



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

Issued by the Chief Inspector

Name of designated centre:	Aras Ui Dhomhnaill Nursing Home
Name of provider:	Sheephaven Investments Limited
Address of centre:	Milford, Donegal
Type of inspection:	Unannounced
Date of inspection:	25 January 2022
Centre ID:	OSV-0000313
Fieldwork ID:	MON-0035547

About the designated centre

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

The centre is a modern purpose built one storey residential care facility that provides a comfortable and spacious environment for residents. Bedroom accommodation for residents is provided in 44 single rooms and two twin rooms. All rooms have en suite facilities of shower, wash hand basin and toilet which promotes privacy and prevention of infection. The philosophy of care is to provide high quality care to the 48 residents who need long-term, respite, convalescent or end of life care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 January 2022	10:05hrs to 18:05hrs	Nikhil Sureshkumar	Lead

What residents told us and what inspectors observed

Overall, the residents told inspector that the centre was a nice place to live in, and the care provided to them was of good quality. Residents' well-being and quality of life were kept central to the service provided in this designated centre, and the residents praised the staff highly for providing good quality care for them.

On arrival, the inspector was guided through the centre's infection prevention and control measures before entering the residents' accommodation. This included a signing in process, hand hygiene and electronic temperature check.

Following the introductory meeting, the person in charge accompanied the inspector for a walkabout of the centre. The inspector observed that the centre had spacious sitting rooms and had sufficient comfortable seating in place for the residents. Background music was available in some sitting rooms, and residents were observed to be relaxed and enjoying each others company or just watching the comings and goings around them. Television and newspapers were available in the sitting rooms. One resident who was reading his newspaper told the inspector that the centre had a good ambiance and that they liked living there. In another sitting room residents were enjoying watching the television and told the inspector that the support they received from the staff was exceptional.

Staff were found to be respectful during their interactions with the residents and acted promptly to attend to residents' care needs. The staff ensured that residents' privacy and dignity were maintained during care delivery. The inspector noted that there were sufficient staff available to supervise the residents in the day room, and that staff supported residents to mobilise safely as they moved about the corridors and communal areas of the centre.

The inspector observed that alcohol based sanitisers were available at appropriate locations throughout the corridors. There was adequate signage at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and the control measures that were in place such as social distancing and hand hygiene procedures. One section of the centre was for isolating residents in the event of an outbreak, and there were several vacant rooms available on the day of inspection.

Corridors were spacious and well-lit, and handrails were available to support residents' safe mobility. However, the inspector noted some assistive equipment being stored in a corridor and another item stored inside a communal toilet. These items hindered independent mobility and access to the toilet. In addition, the inspector observed that some areas of the carpet along the corridors were not visibly clean.

Inspector observed that the residents' bedrooms were personalised with personal items of significance. Residents had adequate storage available in their bedrooms

for personal items. Residents had access to their wardrobes and their clothes.

The inspector observed that the residents had unrestricted access to the garden. The garden was found to be well maintained, and the garden paths were free of obstruction.

Inspector observed that indoor visits were happening on the day of inspection, and visitors had to schedule their visits. The inspector did not get the opportunity to speak to any visitors on the day of inspection however, the provider informed the inspector that this arrangement was in place to manage the footfall of visitors in the centre.

An activity schedule was available in the centre, and dedicated activities staff supported the residents to engage in meaningful activities. Residents were observed to be enjoying various activities on the day of inspection.

The inspector noticed that the food served in the centre was wholesome, and residents told the inspector that they liked the food. Inspector observed that the staff interactions during mealtimes were supportive. Adequate staff were present to assist the residents with their nutritional needs, and staff offered food choices and discreet assistance to the residents. Some residents commented that the food was exceptional and told the inspector that the chef would sometimes chat with them to get their feedback on what they liked.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered for the residents.

Capacity and capability

Overall, the inspector found that the designated centre was well run for the benefit of the residents who lived there. There was a well established management team who worked closely with and communicated effectively with their staff team and the residents and their families. However some improvements were required to ensure that all risks in the centre were appropriately managed. In addition the inspector found that the centre's risk management policy required some improvements.

This risk-based unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated centre for older people) Regulation 2013 (as amended). Inspector reviewed the actions from the compliance plans of the last inspection, the information submitted by the provider and the person in charge, and other unsolicited information.

The provider of the designated centre is Sheephaven Investments Limited. The person in charge of the centre was found to be supported by the delegate of the

registered provider, clinical nurse managers and other staff.

During the walk about, the inspector observed that the person in charge was well known to the residents and was knowledgeable about the residents' needs. Residents told the inspector that they would approach the person in charge if they had any concerns. Residents spoken with the inspector were familiar with the complaints procedures in the centre and felt able to make a complaint if they were not satisfied with any aspect of their care or services.

Residents' meetings were held at regular intervals and records showed that the residents were involved in the centre's decision-making process. An annual review document for 2020 was available in the centre, and the centre was in the process of developing its annual review for 2021.

Staff meetings were held at regular intervals. The meeting minutes made available to the inspector evidenced that the topics discussed in these meetings were used to identify learning and to improve to improve the quality of the service.

Regulation 15: Staffing

The provider had kept the staffing resources of the centre under review, and on the day of inspection, the inspector noticed that the skill mix of staff available to meet the assessed needs of residents in the centre was appropriate. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles. Training in infection prevention and control procedures including COVID-19 precautions and practices were ongoing to mitigate risk of COVID-19 infection and to ensure preparedness for an outbreak.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records were generally well maintained in the centre. These included staff files, incidents, medicine errors and complaints. Staff files contained all the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required to ensure appropriate management systems were in place to ensure that the service was safe, appropriate, consistent and effectively monitored. For example:

- Some risks that had been identified did not have clear time-bound action plans in place to effectively manage the risk. For example, unclean carpets and damaged upholstery of furniture were identified as a risk in the centre's risk register in November 2021. However, time-bound action plans or control measures were not identified and documented in the risk register to mitigate the risks.
- An analysis and review of residents' falls occurring in the centre was not consistently carried out. This was essential in informing the centre's fall prevention initiatives and quality improvement programs.
- In addition, the inspector found that the oversight of the maintenance and housekeeping did not ensure that all areas of the centre were kept well maintained and cleaned to a high standard.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place and available to staff. The complaints policy identified the nominated complaints officer and included an

appeals process. A summary of the complaints procedure was displayed on the noticeboard at the centre's reception. Procedures were in place to ensure that all complaints were logged and investigated and that the outcome of the investigation was communicated to complainants.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations, were available in the centre. Policies, procedures and information in place regarding the COVID-19 pandemic were updated to reflect evolving public health guidance and changes were communicated to staff.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to the residents in the centre was found to be satisfactory, and staff met the needs of the residents to a good standard. Residents' experience of living in the centre was positive, and a resident-centred culture existed in the centre, with residents reporting that they felt safe, involved and well cared for by the staff in the centre.

The inspector found that the care practices in the centre were based on the assessed needs of the residents and were supportive. For instance, the inspector observed that staff were using appropriate moving and handling techniques while assisting the residents with their mobility and were found to be knowledgeable about each resident's moving and handling needs. The inspector reviewed the care records and found that appropriate and timely referrals to specialist health care services were made for residents.

On the day of inspection, the inspector noticed that the centre's fire precautions required improvement. While the hazardous chemicals were securely stored in the centre, there was no signage outside a room where oxygen cylinders were stored. In addition, the inspector noticed that some fire safety works were being carried out in the centre. The provider informed the inspector that they were carrying out the works to improve the fire precautions of the centre, following advice from the local fire authority. This is discussed further under Regulation 28.

During the walkabout in the centre, the inspector noticed that some improvements were required to ensure that assistive equipment such as hoists were stored

appropriately. This is discussed under Regulation 17.

A review of policies and procedures showed that COVID -19 contingency plans were regularly updated, and the staff were kept informed about any changes. As a result staff were knowledgeable about the infection prevention and control measures that were in place and demonstrated good practices. For instance, the inspector noticed that the staff checked residents' temperatures at regular intervals. The Infection prevention and control meetings were held regularly, and updates on the national guidelines were disseminated to staff during these meetings.

Regulation 11: Visits

The inspector found that the indoor visiting for residents with their families and friends had resumed. There were arrangements in place to ensure that visiting did not compromise residents' safety and that all visitors continued to have screening for COVID-19 infection completed in addition to completion of other infection prevention and control procedures.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

Storage of equipment in communal toilets and corridors required improvement to ensure that the centre's premises provide a clutter-free environment in which could mobilise safely and for the prevention of falls in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management

While there was a risk register maintained in the centre, the centre's risk management policy did not reference and sufficiently inform the process of hazard identification and assessment of risks throughout the designated centre.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection prevention and control in the centre required improvement to meet national standards and other national guidance. For example:

- Carpets were visibly stained and had dust in several areas. In addition, the inspector noticed some thick dried stains on the carpets in a communal room.
- One resident's assistive device and a standing hoist stored in a room were not sufficiently cleaned and were visibly dirty.
- Several soft furnishings were found to be worn or damaged and did not support effective cleaning.
- A communal toilet was stained and not sufficiently cleaned.
- There was only one glucometer to be used for the several residents diagnosed with diabetes. Although the equipment was cleaned between use, best practice guidance recommends that each resident would have their own glucometer.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although the provider had employed an external competent person to review the fire precautions of the centre the inspector was not assured that adequate arrangements had been made for reviewing the fire precautions. For example:

- A final fire exit door was blocked by a transparent cubicle which had been installed to facilitate visitors entering the visiting pod through the external fire exit door which led from the car park.
- Access to another final fire exit door was partially blocked due to the storage of assistive devices. The provider removed the equipment and unblocked the fire exit at the time of the inspection.
- The personal evacuation plans for the residents were not readily available in the event of an emergency fire evacuation in the centre. The provider developed personal emergency evacuation plans for the residents and submitted the plans to the inspector following the inspection.
- The records of the simulated emergency evacuation drills did not provide assurances regarding effective evacuation of the largest compartment during

the day and night time conditions. The provider carried out an emergency fire evacuation drill and submitted a satisfactory fire drill report to the inspector following the inspection.

