

Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act
2007



Centre name:	Aras Mhuire Community Nursing Unit
Centre ID:	0627
Centre address:	Dublin Road
	Tuam, Co Galway
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Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Heath Service Executive (HSE)
Person authorised to act on behalf of the provider:	Tony Canavan
Person in charge:	Mary Egan
Date of inspection:	21 and 22 September 2011
Time inspection took place:	Day-1 Start: 09:10 hrs Completion: 17:30 hrs Day-2 Start: 08:45 hrs Completion: 18:30 hrs
Lead inspector:	Nan Savage
Support inspector:	Marian Delaney Hynes
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre. The registration process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Aras Mhuire Community Nursing Unit is located on the outskirts of Tuam in Co. Galway. It is within walking distance of the town centre and is approximately 36 kilometres from Galway City.

There are residential services for 23 people including two dedicated palliative care places. The provider has applied for 23 residential places, and at the time of inspection there were 20 residents. The centre also provides day-care services for people from the local community who attend from Monday to Friday. The residents' communal areas and toilets beside the communal areas are shared with people from day care.

Aras Mhuire was built in the 1960s. It was originally a novitiate for nuns and opened as a centre for older people in 1975. It is a two-storey building with landscaped gardens, and wheelchair access at the front and rear. There is a porch which leads to the entrance hall and into the reception area. The nurses' office, staff room and large oratory are located off the reception area. Two palliative care bedrooms with en suite shower, toilet and hand-washing facilities are located just beyond this area. The remaining 15 single bedrooms do not have en suite shower or toilet but do have hand-washing facilities.

Communal accommodation consists of an "L" shaped day-room and a large dining room located beside the kitchen. The centre is divided into two areas known as the A side and B side. The ground floor of the A side is comprised of four single bedrooms with one stand alone residents' toilet and an assisted shower room with shower, toilet and hand-washing facilities. There is also a separate bathroom with a toilet and hand-washing facilities. One three-bedded room with en suite shower, toilet and wash-hand basin is located in both the A and B sides. On the first floor there are five single rooms, a residents' toilet and a shower room with shower, toilet and hand-washing facilities. This area is accessed by a stair lift.

On the ground floor of the B side there are six single bedrooms and an assisted shower room with toilet and hand-washing facilities. There are three steps down into the B side and a chair-lift is provided. Staff facilities and administrative offices are located on the first floor of this side.

Car parking for relatives, staff and visitors is available.

Date centre was first established:			10 March 1989	
Number of residents on the date of inspection:			20	
Number of vacancies on the date of inspection:			3	
Dependency level of current residents:	Max	High	Medium	Low
Number of residents	6	4	9	1
Gender of residents			Male (✓)	Female (✓)
			✓	✓

Management structure

Aras Mhuire is a Health Service Executive (HSE) West Community Nursing Unit. The Registered Provider is the HSE and is represented by the General Manager, Tony Canavan who made the application for registration on behalf of the Provider. He is referred to as the Provider throughout the remainder of this report. The Person in Charge, Mary Egan, reports directly to JJ O' Kane, Manager of Older People Services (Manager) who in turn reports directly to the Provider. A Clinical Nurse Manager Level 2 (CNM2) deputises for the Person in Charge when required. All nursing staff report to the CNM2 who in turn reports to the Person in Charge. Care assistants report directly to the CNM2 and to the Senior Staff Nurse in the absence of the CNM2. A private cleaning company provides a contracted cleaning service in the centre. One contract cleaner reports directly to their Supervisor but also liaises with the Person in Charge. The Chef reports to a Catering Supervisor and to the Person in Charge on a daily basis. Maintenance is completed by a HSE maintenance team based in Ballinasloe who report to the Maintenance Manager. Administrative support is provided by an Assistant Staff Officer and Clerical Officer. Both report directly to the Manager of Older People Services and liaise with the Person in Charge on a daily basis.

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. A fit person interview was carried out with the person in charge. Fit person interviews had been recently carried out with the provider for other HSE centres located in the West and the outcome from the most recent interview had been deemed satisfactory. The fit person self-assessment document was completed in advance of the inspection by the person in charge and the manager of services for older people. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

A welcoming atmosphere had been created in the centre and the environment was maintained in a very clean condition. Some renovations had been carried out since the last inspection including the upgrading of the bathroom, dining room and garden area. Good processes were in place for medication management and inspectors noted that during the week a range of activities and social care were available to residents including those with a cognitive impairment. Inspectors found that residents received a varied diet that offered choice and catered for residents' preferences. Inspectors also noted that the provider and person in charge had put in place a training plan for 2011 based on identified training needs.

Most issues identified in the previous action plan had been addressed but some actions that related to the environment and complaints management had not been completed. Inspectors noted that the plans for a new purpose-built centre had been withdrawn and that the proposed extension had not progressed from the previous inspection.

Although there was evidence of good risk management practice during this inspection, inspectors were concerned that the temperature of the water provided from the wash-hand sinks posed a scald risk to residents. As a result, an immediate action plan was issued requiring the provider to address this risk and the provider responded appropriately.

Inspectors found that residents' health care needs were being well met in most areas and that residents had good access to general practitioner (GP) services. However, specific health services such as occupational therapy (OT), physiotherapy, dietetics' and speech and language therapy (SALT) were not available to residents who required these. While some aspects of the care planning process were of a good standard, other areas required improvement to reflect the care that was being

provided. Although staff demonstrated good knowledge of residents' needs, the care planning process did not provide adequate guidelines to ensure consistency of care.

Improvements were required to the centres' statement of purpose in order to accurately reflect the services and facilities currently available to residents. Other improvements were also required. For instance, specific risks were identified that had not been addressed by the maintenance department and the risk management policy did not include a risk assessment for the outdoor areas including the enclosed garden. The directory of residents did not meet all the requirements of the Regulations and was not kept up to date. These and other improvements are discussed under the outcome statements and related actions set out in the Action Plan at the end of this report.

Section 50 (1) (b) of the Health Act 2007

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Inspection findings

The statement of purpose did not meet all of the requirements in Schedule 1 of the Regulations.

Inspectors found that the statement of purpose did not sufficiently describe the type of nursing care that the centre provided. For instance, there was no reference to state that 24-hour nursing care was provided.

The provider details were not identified including the qualifications and experience of the designated provider. The organisational chart did clearly outline the reporting structure within the centre and did not include the details of the provider. Inspectors also noted that other required information was absent such as the arrangements for the day-care facilities and the size of communal rooms and resident's bedrooms.

Outcome 2

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life

Standard 30: Quality Assurance and Continuous Improvement

Inspection findings

Systems were in place to review some areas of quality and safety of care and quality of life of residents. Audits had been completed in areas such as health and safety including infection control, cleaning, food safety and medication management.

Despite this, the risk management policy did not cover the arrangements for learning from serious or untoward incidents or adverse events involving residents. An audit on falls, incidents, accidents and near misses had been carried out. However, there was

no evidence that the audit findings had been analysed to educate staff and improve practice. Inspectors viewed incident and accident reports and found that the action taken was adequate. Inspectors noted that some required information was absent from completed forms such as whether the fall was witnessed by staff.

Inspectors reviewed audits that were carried out. These audits identified improvements and informed learning in the overall quality and safety of care. For example, a recent pharmacy audit carried out in September 2011 had identified some improvements. As result of these audit findings, the clinical team took actions such as implementing procedures for medication errors and self administration. Inspectors noted that learning was shared through education talks from the pharmacist and discussion at staff meetings. Inspectors also noted that an external hygiene and food safety audit had been completed annually. Inspectors reviewed the most recent audit findings and noted that a high standard of compliance had been obtained. Areas audited included the kitchen, food storage areas and the food safety management system.

The person in charge had introduced a new method to review the quality of life of residents. Inspectors reviewed the results of a resident satisfaction survey that had been carried out by a CNM1 and day-care assistant. The person in charge had collated the results of this survey and presented the findings to the staff to increase their awareness of some of the issues and suggestions arising from it.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

Systems were in place to manage complaints but some improvements were necessary to comply with all of the requirements of the Regulations.

The complaints procedure was displayed at the reception area and a copy was given to all residents. The complaints procedure encouraged residents to make complaints and outlined the appeals process if they were not satisfied with the outcome of the complaint investigation. However, the procedure did not clearly identify who the nominated contact person was for dealing with complaints.

The complaints policy did not fully comply with the requirements set down in the Regulations. Inspectors noted that a second nominated person had not been appointed as required in the Regulations to ensure complaints were properly recorded.

Complaints, including verbal complaints, were documented in a complaints register but the satisfaction level of the complainant with the outcome of the investigation was not consistently recorded. Inspectors noted that while some complaints were

responded to well, sufficient information was not recorded to confirm that other complaints were adequately addressed to prevent recurrence. Inspectors also noted that the complaints register which contained confidential information was not kept in a secure location and instead was available at the reception desk.

2. Safeguarding and safety

Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Inspection findings

While specific measures were in place to protect residents from being harmed or suffering abuse, some improvements were identified to improve the safeguarding arrangements and comply with Regulations.

Staff spoken to confirmed that they had received training on this subject. These staff members described clearly the different types of elder abuse and outlined what action they would take in response to suspected abuse.

The policy on the prevention of elder abuse was very informative and included details on the categories of elder abuse and staff responsibilities including what action they should take in the event of the occurrence of elder abuse.

During the fit-person interviews, the person in charge demonstrated a good awareness of the internal and external procedures to follow in the case of alleged abuse of residents.

Financial arrangements were in place for managing residents' monies. A sample of resident's accounts was viewed and the inspector found that monies were well managed and that the balances tallied with the records maintained. Access to residents' personal monies was controlled and individual transactions had been signed by authorised staff members and countersigned by the resident. Some residents were unable to sign transactions and inspectors noted that this was recorded on the finance form. Despite these good practices, arrangements were not in place to facilitate resident's access to their personal monies at the weekends.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The health and safety of residents, visitors and staff was generally promoted and protected by the provider but there were some risks identified that compromised their safety.

The provider had taken specific fire precautions to protect residents, staff and visitors' safety but some fire safety issues were identified that posed a risk to safety. Fire safety equipment was adequately serviced and maintained. Maintenance records showed that the fire alarm system was serviced on 1 June 2011 and fire equipment on 16 August 2011. Fire equipment was annually serviced and although the fire alarm was not serviced quarterly during 2011, monthly tests had been carried out and the most recent test took place on 31 August 2011. Procedures to be followed in the event of a fire were displayed in a prominent place in the centre that was visible to residents and visitors. However, inspectors noted that a fire assembly point had not been identified outside the building in the event of the centre being fully evacuated. Inspectors also noted that the required written confirmation from a competent person that the centre was in substantial compliance with all fire and building control Regulations was not submitted prior to the inspection.

Training records viewed indicated that training in evacuation was not part of the fire training and fire drills had not taken place at regular intervals. For example, 17 staff who had carried out fire training on 6 July 2011 and 20 September 2011 did not complete evacuation as part of this training. Therefore the majority of staff had not completed adequate formal fire safety training in evacuation in the last 12 months.

