



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

Issued by the Chief Inspector

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| Name of designated centre: | Aras Ui Dhomhnaill Nursing Home |
| Name of provider: | Sheephaven Investments Limited |
| Address of centre: | Milford, Donegal |
| Type of inspection: | Announced |
| Date of inspection: | 13 February 2025 |
| Centre ID: | OSV-0000313 |
| Fieldwork ID: | MON-0040226 |

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, such as a 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.

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| Number of residents on the date of inspection: | 46 |
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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 |
|---------------------------|----------------------|--------------------|------|
| