



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

Issued by the Chief Inspector

Name of designated centre:	Aras Ghaoth Dobhair
Name of provider:	Bainistíocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaíochta
Address of centre:	Meenaniller, Derrybeg, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	16 April 2021
Centre ID:	OSV-0000311
Fieldwork ID:	MON-0032018

About the designated centre

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

This centre is a purpose-built single-storey building located in Gweedore, a Gaeltacht area in Co. Donegal. The centre has been operating since 2004 providing continuing, convalescent and respite care to male and female residents primarily over 65 years with low-to-maximum dependency needs. The centre is registered for 41 residents to be accommodated. Communal day, dining and sanitary facilities were available in addition to 25 bedrooms with full en-suite facilities within two distinct units. The dementia unit can accommodate 20 residents and the general unit can accommodate 21 residents. Bedroom accommodation comprises of 17 single, four twin and four bedrooms with four beds in each. An aim of the service is to provide a caring environment where residents feel supported and valued, and where their primary needs can be met in a warm homelike atmosphere without undermining their dignity, privacy or choice. An objective of the service is to provide a high standard of care and treatment in keeping with best practice and current legislation, to dependent people who can no longer live at home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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How we inspect

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
Friday 16 April 2021	10:30hrs to 18:30hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

This was a pleasant and welcoming centre located in a close knit rural community. The inspector found that the residents were cared for by a well established staff team who knew them well.

Many staff lived locally and were familiar with the residents' past lives and their families and friends. Throughout the day the inspector observed staff of all grades conversing with the residents in their native Gaelic. Staff and resident interactions were mostly respectful and empathetic. Residents who spoke with the inspector said that they were contented living in the centre and that staff were very approachable and kind. The inspector found that overall care was person centred however some routines and practices needed to be reviewed to ensure that those residents living with dementia received care and support in line with their needs and their preferences for care and daily routines.

The inspection was carried out over one day. There were 34 residents accommodated in the centre on the day of the inspection and 7 vacancies. 17 residents were accommodated in the dementia care unit and 17 residents were accommodated in the nursing unit. The inspector spoke with a number of residents and staff throughout the day.

The inspector observed one visitor meeting with a resident on the day of the inspection but did not get the opportunity to speak with them. The resident who had met with their visitor was clearly delighted with the visit. The inspector observed that the visit was well managed in line with the national guidance (COVID-19 Guidance on visits to Long Term Care Facilities).

The designated centre is laid out over one floor and all resident areas including resident bedrooms and bathrooms were wheelchair accessible. There is a main car park to the front of the building. Residents have access to an enclosed garden area. However the inspector noted that access to the enclosed garden from the dementia unit was restricted and residents did not access the garden without a member of staff. The layout of this garden was not appropriate for residents living with dementia. There were uneven paths, kerbing and gravelled areas all of which might create a risk to residents who had impaired insight into environmental risks and the need to keep themselves safe.

The internal accommodation was well laid out to meet the needs of the residents. However the layout of the multi-occupancy rooms did not ensure that residents could carry out their personal activities in private. The inspector spoke with two residents who shared bedroom accommodation who said that they were satisfied with their personal space in these rooms. However one resident who had been woken up by another resident in their shared bedroom complained that this was a regular occurrence.

There were a range of communal areas available for the residents to use and residents were sitting comfortably enjoying chatting with each other or quietly watching what was going on around them. Televisions were available in the main lounges and the inspector observed that staff asked the residents if they wanted to watch television before putting it on. Residents were also consulted about what they would like to watch. Each unit had a small quiet room where residents who preferred quiet time could sit. Some residents chose to sit in one of the small sitting rooms that were available. These residents told the inspectors how much they enjoyed these quiet, homely spaces.

The dementia unit had a therapy room which was laid out with comfortable seating and sensory lighting. There was a range of equipment to provide relaxation and calming moments for those residents who became anxious or displayed responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were no residents using this room on the day of the inspection however staff told the inspector that one resident in particular found this facility very calming if they became distressed or agitated during the day.

Residents on the dementia unit were observed enjoying a range of activities including saying the rosary, arts and crafts and music. Activities staff were knowledgeable about the residents and their abilities and preferences for activities and entertainments. The inspector observed that staff were respectful when one resident declined to attend the activity session offered to them. Another member of staff went for a walk around the unit with the resident which is what the resident said they wanted to do at that time.

There was a pleasant dining room on each unit however the dining room on the dementia unit was also being used for staff at the time of the inspection. This was because the staff had been divided into two teams at the onset of the recent COVID-19 outbreak. The separation of staff into two teams helped to reduce staff contacts with other staff members and reduced the number of staff contacts with the residents. This arrangement was in line with the national guidance however it did reduce the amount of dining space that was available for the residents on this unit. There was a dedicated staff dining room located on the nursing unit for the staff working in that area.

The inspector observed part of the lunch time on the dementia unit. Some residents were seated in the dining room however a number of residents were seated in a corridor seating area whilst they ate their dinner. Nursing staff reported that these residents preferred to sit in this area however the residents were not offered a choice to go to the dining room if they wished to do so. The inspector also observed that most residents were wearing clothes protectors at lunch time. Some staff were seen to put the clothes protectors around the resident without firstly explaining to the resident what the protection was for and asking them if they wanted to wear the protection. The inspector reviewed a number of resident care plans and found that there was no record of why the residents needed to wear this protection at meal times.

In addition there was a lot of noise of scraping of plates and cutlery as plates were cleared onto a catering trolley located in the dining room. This noise could have been reduced if the small galley kitchen attached to the dining room was used for this purpose. There were enough staff on duty to assist the residents at lunch time, however the dining experience for the residents on this unit was very functional with little interaction between staff and residents and between the residents themselves.

There were sufficient staff on duty to ensure that resident's needs could be met. Communal areas were supervised at all times and staff were observed to be respectful and kind in their interactions with the residents. Call bells were observed to be attended to in a timely manner. Staff who spoke with the inspector were knowledgeable about the residents and their needs. Residents told the inspector that there was always enough staff available and that they did not have to wait for staff if they rang their call bells.

Residents told the inspector that staff had worked hard to ensure they remained safe and well during the recent COVID-19 outbreak. One resident said that he had not become unwell and was grateful for having had the vaccine. The resident went on to say that they were beginning to get over the outbreak but that the centre was quieter than usual. The resident was looking forward to visiting starting again and remained hopeful that the day trips out of the centre would recommence once the fine weather arrived. Staff who spoke with the inspector described how difficult it had been working throughout the outbreak and of their fears for their own families as well as the residents. They spoke highly of the leadership and support they had received from the person in charge during this time.

Staff worked well together and were seen to take responsibility for their work. They demonstrated co-operation and flexibility with each other in order to ensure residents needs were attended to in a timely manner. This helped to create a calm and welcoming atmosphere for the residents and for any visitors to the centre. Residents who spoke with the inspector said that they felt safe in the their home.

This was a well managed centre in which the residents were supported to live a safe and comfortable life close to their local community.

The next two sections of the report will discuss the governance and management of the centre and the quality and safety of care. The findings will be reported under the relevant regulations in each section.

Capacity and capability

The inspector found that there were serious concerns in relation to the ongoing governance of the designated centre and that the current governance and management arrangements did not ensure that the quality and safety of the service

could be sustained going forward. This was of particular concern as the centre was experiencing a period of significant change. Residents and staff had just recovered from a significant COVID-19 outbreak in which 11 residents and five staff contracted the virus and one resident had died. In addition the current person in charge was planning to retire within the next month.

The provider was Bainistíocht Aras Gaoth Dobhair. The provider was a voluntary body made up of three local voluntary organisations each of whom has appointed a director to the provider entity. A fourth voluntary organisation owned the premises and was responsible for the upkeep of the building. The Health Service Executive (HSE) employed the person in charge who had been deployed to manage the designated centre on a long term secondment. However two of the committee members who were directors of the provider entity no longer took an active role in the day to day governance and management of the centre. Efforts to recruit replacements to these roles has been unsuccessful to date. In addition the person in charge (PIC) was due to retire at the end of April 2021 and the provider had failed to employ a replacement PIC who met the regulatory criteria for the role.

One of the three directors was still working in their role and was in regular contact with the person in charge who reported to them. On the day of the inspection two clinical nurse managers who had been seconded by the HSE during the recent COVID-19 outbreak were on site to support the person in charge. Rosters showed that these two nurse managers had been on site throughout the recent outbreak and were rostered to remain in the centre when the person in charge retired at the end of the month.

The current person in charge (PIC) was a registered nurse who had more than 20 years experience of working with older person's in a residential care setting. She worked full time in the centre. The person in charge had commenced work in Aras Gaoth Dobhair in 2003 when the service first opened and had worked continuously in the role throughout this time. Since being informed that the person in charge was about to retire the inspector had also been made aware that she was not directly employed by the provider. The person in charge was employed by the HSE and had been seconded to work as person in charge in Aras Gaoth Dobhair since it opened in 2003. This arrangement was not in line with the provider's regulatory responsibilities and had not been made known to the Chief Inspector.

It was evident on the day of the inspection that the person in charge was familiar with staff and residents and was very involved in the day to day running of the service. A review of the governance and management meeting records showed that the person in charge had authority to make decisions about the day to day running of the service, the employment of staff and the oversight of the safety and quality of the service. However the records showed that the provider was not sufficiently involved in the management and oversight of the service and that the person in charge had to deal with a significant number of the provider's responsibilities. For example during the recent COVID-19 outbreak the person in charge had sought and received support from the HSE for additional staffing and expertise which had not been available through the provider.

Although the provider had failed to put effective governance systems in place, the inspector found that this was a well-managed service and that residents enjoyed a safe and good quality service. The person in charge had developed a comprehensive quality assurance programme and records showed that audits and quality checks were carried out in key areas and the findings were used to improve the quality and safety of the service. However the current governance and management systems at provider level did not ensure that a safe and good quality service would be sustained into the future.

Staff and residents knew the person in charge and said that she was approachable and would follow up on any issues that were brought to her attention. Staff reported that they had felt supported by the person in charge during the recent outbreak and that she had kept them and the residents informed about what was going on and any changes that had to be made to their usual work practices.

The inspector found that staff worked well together and demonstrated cooperation and flexibility in their interactions with each other. Staff were competent in their roles and took responsibility for their work

Regulation 14: Persons in charge

There was a Person in Charge in the designated centre who was a registered nurse with more than twenty years experience of working with older persons and who worked full time in the role. The person in charge was known to residents and staff.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with the appropriate skills and knowledge to provide safe and appropriate care for the residents. However two clinical nurse managers working in the designated centre and who were responsible for the support and oversight of staff were employed and funded by the HSE and not by the provider.

Judgment: Substantially compliant

Regulation 21: Records

Staff rosters did not reflect accurately the staff on duty on the day of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider failed to ensure that there were sufficient resources to deliver safe and appropriate care and services for the residents because three senior staff working in the centre at the time of the inspection were employed and funded by the HSE.

The provider Bainistíocht Aras Gaoth Dobhair did not have a robust governance structure in place to oversee the service and to ensure that a good quality and safe service could be sustained for the residents living in the designated centre.

The designated centre did not have a clearly defined management structure with clear lines of authority and accountability and reporting structures. For example the person in charge was employed by the HSE but reported to the provider. In addition the provider was not sufficiently involved in the management and oversight of the service and in reality the person in charge undertook a significant number of what were the provider's responsibilities.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints policy had been revised and included the name of the person responsible for managing complaints in the centre and the person responsible for the oversight of complaints and how complaints were managed.