A centre-specific risk management policy was in place but it was not sufficient. While risk assessments had been undertaken for many areas in the centre, the outdoor areas including the enclosed garden had not been assessed and posed a risk to residents', staff and visitors' safety. Inspectors identified hazards in this area such as uneven paving in one section of the courtyard. Also the side gate from the residents enclosed garden was left open and this led to the adjacent road. Access and egress to the centre was not adequately controlled. Although the person in charge had put in place a visitors book to monitor visitors to the premises this was not sufficient. Three doors that enabled direct access to the centre were not adequately monitored. Inspectors noted that the person in charge had submitted quotations to the manager for the installation of keypads to these external doors but these had not yet been provided.

Since the last inspection a designated smoking area had been provided. This smoking area had not been risk assessed and the inspectors found that the location was unsuitable and posed a risk to residents, staff and visitors. The smoking area was located on a corridor beside an emergency exit. Cigarette smoke drifted from this area to other communal rooms in the immediate vicinity. Bedrooms were also located beside this area. Inspectors subsequently noted a strong smell of cigarette smoke in the dining room just before lunch was served.

The person in charge completed an annual environmental audit which included the identification of physical hazards and fire safety. The most recent audit carried out in May 2011 identified areas of risk such as trailing cables in residents' bedrooms. While most hazards identified were addressed, inspectors noted that the provider had not rectified hazards posed by defective doors saddles/raised lips to some bedroom doors. Inspectors noted from records viewed that this tripping hazard was an ongoing issue since 2007 and had been brought to the attention of the maintenance manager and manager for older people services. Inspectors also found that some specific risks identified in the health and safety audits such as broken call bells were not being fixed in a timely manner.

While inspectors observed good staff practices in infection control some facilities were not adequate and posed a risk of infection. For example, hand-washing facilities had not been provided in the residents' toilet located on the A side and in the small sluice rooms located on the ground floor and first floor. Also the ground floor sluice room was being used to store cleaning equipment and inspectors noted that mop buckets were stored outside.

A detailed emergency plan for the centre was in place and inspectors found that it identified a range of specific emergencies including communication failure, influenza pandemic and risk of flooding. The plan was revised in August 2011 and included details of the premises to which residents could be evacuated in the event of an emergency. Contact telephone numbers of management and emergency services were also included as well as arrangements in the event of the centre having to be evacuated.

Staff had received mandatory training in moving and handling and during the inspection staff were observed using safe practices to assist residents to mobilise. The person in charge and the CNM2 supervised moving and handling practices and directed staff on safe practices.

Outcome 6

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The medication management system promoted residents' safety. An inspector observed safe administration practices and found that nursing staff were knowledgeable of the procedures in place.

The medication policy was centre-specific and informed staff practice. Procedures were in place for the ordering, prescribing, storing and administration of medicines.

Medications were administered suitably and medications which required strict controls were securely stored and managed appropriately. They were checked and signed by two nurses at each change of shift. The register of controlled drugs was reviewed and found to be well maintained, completed and up-to-date. Medications that required refrigeration were stored appropriately in a fridge and temperature records were maintained. Also resident's medications were reviewed on a three-monthly basis by their GP or more often if required.

3. Health and social care needs

Outcome 7

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Residents had access to GP services and a review of residents' medical notes showed that GPs visited the centre regularly. An out-of-hours service was available and records viewed indicated that this service was very responsive. Residents had the choice to retain their own GP and a change of GP form was completed if the resident requested a new GP. Residents also had access to specific allied health services including chiropody, ophthalmology and dental services but inspectors were

concerned that some required specialist services were not available. Records of referrals and visits by specific health professionals were maintained on the residents' files.

The lack of access to some specialist services was having a negative impact on some residents' health and wellbeing. Inspectors were concerned that the provider had not provided access for residents who needed it to occupational therapy (OT), physiotherapy, dietetics and speech and language therapy (SALT). Inspectors found that a number of residents required assessment from these services. The provision of these services had been included in the 2011 work programme for Aras Mhuire. Inspectors reviewed correspondence from the person in charge to the manager since February 2011 regarding the lack of access to these services for residents who needed it. For instance, one resident had been referred to a dietician in September 2009 and June 2011. A different resident was referred to OT in February 2011. Both residents had not yet been seen. Inspectors noted that there was no confirmation of when these services would be made available.

Inspectors viewed a sample of residents' care plans and noted that validated assessment tools were used to identify resident's specific needs. Inspectors noted that residents or their representatives were involved in the care planning process and residents confirmed this to inspectors.

However, inspectors found that although residents' care plans were kept under formal review, some were not updated in line with residents' changing needs as required by the Regulations. For instance, the falls prevention and weight management care plans had not been updated to reflect the changing circumstances of some residents. As a result these care plans did not include adequate instructions to ensure consistency of care and guide staff on the specific care needs of each resident. For example, one resident who had experienced weight lost did not have appropriate and timely interventions put in place. This resident had not been assessed by a dietician and some aspects of the comprehensive policy on nutrition were not being implemented such as the completion of a three day food chart. The inspector discussed this with staff and food charts were commenced during the inspection.

Some improvements were required in the management of the use of restraint. Inspectors noted that bedrails were not sufficiently assessed and managed. Safety risk assessments had not been carried out for all residents who used bedrails. Inspectors noted that the policy on the use of restraint had not been fully implemented for all residents. For instance, while alternatives to the use of this restraint had been explored and implemented for some residents, this had not been put in place for all residents. Also, some family members had consented for the use of restraint but this was not in line with the policy which stated that family could not give permission to use restraint.

At the time of inspection, there were no residents with behaviour that challenges but inspectors noted that there was an informative policy in place on the management of behaviour that challenges. There were also no residents with pressure ulcers. An inspector reviewed the care plan of a resident who had a wound and found that it

had been well managed. The care plan included a wound care assessment and detailed daily records of the wound and care provided.

Inspectors noted that social activities and meaningful events were available for residents including those with a cognitive impairment. The day-care nurse along with the day-care attendant facilitated activities. The day-care nurse was rostered Monday to Friday from approximately 8.00 am to 4.30 pm and the day-care attendant from 11.00 am to 4.30 pm Monday to Thursday. Inspectors observed residents taking part in a range of activities during the inspection including knitting, arts and crafts, exercises, reminiscence, singsongs and dancing. Specific activities such as Sonas and massages were also provided for residents with a greater dependency. The person in charge continued to develop the activities entertainment programme and was currently completing a project on residents' life stories.

Since the last inspection framed posters of residents' projects that had taken place were displayed including projects on memory boxes and heritage activities. Residents and relatives who completed questionnaires and spoke with inspectors were very pleased with the variety of activities available and described other activities that also took place including card playing, poetry and crosswords. Some suggested that they would like more music and singing. The person in charge had also established links with the local community and facilitated residents to attend external events such as those held in the Irish Wheelchair Association in Tuam. She had also arranged internal events that included a visit from the local Lord Mayor and transitional year school children.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Inspection findings

Adequate arrangements were in place for residents to receive care at the end of life to meet their needs. Inspectors noted that staff respected residents' dignity and autonomy and that a policy on end of life care was in place which guided staff practice in this centre.

An inspector noted that appropriate plans were in place to care for the needs of residents at end of life. Also a palliative care service was provided in two well-equipped single bedrooms. Both rooms had en suite shower, toilet and hand-washing facilities. Inspectors also noted that there were patio doors in both bedrooms which enabled residents and family direct access to the enclosed sensory garden. Single bedrooms were also used for end-of-life care if required. Inspectors also found that arrangements were in place for family members to stay overnight.

Residents received person-centred care that took into account their religious and cultural practices. Inspectors noted that residents or their representatives were supported to express their end-of-life wishes. The person in charge had also arranged for memory boxes to be presented to the family of residents who were deceased. Staff informed inspectors that these memory boxes contained meaningful items that were individual to the resident and were subsequently used in funeral services.

Access was available to palliative care services including the local hospice team and home care support. Training records viewed confirmed that key staff had received suitable training and education in palliative care. The person in charge also informed inspectors that she had recently obtained a video which she planned to use for staff education on how to respond to possible questions on bereavement.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Residents received a varied diet that offered plenty of choice. Residents' preferences were well catered for and food was nicely presented. Residents spoke very positively about the quality of food and choice available to them. Inspectors also found that there was an adequate supply of drinks and a plentiful supply of fresh fruit available and offered to residents during the inspection. Residents confirmed that this was normal practice and that they were also offered snacks throughout the day.

Some residents required special or modified diets and this was provided for but inspectors noted that these residents' needs were not adequately met. As described in Outcome 7, some residents whom the person in charge had identified as requiring assessment from a SALT and dietician had not received these assessments. Also staff had not been given adequate information on how to best meet the nutritional needs of these residents.

The dining experience was unhurried and socialable. This gave residents opportunities to interact with each other, staff and also people attending the day-care service who joined residents for lunch. Inspectors observed the midday meals and found that residents were offered three choices. All residents and relatives spoken with and who had completed questionnaires were very complimentary about the quality of food provided. Inspectors who sampled the food found that it was suitably heated and very flavoursome. Residents who required assistance with their meals received this in a discrete and unhurried manner.

The chef was well informed of residents' dietary requirements and their likes and dislikes. Inspectors noted that this information was documented and kept in the kitchen. The chef had put in place a four-week menu cycle that offered a good choice of meals. During the inspection, she consulted directly with residents and actively sought their feedback on the meals provided.

4. Respecting and involving residents

Outcome 10

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

Signed contracts of care were available for residents and met the requirements in the Regulations. The person in charge was awaiting the return of one contract from a resident's next of kin.

Outcome 11

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Residents were consulted on the organisation of the centre and inspectors observed practices which enabled residents to exercise choice and control over many aspects of their lives. A qualified independent advocate had been appointed to seek the views and represent all residents. Inspectors also noted that residents' political and religious rights were promoted however some practices did not fully promote residents' privacy.

While inspectors observed staff practices that respected residents' privacy some other practices did not promote residents' privacy and dignity. For example, vital signs such as resident's blood pressure were taken in the day room in front of other residents. Inspectors were informed that care plans were sometimes discussed with the resident in the day room as well. Inspectors also noted that opaque glass panels in the residents' shower room compromised residents' privacy and dignity.

Inspectors noted that residents could exercise choice and control over many aspects of their daily routine. Residents exercised choice in the activities that they attended as outlined in Outcome 7 and inspectors noted that residents availed of the opportunity to attend alternative activities that took place in different areas of the centre. For instance, during the inspection residents had the option of attending live music in the day room or the arts and crafts session in the dining room.

Inspectors noted that religious and political rights were supported. Residents and relatives informed inspectors that they had weekly opportunities to attend different religious services and were facilitated to vote in the last election.

Inspectors observed staff consulting with residents continually throughout the inspection. Staff engaged with residents in a sensitive and caring manner and residents praised staff for the level of care they provided and their respectfulness. Residents' meetings took place regularly and this gave most residents an opportunity to bring forward suggestions. Minutes reviewed by inspectors confirmed that a wide range of discussions took place on topics such as fire safety awareness, the complaints procedure and heritage projects. Inspectors noted that residents were involved in a variety of projects including the heritage garden, a video of resident's memories and art projects. Inspectors noted that some of the residents' work had been showcased at a recent history conference in Kilkenny.

The person in charge had also taken the initiative to carry out a resident satisfaction survey as outlined in Outcome 2. This gave residents an alternative method of communicating their views and making a contribution to decision making within the centre. Inspectors also noted that the person in charge knew residents well and spoke to residents individually throughout the inspection. She informed inspectors during the fit person interview that she spoke to all residents on a daily basis and encouraged them to discuss any issues. As referenced in Outcome 7, the person in charge had also commenced a project to capture resident's life stories and events in a book format. She was assisted by member of nursing staff who had attained a higher diploma in gerontology. At the time of inspection, the person in charge had interviewed and documented some resident's life stories for inclusion in the book.

In line with the centre's business plan for 2011 the person in charge had developed a welcome pack for new residents. This pack consisted of a personalised welcome card, the Residents' Guide, complaints procedure, relevant information leaflets and a gift containing a selection of toiletries. Staff and residents also informed inspectors that existing residents had also received one of the gift packs.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

Inspection findings

Residents' bedrooms were individualised with residents' belongings including family photographs and personal effects. Adequate space was provided for residents' personal possessions and included a private lockable cupboard in their bedroom.

Sufficient arrangements were in place for the laundry of residents' clothing but the laundry policy had not been updated in line with improved laundry practices. The policy did not provide clear guidance on the management of infected laundry. Since the previous inspection, the person in charge had introduced a discrete tagging system for residents' clothing. Residents and relatives expressed satisfaction with the service provided.

Property lists of residents' belongings were maintained in residents' folders. While lists were kept of residents' belongings when they entered the nursing home, this list was not updated to include new items.

5. Suitable staffing**Outcome 13**

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Inspection findings

The person in charge worked in a full-time capacity and was suitably qualified. She worked from 9.00 am to 5.00 pm Monday to Friday and stated that she was available outside of these hours and at weekends. Inspectors noted that the person in charge had the necessary experience in the area of geriatric nursing, as required in the Regulations.

She was observed interacting well with residents and staff. Inspectors found that she was focused on the residents' needs and had introduced new processes to improve the quality of service.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

Inspectors noted that during the inspection staffing levels were adequate to meet the needs of residents. However, inspectors noted that the person in charge had rostered an extra nurse and care assistant on both days of the inspection. These levels were not the normal staffing complement and inspectors found evidence to demonstrate that the usual morning staffing levels were not adequate.

Adequate staffing arrangements were not in place for the supervision of some residents during the morning in the day room. Inspectors noted that residents were unsupervised for long periods. Inspectors were informed by the person in charge and staff that some residents required continual supervision. However, inspectors found that some of these residents spent time alone during the morning in the day room and were not continually supervised. There were no formal plans in place to ensure that the supervision needs of these and other residents were being met. Inspectors also noted that mobile residents were being relied on to call for a nurse if another resident required assistance.

While many residents and relatives spoken to and who completed questionnaires were satisfied with the staffing levels, one relative felt that there was a need for more care assistants during the day and was concerned that staff absent due to illness were not being replaced. Inspectors reviewed documentation and found that this was correct. This would place further pressure on staffing levels at peak times such as mornings. Some staff stated that that this put extra pressure on them.

The person in charge had put in place a training and education plan for 2011. The person in charge had arranged ongoing training for staff including training on topics such as basic life support in February 2011 and infection control and medication management in June 2011. Some training needs had been identified for chronic disease management in areas such as dysphasia, tissue viability and diabetes. Plans were in place to provide this training in September 2011.

Inspectors found that there were good communication processes in place for staff. Management meetings took place and inspectors viewed the minutes of the most recent meeting in July 2011 which was attended by the provider, person in charge, the CNM2, the manager for older people services and the maintenance manager. Quality, safety and risk committee meetings also took place and were attended by the person in charge, nursing staff and care assistants. An inspector reviewed minutes of a recent meeting held in September 2011 and noted that topics discussed included training needs, audits and health and safety issues such as the hot water supply. Other meetings including general staff meetings, catering meetings and multi-task attendant meetings also took place regularly. A range of topics were discussed at these meetings and included subjects such as medication management, infection control, training needs and centre policies.

Inspectors viewed the recruitment, selection and vetting of staff policy and found that it informed practice. The policy included information on the organisation requirements and outlined key responsibilities. Information was also documented on the specific items required in Schedule 2 of the Regulations such as Garda Síochána vetting, an account of any employment gaps, qualifications and evidence of relevant current registration status with professional bodies.

A sample of personnel files was reviewed and found to contain the majority of the information required by the Regulations. Information obtained included three written references, photographic identification and garda vetting. However, sufficient evidence that some staff were physically and mentally fit for the purposes of their work had not been obtained. The person in charge had obtained declarations but those reviewed did not contain sufficient evidence that the staff members were physically and mentally fit for the purposes of working in a designated centre.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The provider had carried out some renovations in response to the previous inspection report but other areas of the centre did not comply with the Regulations and the Standards. As described in Outcome 5 and 15, some aspects of the design, layout and size did not promote safe practices and did not meet the needs of all residents.

Inspectors were very concerned that the hot water available in wash-hand basins was too hot and posed a risk of scalding to residents. An inspector recorded temperatures that ranged from 51.7°C to 52.8°C. Inspectors noted that the water

supplied to the wash-hand basins did not incorporate thermostatic control valves or other anti-scalding protection. An immediate action plan was issued which required the provider to address this concern within a specified timeframe.

Inspectors found that the number of toilets provided were not sufficient to meet the needs of residents when taking into consideration the additional people who attended the day-care centre. On the day of inspection ten people were attending day care from approximately 11.00 am to 4.00 pm. The toilet facilities adjacent to the dining room and day room were used by both residents and the day-care attendees during the inspection. Inspectors noted that the provider had planned to provide additional toilets but this project had been put on hold since December 2009.

The small sluice room was not finished to an acceptable standard. Since the last inspection the sluice store on the first floor was now operational but inspectors found that this store was not adequately ventilated. Inspectors noted a hole in the ceiling which had not been fitted with adequate mechanical ventilation.

In response to the previous action plan additional temporary storage had been provided but inspectors noted that some equipment was still stored under both stair cases within the centre. Two external sheds had been provided for the storage of equipment including wheelchairs, mattresses and garden furniture. Inspectors noted that the provider had plans in place to provide additional storage but these plans were currently on hold. The person in charge stated that planning permission had been resubmitted for the proposed extension.

Inspectors noted that the external laundry doors were left open during the inspection. As a result residents' clothing was not maintained in a secure manner and the laundry room was not adequately pest proofed.

Two of the bedrooms exceeded the maximum occupancy of two residents contained in the Standards. The provider and person in charge were aware of the requirement to meet this Standard by 2015. Inspectors also noted that some other bedrooms did not meet the required sizes in the Standards. The provider had previously indicated that these issues would be addressed through the development of a new centre but this was no longer planned.

The centre was surrounded by well maintained gardens. An enclosed sensory garden was located at the side of the centre and accessible through the day room. However, as stated in Outcome 5, this area was not secured at all times.

Inspectors found that the centre was fresh smelling and maintained in a very clean condition. An inspector interviewed a member of the cleaning team and found that this member of staff demonstrated a good awareness of infection control precautions and described clearly the cleaning programmes and schedules in place. Many residents and relatives spoken with and who completed questionnaires stated that the centre was spotless and confirmed that it always smelt fresh. They also commented that there was a welcoming and homely atmosphere in the centre.

Assistive equipment was provided to meet the needs of residents, including seated weighing scales and hoists. Inspectors viewed the servicing contracts and found the records were up-to-date and confirmed this type of equipment was maintained in good working order. However, as outlined in Outcome 5, some maintenance issues were outstanding. Maintenance issues had also been identified in the previous two action plans.

An inspector visited the kitchen and found it to be very clean and well equipped. Adequate food supplies were maintained and there was a food safety management system in place. Recent correspondence from the Environmental Health Officer indicated no contraventions of food safety legislation.

7. Records and documentation to kept at a designated centre

Outcome 16

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings

** Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Resident's guide

Substantial compliance

Improvements required*

The Residents' Guide did not comply with all the requirements of the Regulations. For example, the Guide did not include the contact details for the Authority and the standard form of contract for the provision of services and facilities by the provider to residents.

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

While the majority of records relating to residents were maintained in the centre, some records relating to residents were absent as outlined in Outcome 7. Also as stated in Outcome 3, the complaints register was not kept in a secure location.

General records (Schedule 4)

Substantial compliance

Improvements required*

Inspectors reviewed a sample of general records that are required by law to be maintained in the centre and found that these records were available.

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

The provider had put in place the policies required in Schedule 5 of the Regulations. Inspectors reviewed a sample of policies and found that most were very informative but some did not fully inform practice or give adequate direction to staff on the specific arrangements for this centre as stated in Outcomes 3, 5, 9 and 12.

Directory of Residents

Substantial compliance

Improvements required*

Required information was not recorded in the directory of residents such as the next of kin and GP details, transfer details and the name and address of any authority, organisation or other body, which arranged the resident's admission to the centre.

Staffing records

Substantial compliance

Improvements required*

As detailed under Outcome 14, staff records viewed did not contain sufficient evidence of mental and physical fitness as required in Schedule 2 of the Regulations.

Medical records

Substantial compliance

Improvements required*

Insurance cover

Substantial compliance

Improvements required*

Outcome 17

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

The majority of required notifications had been submitted to the Authority in accordance with the requirements set down in the Regulations.

Inspectors reviewed a record of incidents that had occurred in the designated centre during 2011 and noted that any notifiable incidents such as serious injuries had been reported. Also the person in charge had submitted quarterly returns to the Chief inspector, as required.

However, some notifications had not been submitted within three working days of the occurrence of the incident, as required in the Regulations. Inspectors also viewed records which confirmed that some palliative care residents had died in the centre that were under the age of 70 but these deaths had not been notified. The person in charge had not fully understood this requirement but stated that all deaths of residents under 70 including those that were in receipt of palliative care would be submitted in future.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge. The CNM2 deputised for the person in charge in her absence and supported her in this role.

Inspectors were informed that there have been no absences of the person in charge for such a period that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with person in charge, CNM2 and the administrator to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Nan Savage

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

23 September 2011

Provider's response to inspection report*

Centre:	Aras Mhuire Nursing Home
Centre ID:	627
Date of inspection:	21 and 22 September 2011
Date of response:	30 November 2011

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care settings for Older People in Ireland*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not fully reflect the service provided in the centre and did not meet all of the requirements in Schedule 1 of the Regulations.

Action required:

Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

Reference:

Health Act, 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take with timescales:	Timescale
Provider's response: The Statement of Purpose will be updated to include all matters listed in Schedule 1 of the Regulations.	Completed

Outcome 2: Reviewing and improving the quality and safety of care

2. The provider is failing to comply with a regulatory requirement in the following respect:

Systems were in place to review the overall quality and safety of care and quality of life of residents but some areas were not adequately reviewed. For instance, audits had not been carried out on falls, incidents, accidents and near misses to educate staff and improve practice.

Action required:

Establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Reference:

Health Act, 2007
 Regulation 35: Review of Quality and Safety of Care and Quality of Life
 Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale
Provider's response: We are presently undertaking an audit of falls, incidents, accidents and near misses.	Completed

Outcome 3: Complaints procedures

3. The provider is failing to comply with a regulatory requirement in the following respect:

The complaints policy did not comply with all the requirements of the Regulations in that there was no nominated person responsible for ensuring that all complaints are appropriately responded to and records maintained.

Action required:	
Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).	
Reference:	
Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale
Provider's response:	
The Complaints Policy will be reviewed and updated to include named persons responsible for ensuring that all complaints are appropriately responded to and records maintained.	Completed

Outcome 5: Health and safety and risk management

4. The provider is failing to comply with a regulatory requirement in the following respect:

Deficits were identified during the inspection that posed a risk to the safety of residents, staff and visitors. For example, all areas in the centre had not been risk assessed such as the garden area and some hazards were identified by inspectors in these areas. Also access and egress to the centre was not adequately controlled.

Some facilities were not adequate and posed a risk of infection. For example, hand-washing facilities had not been provided in a residents' toilet and in the small sluice rooms. Also the ground floor sluice room was being used to store cleaning equipment and inspectors noted that mop buckets were stored outside.

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Reference:

Health Act, 2007
 Regulation 31: Risk Management Procedures
 Standard 26: Health and Safety
 Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:
Timescale

Provider's response:

An audit of external areas of the Community Nursing Unit (CNU) will be undertaken. Completed

A key-pad locking system is now in place to control access and egress to and from the CNU. Completed

It is not possible to provide hand washing facilities in the small resident's toilet (A Side) as it is too small. Plans are being progressed to develop an extension to the existing building to accommodate additional toilet facilities. April 2015

A hand-sanitising unit to be provided as an interim measure. Completed

Hand-washing facility has now been provided in the sluice rooms. Completed

Storage space for cleaning equipment and storage of mop buckets is presently being looked at with a view to identifying a more suitable place. 30/12/2011

The risk management policy will be updated to include the assessment of risks throughout the CNU and the precautions to be put in place to control the Risks identified. 30/12/2011

5. The provider is failing to comply with a regulatory requirement in the following respect:

Some fire safety issues were identified that posed a risk to residents, staff and visitors safety.

Some staff had not received training in evacuation procedures as part of the formal fire safety training.

Fire drills had not taken place at regular intervals.

A fire assembly point had not been identified outside the centre in the event of the centre having to be fully evacuated.

Written confirmation from a competent person confirming that the centre was in substantial compliance with all fire and building control Regulations was not submitted prior to the inspection.

Action required:

Provide suitable training for staff in fire prevention.

Action required:

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Action required:

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Action required:

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Reference:

Health Act, 2007
 Regulation 32: Fire Precautions and Records
 Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:

Timescale

Provider's response:

Suitable training for staff in fire prevention is presently being organised with the Fire Officer.

Completed

Provide awareness and training on the procedure to be followed in the event of a fire including the procedure for saving life.

Completed

A Fire Assembly Point will be erected and residents will receive education on evacuation procedure.

Completed

<p>A Fire Safety Audit of the premises has recently been undertaken and we shall furnish you with the report as soon as we receive it with the intention of providing the Authority with written confirmation that the centre is in substantial compliance with fire and building control regulations.</p>	<p>April 2012</p>
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Outcome 7: Health and social care needs

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The lack of access to specialist services including occupational therapy (OT), physiotherapy, dietetics' and speech and language therapy (SALT) was having a negative impact on some residents' health and wellbeing.</p>	
<p>Action required:</p> <p>Facilitate each resident's access to physiotherapy, occupational therapy, or any other services as required by each resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 9: Health Care Standard 13: Healthcare</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale</p>
<p>Provider's response:</p> <p>Physiotherapy and other allied health professional services will be provided through the Primary Care Team in the Tuam Network Area.</p>	<p>Completed</p>

<p>7. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The management of restraint did not ensure the safety of all residents.</p>	
<p>Action required:</p> <p>Provide a high standard of evidence based nursing practice.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff informed and requested to read and adhere to the unit's Restraint Policy especially in relation to consent to use bedrails.</p>	Completed

8. The person in charge is failing to comply with a regulatory requirement in the following respect:	
<p>Some issues were identified in the care planning process. Some care plans such as the falls prevention and weight management care plans did not reflect the care provided and the current needs of the residents.</p>	
Action required:	
<p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
Reference:	
<p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Care Plans will be reviewed and updated with each resident to ensure a proper care planning process is in place to include falls prevention and weight management.</p>	Completed

9. The provider is failing to comply with a regulatory requirement in the following respect:	
<p>Adequate staffing arrangements were not in place for the supervision of residents in the day room during the morning.</p>	
Action required:	
<p>Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.</p>	

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale
Provider's response: Where possible locum cover will be provided in the event of staff absences. Where this is not possible, day-care services levels will be adjusted downwards in order to ensure safety of clients.	Completed

