



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Áras Ronáin Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Manister, Kilronan, Inishmore, Aran Islands, Galway
Type of inspection:	Unannounced
Date of inspection:	18 August 2022
Centre ID:	OSV-0000628
Fieldwork ID:	MON-0037378

About the designated centre

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

Aras Ronain Community Nursing Unit is a designated centre on the Aran Islands providing care for male and female residents over the age of 18 years. Residents are accommodated in six single and two multi-occupancy (occupancy greater than two people) rooms. Appropriate communal sitting and dining space is available in the centre, as well as safe and suitable outdoor space. The centre is currently registered to accommodate 12 people, and each resident's dependency needs are regularly reviewed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Thursday 18 August 2022	11:15hrs to 17:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The feedback from the residents was overwhelmingly positive. Residents had high praise for the staff as individuals and as a group. Individual resident care needs were known to the staff. One resident spoken with described the staff as "great craic". Relatives spoken with had high praise for the care their relatives received and also for the staff that they interact with.

Aras Ronain nursing unit is embedded into the community. On the day of inspection, multiple residents left the centre to have day trips or just to go spend time with family in their homes on the island. Open visiting was in place, which was welcomed by the residents. The residents had requested that when visitors were in meeting with one resident, that they be allowed chat and interact with other residents that were known to them. This request was being facilitated.

Residents' rights were well respected. Residents were actively involved in the running of the centre and their feedback was reported back through a resident's council. The meetings were chaired by a member of staff. Individual resident requests were followed up. For example, a resident had voiced dissatisfaction with their bed and so the bed was replaced with a new bed.

Staff spoke with had excellent knowledge of the residents, their likes and dislikes. For example, the colour clothing that residents preferred. The residents in the centre that were fond of the two cats that live in the centre.

There was a high value placed on activities in the centre. All staff spoken with displayed knowledge of the importance of social engagement with residents. While there was an activities board with a variety of activities outlined, the inspector found that this schedule was changed depending on resident feedback of what they wanted to do on a daily basis. The board was a guide to the choices available.

On a different notice board, there was a display of pictures of recent events that had occurred in the centre, including music sessions. The pictures on the walls showed that the residents who attended had enjoyed the event. Residents spoken with confirmed this. Resident education and information sessions were held. For example; an event had been held in the centre to acknowledge world Elder Abuse and Safeguarding and safety of the elderly population.

In the afternoon, there was a small sing-song session in the large communal room. The inspector observed a resident singing softly and the staff member in attendance actively encouraged the resident to sing out as they had a "beautiful voice". The atmosphere in the room was open and inviting. All were welcome to join in. Staff were observed offering residents fresh fruit salad, biscuits and a choice of beverage.

The centre has access to enclosed outdoor gardens. This area is left open and unrestricted. Considerable works had been completed in the gardens and they were

open and inviting with manicured raised flower beds, seating areas, a boat to reflect fishermen of the past, and an area of devotion to St. Francis.

Resident accommodation is along two corridors that are on the opposite side of the corridor that leads down to the large communal sitting and dining rooms. Along the resident bedroom corridor there is a "Cistin Beag" - a kitchenette that was stocked with fresh bread, tea, cereals and other food items. This area is for use by residents and also by staff. This facility ensures that tea and toast can be served hot at the time of its making.

There are two 3-bedded bedrooms in the centre. The inspector found that although the space is shared, there was a system in place to ensure that residents personal items did not get mixed. For example, toothbrushes were clearly labelled. The rooms were visibly clean. However, the call bell system in one of the multi occupancy bedrooms was not functioning and had been out of use dating back to September 2021. This was a risk to any resident in this room who required attention. While the inspector acknowledges that one resident had a hand bell, the room is at the end of the corridor and the hand bell was not loud enough to be heard outside along the corridor.

Capacity and capability

The inspector found that residents received a very high standard of direct care that met their assessed needs. The governance and management of the centre was well organised and resourced. Information requested was presented in an easily understood format. The person in charge was committed to quality improvement that would enhance and improve the daily lives of the residents. Action was required on the systems in place surrounding the management of fire precautions to ensure full compliance with regulatory requirements. In addition, the call bell system in place was not fully operational and this was a risk to residents when seeking assistance. This detail is discussed in the Quality and safety section of the report.

The Health Services Executive is the registered provider of Aras Ronain Community Nursing unit. This was an unannounced risk-based inspection. On the day of inspection, there were sufficient numbers of staff on duty to attend to the direct care needs of residents. The person in charge works full time on a supervisory basis. The centre had one registered nurses on duty, 24 hours a day, who was supported by a team of multi-task attendants.

An effective auditing schedule was in place. Audits had been completed in a number of key areas including, care plan audits, infection prevention and control audits, medication management audit, nutritional audits and monitoring of restrictive practices. The inspector found that the audits completed were analysed and were

used to drive and sustain quality improvements.