The complaints policy was available in the reception area and in each resident's bedroom. Details of the complaints policy was also available in the Resident's Information Booklet.

Judgment: Compliant

Quality and safety

Overall the service was well managed for the benefit of the residents who lived there. The inspector found that residents received good quality and safe care and support from an established staff team who knew them well. However further improvements were required:

- to ensure that care was person centred and respected each resident's preferences for type of bedroom accommodation, daily care and routines as well as their physical needs.
- that staff explained and sought consent of the resident before they carried out care interventions.
- the layout of the specialist dementia unit did not meet the needs of the residents as access to the garden was restricted.
- the layout of the centre 's storage areas, sluice rooms and housekeeping rooms did not meet infection prevention and control standards.
- to implement procedures to ensure that medications were prescribed and recorded in line with best practice guidance.
- to ensure that all staff were kept up to date with their fire safety training.

The inspector found that the premises was well laid out to provide a comfortable and pleasant environment for the residents. The centre was organised into two units. One unit comprised of 20 beds and was dedicated to those residents who were living with dementia. There were a range of private and communal areas on each unit with small seating areas and larger communal lounges available. Corridors were wide and had hand rails along each wall. There were enough toilets and bathing facilities on each unit for the number of residents accommodated. Residents were able to mobilise around their units either independently or with the help of staff. However the enclosed garden on the dementia unit was not well laid out and was not suitable for residents living with dementia. As a result the residents needed to be supervised by staff when they were in the garden. This meant that the garden doors were locked unless staff were available to go out with the residents.

Bedroom accommodation consisted of a range of single and multi-occupancy rooms which accommodated both long term and short term and respite residents. Residents had sufficient space to store their personal belongings. Multi-occupancy rooms were laid out with enough space for the residents to have a comfortable chair and a small table beside their bed. Privacy curtains were in place around each bed however these did not protect the resident from noise and disturbance created by other residents in the room.

Residents received a good standard of nursing care and there was clear evidence that residents' general health and well being had improved since their admission to the designated centre. Residents had good access to their general practitioner (GP)

and a range of health and social care agencies. Records showed that appropriate referrals were made to specialist services such as the tissue viability nurse and occupational therapist. Where specialist practitioners had prescribed interventions these were recorded in the resident's care plan and implemented by staff.

Overall infection prevention and control practices in the centre were safe however some improvements were required in relation to the layout of the premises as discussed under Regulation 27 and in the supervision of staff practices to ensure that staff used personal protective equipment (PPE) correctly.

Regulation 11: Visits

Visits were arranged in line with current guidance, (Health Protection and surveillance centre Guidance on Visits to Long Term Residential Care Facilities).

Residents also had access to window visits at other times. Residents were supported to keep in touch with their families and friends on the telephone and using face time with the support of staff.

Judgment: Compliant

Regulation 17: Premises

Access to courtyard garden on dementia unit was restricted as the layout of the garden was not suitable for the client group . Paths were uneven and were laid out with small stone chippings which might be picked up and ingested by residents. As a result residents required staff supervision when they were in the garden and they did not have open access to a safe outside space.

There was not enough storage for incontinence products and clean linen. As a result incontinence products were stored in a communal bathroom on the dementia unit and clean linen was stored in open trolleys along the corridor on both units.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The record of fluid and dietary intake was not available for one resident on the dementia unit who was identified at high nutritional risk. As a result nursing staff did

not have enough information to review whether the resident had had sufficient diet and fluids to meet their needs.

The dining experience on dementia unit was quite functional with a lot of noise caused by scraping of plates and cutlery as these were collected by staff. There was no music playing or ambiance created to help residents relax and enjoy their meal.

Judgment: Substantially compliant

Regulation 20: Information for residents

The resident information booklet had been updated and included all of the required information.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy in place which met the requirements of the Schedule 5. The risk register had been updated and included those risks associated with the COVID-19 pandemic.

Records showed that when an incident occurred this was recorded and reviewed so that any learning from the incident could be shared with staff and improvements made if required.