Outcome 11: Residents' rights, dignity and consultation

10. The provider is failing to comply with a regulatory requirement in the following respect: Adequate measures had not been taken to ensure that the privacy and dignity of residents. Financial arrangements were in place for managing residents' monies but these arrangements did not facilitate resident's access to their personal monies over the weekend period.	
Action required: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.	
Action required: Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.	
Reference: Health Act, 2007 Regulation 12: Visits Regulation 10: Residents' Rights, Dignity and Consultation Standard 18: Routines and Expectations Standard 20: Social Contacts	
Please state the actions you have taken or are planning to take with timescales:	Timescale

Provider's response:	
All staff have been informed and residents' personal activities will be conducted in private from here on.	Completed
Opaque glass on bathroom door is now covered.	Completed
Provision has been made to ensure residents have enough money to cover the weekend period.	Completed

Outcome 12: Residents' clothing and personal property and possessions

11. The provider is failing to comply with a regulatory requirement in the following respect:	
Property lists of residents' belongings were not kept up to date.	
Action required:	
Maintain an up-to-date record of each resident's personal property that is signed by the resident.	
Reference:	
Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence	
Please state the actions you have taken or are planning to take with timescales:	Timescale
Provider's response:	
Resident's personal property book will be updated to include 'new' property taken into residents from this date forward.	Completed

Outcome 14: Suitable staffing

13. The provider is failing to comply with a regulatory requirement in the following respect:
Sufficient evidence had not been obtained to ensure that staff employed were physically and mentally fit for the purposes of the work that they carry out in the centre.

Action required:	
Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.	
Reference: Health Act, 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale
Provider's response: The existing declaration form will be amended to include "physically and mentally fit" for the purpose and work which they are to perform and all forms will be witnessed and signed by a Peace Commissioner.	Completed

Outcome 15: Safe and suitable premises

12. The provider is failing to comply with a regulatory requirement in the following respect:	
The hot water available in wash-hand basins was too hot and posed a risk of scalding to residents.	
Action required:	
Provide sufficient numbers of wash-basins fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale
Provider's response: Thermostatic controlled valves have been fitted to all wash-hand basins.	Completed

<p>13. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Parts of the physical design and layout of the building were not suitable to meet the residents' individual and collective needs. For example:</p> <ul style="list-style-type: none"> ▪ adequate numbers of residents' toilets were not available ▪ some maintenance issues had not been completed ▪ adequate storage space was not provided. 	
<p>Action required:</p> <p>Provide a sufficient number of toilets having regard to the number of dependent residents in the home.</p>	
<p>Action required:</p> <p>Ensure the premises are of sound construction and kept in a good state of repair externally and internally</p>	
<p>Action required:</p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale
<p>Provider's response:</p> <p>Short Term:</p> <ul style="list-style-type: none"> ▪ Outstanding maintenance work including lowering the door saddles. ▪ Providing adequate storage space for equipment. <p>Long Term: A programme of work will be drawn up with the Provider Representative with a view to extending the existing building incorporating:</p> <ul style="list-style-type: none"> ▪ the provision of extra toilets for residents ▪ ensuring that the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents ▪ reducing three-bedded wards to two-bedded wards if possible 	<p>January 2012</p> <p>December 2011</p> <p>January 2015</p> <p>January 2015</p> <p>January 2015</p>

A copy of this agreed programme will be forwarded to the Authority on drafting, with timeframes, costs and expected completion dates	
Laundry door will be kept closed to ensure residents clothes are stored safely and not contaminated.	Completed
The provider will ensure the premises are of sound construction and kept in a good state of repair externally and internally.	Completed

Outcome 16: Records and documentation to be kept at a designated centre

14. The provider is failing to comply with a regulatory requirement in the following respect:	
Some records and documents did not comply with all the requirements set down in the Regulations and some policies did not inform staff practices.	
Action required:	
Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.	
Action required:	
Ensure that the directory of residents includes the information specified in Schedule 3 of the Regulations.	
Action required:	
Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.	
Reference:	
Health Act, 2007 Regulation 21: Provision of Information to Residents Regulation 22: Maintenance of Records Regulation 27: Operating Policies and Procedures Standard 1: Information Standard 29: Management Systems Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale

Provider's response:	
Residents' Guide will be updated to include all the information required by Regulations including the address and telephone number of the Chief Inspector and a copy of the Contract of Care and Summary of the Statement of Purpose.	30/12/2011
Records listed under Schedule 3 and Schedule 4 of the Regulations will be maintained up-to-date and in good order and in a safe and secure place.	Completed
A new official register is presently being designed and when printed, all the required information will be entered into it.	Completed
Policies as mentioned in Action points 3, 4 and 7 will fully inform practice.	Completed

Outcome 17: Notification of incidents

15. The person in charge is failing to comply with a regulatory requirement in the following respect:	
<p>The person in charge did not notify the Chief Inspector of the death of some residents under 70 years including the circumstances of the resident's death as required in the Regulations.</p> <p>Some notifications were not received within three working days of the incident.</p>	
Action required:	
<p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of the death of any resident under the age of 70 including the circumstances of the resident's death.</p>	
Action required:	
<p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.</p>	
Reference:	
<p>Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale

Provider's response:	
The Chief Inspector will be notified immediately of all deaths under the age of 70 years.	Completed
The Chief Inspector will be notified immediately of any serious injury to a resident.	Completed

Any comments the provider may wish to make:

Provider's response:

We wish to thank the inspectors for the courtesy shown to staff and residents and for their invaluable advice to staff which will be taken into account. During the audit, I found both Inspectors to be professional, courteous, and helpful at all times during their visit to Áras Mhuire CNU.

Provider's name: Tony Canavan

Date: 30 November 2011

Person in Charge: Mary Egan

Date: 30 November 2011