time with their loved ones.

Throughout the day of inspection, inspectors observed staff tending to residents' needs in a caring and respectful manner. Call bells were seen to be answered without delay, and a review of call bell audits showed that there was oversight to ensure bells had been responded to within three minutes. Residents informed inspectors that they didn't have to wait long for staff to come to them.

Residents were offered a choice of meals and frequent drinks and snacks were provided throughout the day. Inspectors observed the breakfast serving on the day of the inspection and found it to be a calm occasion with sufficient staff available to provide assistance to residents where required. Overall, in conversations and from a review of residents' committee meeting minutes, inspectors found that residents were satisfied with the food offered.

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 the quality and safety of the service being delivered.

Capacity and capability

Inspectors noted a commitment to provide quality care to residents in the centre. The daily running of the centre was overseen by the person in charge. There was good action seen to be taken following the last inspection of the designated centre in March 2024. For example, the complaints procedure had been updated to include the review officer and the working rosters now contained all staff working within the designated centre. Inspectors found that overall regulatory compliance had improved.

Raheny House Nursing Home Limited is the registered provider for Raheny House Nursing Home. There are three company directors, with one of these directors the person appointed to represent the provider. The registered provider is part of a bigger group of nursing homes, and thus, further governance and resources were also provided by a team of senior managers, with one of these managers on site during the inspection.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

There was a clearly defined management structure in place that was known to the residents and the staff. The person in charge was supported in the centre by a deputy person in charge, a clinical nurse manager, a team of nurses, senior health

care assistants, health care assistants, activities, maintenance, cleaning, catering and administration staff.

Further improvement was required to ensure the policy on the management of residents' monies was adhered to.

There were five staffing vacancies on the day of the inspection, four of these vacancies were for clinical staff and the inspectors were informed that they were in the final recruitment stages. Cover for these posts was seen to be in place through resources from the wider group of nursing homes. However, there was one non-clinical post vacancy for housekeeping which was not filled and not covered.

There was a high level of staff attendance at all mandatory training in areas such as fire safety, safeguarding, manual handling, infection prevention and control. In addition there was training on medicine management and cardiopulmonary resuscitation (CPR) for all staff nurses. Staff were appropriately supervised and supported to perform their respective roles within the centre.

Key-areas of the quality and safety of the service were regularly reviewed. Audits reviewed on the day of inspection were detailed and the findings were known to the management team. Where areas for improvement were identified, action plans were developed and completed to ensure positive outcomes for the residents.

The Director of Nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had also nominated a staff nurse to the role of infection prevention and control link nurse, and they were to complete the link practitioner course this year. Training in infection prevention and control was online. The person in charge recognised this and there was a plan in place for face-to-face training when the IPC link nurse had completed their course.

Documentation reviewed relating to water safety provided the assurance that the risk of *Legionella* was being effectively managed in the centre. For example, unused outlets were regularly flushed and routine monitoring for *Legionella* in hot and cold water systems was undertaken.

Regulation 15: Staffing

There was insufficient staffing in respect of housekeeping. While recruitment was ongoing for this post, it had not been covered on a temporary basis. For example, on two recent weekends there was one housekeeper rostered to clean the centre. This was insufficient to meet the requirements for effective cleaning. This was evidenced by some areas of the centre that were not cleaned to an acceptable standard as per the provider's own deep-cleaning schedule.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Following review of the training matrix, it was evident that that staff were supported and facilitated to attend training appropriate to their role.

There was good supervision of staff in the centre, including a comprehensive induction and orientation with the appointment of a buddy to facilitate new staff during this learning phase. There were records of probation reviews and appraisals.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There were good management systems in place to ensure the service was safe and effectively monitored. These systems included audits, management meetings and committees and were seen to identify and respond to areas of risk and quality improvement.

Judgment: Compliant

Regulation 30: Volunteers

On the day of the inspection, no persons were working on a voluntary basis with the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 4: Written policies and procedures

The current practice was not in line with the policy on the management of residents' accounts and property, including pension management dated June 2024. For example:

- The registered provider held some residents' monies on residents' behalf in a safe. From a sample reviewed, there was evidence that the balances of this money were seen to be accurately maintained and up-to-date. However, the policy stated that any withdrawals or lodgements should be signed and dated by the person receiving, and co-signed by the resident or where relevant family, or a second staff member. Records reviewed did not have a second signature. Management spoken with confirmed this was practice was to be reviewed from the day of the inspection.
- The policy stated that an independent audit of residents' finances would be undertaken on an annual basis. There was no evidence provided to show this had occurred.