Judgment: Compliant

Regulation 27: Infection control

Further improvements were required in relation to infection prevention and control processes in the designated centre:

- The hand washbasins in the sluice and housekeeping rooms were small with domestic style taps which did not meet good infection prevention and control standards.
- The inspector observed that there was no soap available at the hand washbasin in the housekeeping room on the dementia unit.
- Most of the laundry was outsourced however residents' personal items were laundered in the centre. The inspector found that the laundry room on the dementia unit was small and did not allow for the segregation of clean and

dirty linen.

- The inspector observed one member of agency staff who was not wearing their face mask correctly. This was not identified and addressed by the nurse in charge on the unit until the inspector brought it to their attention.
- Clean linen was being stored on open trolleys along the corridor on both units which created a risk of transmission of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire evacuation practices had not been completed since February 2020.

A number of staff were overdue to attend annual fire safety training.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Crushed medications were not signed by the resident's general practitioner (GP) as being appropriate for crushing.

The medication chart for one resident who had recently returned from hospital had not been signed by the resident's General Practitioner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident and family involvement in the care planning process was not evident in those care plans reviewed by the inspector.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited regularly and were contacted and made aware if there were any changes in the resident's health or well being.

There was clear evidence that residents had access to a wide range of specialist services in line with their needs. This included physiotherapy, occupational therapy, chiropody, tissue viability nurse, speech and language therapy and dietitian.

Residents were supported to access the national screening programmes if they were eligible and wished to do so.

Judgment: Compliant

Regulation 9: Residents' rights

Some staff did not explain what they were going to do and seek the resident's permission before implementing care interventions. For example

- the inspector observed a carer who moved a resident who was sitting in a specialist chair in the day room. The carer did not explain to the resident what they were about to do and did not seek the resident's consent. The resident became startled when the chair began to move.
- two carers on the dementia unit were observed putting clothes protectors around residents in the dining room before they started their lunch. The carers did not explain what they were about to do and did not seek the residents' permission before applying the protectors.

Residents on the dementia unit were not always offered choice or opportunity to vary their daily routine. For example;

- staff were observed serving hot drinks to the residents without offering the resident a choice of drinks or checking with the resident whether they wanted a drink at that time.
- some residents accommodated in the dementia unit were not given the choice to go into the dining room to have their lunch.

The centre had a number of multi-occupancy rooms. Privacy curtains were in place around each bed however these did not provide privacy from conversations and noise created by other residents going about their personal care and daily activities in the shared bedroom. For example one resident became agitated when they were woken from their sleep by another resident who was calling out for a member of staff to assist them. Although staff provided assurance and assistance to both residents the resident who was woken up reported that this was a regular occurrence. Staff explained that the first resident did become agitated when other residents in the bedroom made noise however nobody had identified a need for this resident to be offered a single room when one became available.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aras Ghaoth Dobhair OSV-0000311

Inspection ID: MON-0032018

Date of inspection: 16/04/2021

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: New DON post advertised in local and national press from 14 May 2021 with closing date for applications 30 May 2021. Interviews will be held in June with a view to having the new DON in post by the end of July, beginning of August. The new DON will be directly employed by Aras Gaoth Dobhair.</p> <p>A new RN has already been recruited and is in post who has 2 yrs previous CNM experience and a stand-alone qualification in leadership/management, to provide more support within the management structure.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All Staff have been informed that any late changes to the Roster must be accurately recorded.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: An advertisement has gone out for Bainistiocht Aras Gaoth Dobhair to recruit a new</p>	

Director of Nursing who will be directly employed by the company. A new RN with experience and qualifications in management has already been recruited and the internal structures and reporting systems are under review. Clarity of roles, responsibilities and accountability is being enhanced with the addition of these new staff:
 New Directors for the Board of Management are actively being sought within the community. A local medical practitioner, business owner and pharmacist have been recruited to the Board and others' are being approached and meetings regarding this are ongoing but look positive. This will ensure a more robust governance structure going forward.
 HSE employees continue to support the management of Aras Gaoth Dobhair but this will cease once the new D.O.N is in place