- There was no signage to alert staff regarding the location where four oxygen cylinders were being stored in a room.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector noted that care plans reviewed on the day of inspection were personalised and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed that informed the care plans.

Judgment: Compliant

Regulation 6: Health care

The inspector noted that residents had timely access to general practitioners (GPs) from local practice, allied health professionals, specialist medical and nursing services. Out of hours, medical care for residents was easily accessible.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with the inspector had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). A restraint register was available in the centre, and records showed that where restraints were used, these were implemented following risk assessments, and alternatives were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

The provider had taken appropriate measures to ensure that residents were safe. Measures included facilitating all staff to attend safeguarding training. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. Staff were familiar with the reporting structures that were in place.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' privacy and dignity were well respected. Residents' meetings occurred regularly and were facilitated by the activity coordinator and the person in charge. Residents had access to advocacy services, and information regarding their rights was also available in the residents' guide.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Ui Dhomhnaill Nursing Home OSV-0000313

Inspection ID: MON-0035547

Date of inspection: 25/01/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • On the day of the inspection the inspector was informed that the carpets where due to be cleaned by an external cleaning company within the following days. Unfortunately, this was not on a timetable, there is now a carpet cleaning schedule with planned dates in place. The carpets were cleaned by the external cleaning company on the (27th January, 25th & 28th February 2022) as planned. There is an external cleaning schedule now in place with dates for carpet cleaning. The carpets are being kept clean by the cleaning staff in the nursing home on a day-to-day basis. There is a carpet cleaner and steamer on site. The carpets are being monitored as part of the environmental audit. • 2 new chairs purchased this year had a spilt on the cushion and these have been removed and the company has agreed to replace them. 4 other chairs have been re-upholstered and all cloth furniture has been replaced disposed of and replaced with washable furniture. • There is a specific policy and system in place regarding falls prevention which addresses ways in which we as a nursing home can help reduce the risk of falls while still allowing the resident the right to movement. All falls are analyzed by the nursing and management team on an individual basis looking at ways of improving quality initiatives. There was not an up-to-date analysis report for the inspector of the day of inspection. Since the inspection all documentation on fall prevention has been reviewed and updated. • We at Aras Ui Dhomhnaill are very fortunate to have a dedicated team of staff who work hard to maintain a high standard of cleaning and maintenance in the building. To ensure that we keep hygiene standards maintained the nurse in charge has developed a documented environmental audit tool and any areas of concern will be highlighted to 	

staff this is an ongoing process.

- The frequency of environmental hygiene audits will be increased to walkarounds by the PIC to enhance the oversight of cleaning practices are effective, audited monthly and depending on findings this process will continually be reviewed.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The excess equipment (shower chairs) has been relocated and are no longer stored in the assisted bathroom area.
- Excess wheelchairs and mobility equipment that is not currently in use is now being stored in outside storage units.
- Staff education is ongoing ensuring any equipment that is in use in the morning is placed safely so that corridor areas remain clutter free.

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

- The risk management policy and hazard identification and assessment of risk forms have been updated. The system reflects the category and level of risk, high, medium or low, the action plan and timeframe associated with each hazard.

Regulation 27: Infection control

Substantially Compliant

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

- An environmental audit is in place: Scheduled carpet cleaning timetable with an external company is in place. All staff have been educated on the importance of cleaning up spillages at the time they occur. There is a carpet cleaner and steamer on site to assist in daily cleaning needs.

- Staff education on the cleaning of equipment after each individual resident's use is ongoing, there is a member of staff allocated daily to ensure all assistive mobility equipment is deep cleaned.
- All staff in the nursing home have completed IPC training.
- The hygiene walkaround form and the environmental audit includes soft furnishings. New furniture has been purchased and all cloth furniture is being replaced unless it belongs to an individual resident, if the resident wishes to keep their individual chair, then the residents wishes are respected if this is the case and the furniture is cleaned as part of a scheduled cleaning program.
- Two communal toilets were replaced in the foyer with two disabled toilets.
- All the residents have individual glucometers named for individual use.

Regulation 28: Fire precautions

Not Compliant

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

- The glass partition visitor's hub was removed on the 4th of March 2022 to allow full access to the fire exit from the conservatory in the Sheephaven wing.
- On the day of the inspection zimmer frame equipment was removed from this area. An amount of equipment was removed from this room to avoid overflow of equipment and avoid a reoccurrence of this happening.
- The personal evacuation plans were updated immediately, this information is stored in the evacuation folder and is accessible for all staff.
- The simulated fire evacuation documentation has been reviewed and sent to the inspector. The new format is working well. Records will be reviewed and adequately evidenced.
- Signage has been purchased and is in place to alert all staff where the four oxygen cylinders are in the treatment room.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/01/2022
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.	Substantially Compliant	Yellow	04/02/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of	Not Compliant	Yellow	10/02/2022

	risks throughout the designated centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	04/02/2022
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.	Not Compliant	Orange	04/03/2022