Judgment: Substantially compliant

Quality and safety

The registered provider was providing good care to residents, care plans were guiding care and there was good access to health care services available. Notwithstanding the many positive improvements to the premises, infection control and fire precautions there remained some action required to ensure full compliance in these areas.

The centre had arrangements in place to protect residents from abuse. There was a safeguarding vulnerable adults policy in place. Safeguarding training had been provided to all staff in the centre. There were safeguarding huddles held and safeguarding was discussed at team meetings to ensure that staff were familiar with the types and signs of abuse and with the procedures for reporting concerns.

Residents' rights were upheld in the centre. There was access to independent advocacy services on display in the centre and residents were supported with accessing these services, when required. On the day of the inspection, residents were observed participating in activities as outlined in the activity programme. There was live music held in the afternoon which was well-attended with numerous reports of satisfaction and enjoyment expressed by residents and their visitors.

Inspectors found that since the last inspection, there was improvements to the premises with the change in room functions between the dining room and sitting room. These rooms were bright, welcoming, and decorated to a high standard which created a homely feel to the environment. The flooring in the hairdressing room had recently been completed and one of the sluice rooms on the ground floor was in the process of being redecorated during the inspection. Inspectors were told that there

was ongoing renovations planned on a phased basis and, noted some areas such as the oratory which required attention.

The provider had introduced a tagging system to identify equipment and areas that had been cleaned. On the day of inspection this system had been consistently implemented. For example, on the day of inspection all resident equipment in use was clean and in good repair. However, improvements were required in the cleaning of some of the residents' areas. For example, the shower on the first floor was visibly dirty and some residents' rooms were dusty and had debris in the corners. Hand wash sinks were available in the sluice rooms and the clinical room. Some barriers to good hand hygiene practices were observed during the course of this inspection. For example, alcohol hand gel and hand hygiene sinks were not easily accessible to all residents' rooms. In one area of the centre there were two rooms in a corner with no access to a hand sanitiser that was within easy reach. This is further discussed under Regulation 27: Infection control.

There were some good systems in place to monitor fire safety procedures within the centre, this included maintenance of fire safety equipment such as the emergency lighting and fire alarm at the recommended intervals. There were systems in place to routinely assess fire doors and evacuation routes, these systems identified a fire door which was awaiting repair on the day of the inspection. The registered provider had installed new fire doors and was in the process of completing a phased introduction of hold open devices onto residents' bedroom doors with some complete on the first floor. There was a high level of attendance at fire safety training and simulated evacuation drills were conducted at regular intervals, which also resulted in the rostering of an additional staff member to ensure safe evacuation times were met. However, further improvements were required to ensure that all fire evacuation routes were known and tested, this is discussed under Regulation 28: Fire precautions.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Judgment: Compliant

Regulation 17: Premises

Some areas of the centre required review to ensure they complied with Schedule 6 of the regulations. For example:

- There was inappropriate storage seen where some communal bathrooms stored commodes.
- Some areas of the premises required maintenance attention internally:
 - The gas cooker in the kitchen had only three of the six cooking hobs working.
 - The oratory had a musty smell and needed upgrading.
 - Not all of the residents' sinks had a plug for residents to perform personal hygiene if they wished.
 - Room 35 had a damaged window sill and a hole in the wall from the door handle.
 - Some of the rooms had ceiling tiles that were stained and cracked.
 - Flooring needed replacing as it was visibly worn and marked in some areas of the centre.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide for residents was available in the centre and displayed near the reception area. This guide had recently been updated and contained information about the services and facilities provided within the designated centre, including the complaints procedures and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The centre was using its own transfer and pre-assessment documents when transferring and receiving residents from the acute services. Each of these documents had a section to capture infection control precautions if required.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the *National Standards for infection prevention and control in community services (2018)*, however further action is required to be fully compliant. For example;

- Areas of the centre had not been deep cleaned as per the centre's own schedule, as a result some areas of the centre were observed to be visibly unclean.
- The needles used for injections and drawing up medication lacked safety devices. This omission increases the risk of needle stick injuries which may leave staff exposed to blood borne viruses.
- Alcohol gel dispensers were not sufficiently available at point of care for staff to decontaminate their hands between the care of each resident. This could lead to infection spread.
- There were no hand hygiene sinks that were easily accessible for staff to wash their hands if they were visibly soiled. This could lead to infection spread. The inspectors acknowledge that sinks were available in the sluice rooms and the treatment room but these rooms have code locks and were not easily accessible for staff caring for residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required by means of fire safety management to ensure that all persons working at the designated centre were aware of the procedure to be followed in the case of fire. For example, most fire doors were on a keypad, which would automatically open in the case of the fire alarm sounding. However, three external exit doors were not and while they did have a key-guard box with a key available. In conversations with an inspector, two staff spoken with were unclear of the process for opening this door. This may impact on the evacuation time for staff, residents and visitors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person-centred and evidenced-based interventions to meet the assessed needs of residents. Residents who had a urinary catheter had a care plan to guide the care to prevent a healthcare associated infection.

Judgment: Compliant

Regulation 6: Health care

Residents received health care tailored to their assessed needs, including access to specialist services such as palliative care, wound care experts, and dietitians as necessary. Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring and analysis of antibiotic usage in terms of volume, indication, and effectiveness. Infection prevention efforts were focused on addressing the most frequently occurring infections. Prophylactic antibiotic usage in the centre was kept at a minimal level, aligning with best practices.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the registered provider had taken reasonable measures to protect residents from abuse. For example:

- Where any allegations of abuse had been made, steps were taken to investigate these and appropriate action taken, including advice and referrals to the local safeguarding and protection team.
- The registered provider was pension agent for one resident, good practices were in place to protect residents' finances such as this resident's monies were lodged into a client account with monthly invoices in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines.

The registered provider ensured residents were provided with facilities for occupation and recreation through a schedule of varied activities available from Monday to Sunday. Residents were consulted with and their views sought on the running of the centre through regular resident committee meetings. Action was seen to be taken to respond to any resident feedback, this included a planned outing to the National Concert Hall.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Raheny House Nursing Home OSV-0000138

Inspection ID: MON-0044036

Date of inspection: 15/10/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Two new staff members have recently joined the housekeeping team following the completion of their Garda vetting. One started on 31st October, and the other began on 1st November. While recruitment was ongoing, these additions will ensure adequate staffing levels as stated in the Statement of Purpose.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Our resident accounts are audited each year by external auditors, the last set of audited accounts is available for 2023. We will begin our 2024 audit in January 2025. We also reconcile our residents accounts balances on a monthly basis.</p> <p>A new records was created on the day of the inspection, with two signatures now recorded for all transactions.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

A new area is now allocated for commode storage. The gas cooker was repaired the day after the inspection. The oratory is included in next year's budget for redecoration, with renovations expected to be completed by the end of the first quarter. All identified missing sink plugs will be replaced by 20.11.24. Repairs to the window sill and wall in room 35 are scheduled to be completed by the end of this month. Ceiling tile repairs throughout the building are planned for completion by the end of the month. Planned flooring replacements have been scheduled for completion by June 2025.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

All identified rooms have been deep cleaned. Additionally, the deep clean schedule has been reviewed to ensure adherence to IPC standards. The Person in Charge or DPIC have increased their IPC auditing to monitor compliance with same. This includes a weekly meeting with the Domestic Lead to review and confirm completion of the deep cleaning schedule, ensuring that all areas meet our cleanliness standards.

Safety needles with protective devices have been ordered, delivery expected 15.11.24

Additional alcohol gel dispensers have also been ordered for each room and will be installed by the end of the month.

A new clinical handwashing sink is scheduled to be installed in the communal area by the end of the first quarter.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Since the last inspection, we have conducted an additional fire training session to reinforce fire safety procedures for all staff. During our daily safety pause, staff are now reminded about the doors without keypads and informed about the break glass units at these exits to ensure everyone is familiar with their operation.

As part of our continuous improvement plan, we have scheduled the replacement of all break glass units with keypads. This upgrade is planned to be completed by the end of the first quarter of next year, ensuring that all external exit doors are equipped with keypads for faster and more efficient evacuation.



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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	01/11/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	31/03/2025

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/03/2025
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	15/10/2024