The inspector reviewed a number of staff files which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place. The provider had a mandatory training requirement in place for all staff. The training matrix was reviewed. The records did not capture training in the management of behaviours that are challenging. This training is required by regulations.

An enlarged summary of the complaints procedure was displayed for information for residents and their relatives in the main reception foyer. There is an open culture on complaints management. All complaints are logged including when a resident voices dissatisfaction but declines to use the word complaint. A record of complaints raised by residents and relatives was maintained in the centre. Details of communication with the complainant and their level of satisfaction with the measures put in place to resolve the issues were included. The person in charge had completed a resident satisfaction questionnaire in June 2022. The results were positive.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

While there was a high level of agency staff, this did not impact on the care delivered to the residents as the staff were regularised.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection, staff were appropriately trained.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found the centre was delivering a high standard of care to the residents. The person in charge was organised and familiar with the systems in place that monitor the care. Care audits in the provision of direct care had been

completed.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place. There was a complaints procedure prominently displayed in the centre. Complaints were managed in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Findings from this inspection were that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Residents told the inspector that they felt safe living in the centre and knew the staff. Further action was required to ensure the safety of residents and compliance with Regulation 28: Fire precautions and Regulation 17: Premises.

Care audits are comprehensive and detailed. The team at large are actively involved in the monitoring of care. For example; the nursing team complete monthly reviews of care metrics and the result are communicated to all. This allow opportunity for information sharing and quality improvement.

A review of residents care records evidenced that residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. Care plans were sufficiently detailed to guide the staff in the provision of person-centred care to residents. Care plan reviews were carried out at intervals not exceeding four months and residents and their relatives were involved in the review process. Residents' medical needs were met through timely access to their general practitioner (GP) and, where necessary, onward referral to allied health and social

care professionals for further expertise and assessment.

The centre was visibly clean and was kept in a good state of repair, externally and internally. New flooring had been laid in the reception area and main corridor area at the entrance to the centre. Resident's bedrooms were seen to have personal items such as ornaments, photographs and personal belongings of items that were important to them. As previously stated, the call bell system was not in working order in all resident bedrooms which is a risk to residents when in need of assistance. The installation of temperature control valves in all hand wash basins was still in process. A risk assessment had been completed by the person in charge to minimise the risk to residents from an episode of scalding. This non compliance is actioned under Regulation 17: Premises.

The inspector found that staff demonstrated good knowledge of fire safety procedures and were familiar with the residents' personal emergency evacuation plan system in place. However, the provider had failed to ensure that maintenance and servicing of the fire systems were completed in a timely manner. The detail is outlined under Regulation 28: Fire precautions.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 17: Premises

Following the last inspection the provider had committed to the installation of temperature control valves on all hand wash basins in the designated centre with a completion date of August 2021. The installation was still in process and so is a repeated non-compliance.

A risk assessment complete in September 2021 highlights that there is a multi-occupancy bedroom that does not have a functioning call bell system.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the building was found to be clean. Rotas reviewed and residents confirmed

that the centre was cleaned daily.

The inspector spent time observing staff practices regarding the use of personal protective equipment and found good practice. Training records reviewed indicated that staff had completed infection prevention and control training.

Judgment: Compliant

Regulation 28: Fire precautions

Further action was required to bring the centre into full compliance with the regulations. For example;

- Quarterly servicing of the fire alarm was over due since June 2022. The person in charge had escalated this to the provider and was awaiting a date for completion of service.
- Fire drills completed had an evacuation scenario of only one resident, and not a compartment. Therefore, assurances were not available that in the event of a fire, a full compartment could be evacuated in a safe and timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were person centered and guided care. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents and when appropriate their families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on resident outcomes. For example; resident that were assessed as having lost weight were assessed by a general practitioner and a dietitian. Intervention management steps taken resulted

in weight gain.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate and there was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Records showed that where bedrail restraints were used, they were as a result of resident choice.

The inspector was informed that the double doors that lead out to the large communal dining room are closed over and access was key code permitted. The person in charge confirmed that this access code was available to any resident that requested same unless there was an associated risk to having the code.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. The atmosphere in the centre was calm, relaxed and welcoming. Residents were observed to have their personal care needs attended to.

Independent advocacy services were available. Residents were happy with the activities in the centre.

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 23: Governance and management	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 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Áras Ronáin Community Nursing Unit OSV-0000628

Inspection ID: MON-0037378

Date of inspection: 18/08/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The installation of the temperature control valves on all units will be completed by October 31st 2022.</p> <p>Call bell system was serviced on the 22nd September 2022 and is working in all the residents’ bedrooms.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Quarterly servicing of the fire alarm panel and emergency lighting was completed on the 22nd September 2022.</p> <p>Night Simulation fire drills with all staff; reflecting the maximum number of residents in one compartment will be completed by 21st October 2022</p> <p>An external contractor will complete the annual servicing off the fire equipment and this will be completed by 18th October 2022.</p>	

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	31/10/2022
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	18/10/2022
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	21/10/2022

	procedure to be followed in the case of fire.			
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