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 Resurfacing in the internal garden to be more Dementia friendly has been approved by the Provider and estimates of work have been requested from local contractors. Visits regarding same have taken place from 19/05/2021 onward and we are waiting costings, from them, to proceed.
 Storage areas within the Facility have been re-organised so that incontinence products are no longer housed in the communal bathroom.
 Linen trolleys have had a wipe clean water impermeable cover fitted, which were inspected by IPC on their visit on 28/04/21 and deemed satisfactory to mitigate against the risk of cross contamination.

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
 All staff have been informed that any resident identified as being at high nutritional risk must have a dietary record maintained, nursing staff have been informed that they must ensure accurate record keeping.
 Staff have been informed that residents must be offered choice and their choices respected and recorded in their care plan.
 Staff have been informed that they must use the Galley kitchen for removal and stacking of dishes, the overall dining experience was negatively impacted by the need for social distancing due to Covid, however, the dining experience will be kept under review by the nurse on duty to ensure continued compliance.
 Training for staff on Person Centeredness has been scheduled for 04/06/21

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>IPC were asked to visit following the inspection. On 28/04/21 they attended and looked at all the areas outlined in the inspection report. They advised that the sinks highlighted be added to the list of ongoing maintenance and works to be replaced in due course. Estimates have already been received for supply of IPC approved sinks and we are awaiting visit and costing of works by the plumber, this work is to be prioritized in the maintenance schedule.</p> <p>A new soap dispenser has been fitted to the housekeeping room in the Dementia Unit. IPC agreed that the laundry was small and that in the absence of being able to extend it that the current practice of removing clean laundry (as soon as it is dry) and folding/storing elsewhere, does mitigate against the risk of cross contamination, so is to continue.</p> <p>The infection control link nurse has spoken to all staff about the correct use of PPE. Linen trolleys have had a wipe clean water impermeable cover fitted, which were inspected by IPC and deemed satisfactory to mitigate against the risk of cross contamination.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire Evacuation Drills were completed on 20/04/2021 and 21/04/2021 and are ongoing monthly. Annual Fire training has been scheduled for 04/06/21, 14/07/21, 15/07/21 & 16/07/21</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All drug kardexs have been reviewed and each drug which is to be crushed is initialed by</p>	

the GP.

Residents GP was phoned and had been asked to call to sign the new Kardex but this wasn't completed at the time the Inspector arrived, it was signed before she left the building. Nursing staff have been reminded that they must chase up GP requests to ensure that a signed Kardex is in place.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Residents and families are involved in all aspects of care and planning; however, this was not accurately documented. The DON and Nursing staff will record discussions with residents and families regarding care on no less than a 4 monthly basis.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: All staff have been informed of the importance of asking residents what they want and to offer choice. These choices have been documented in the care plans and all individual wishes are to be respected. This includes choice of dining location, use of clothes protectors, choice of clothing, sitting area, choice of drinks and food likes and dislikes. At all times, the privacy and dignity of the residents is paramount, however, residents in multi-occupancy rooms are subject to experience disturbances from the other occupants. During admission, residents are placed with similarly assessed companions, but as/if a residents condition deteriorates and they require a single room it has been the practice to offer an alternate room as it becomes available. This has been impacted negatively as single rooms have had to be 'put aside' during Covid for isolation purposes, but as the restrictions ease and staff and residents are fully vaccinated then we can review and revert to previous practice.

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	31/08/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/08/2021
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	31/05/2021

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/05/2021
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	31/05/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available	Substantially Compliant	Yellow	31/05/2021

	for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/08/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/07/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	31/08/2021

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/07/2021
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	Substantially Compliant	Yellow	31/05/2021

	procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/05/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/05/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's	Substantially Compliant	Yellow	30/06/2021

	family.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/05/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2021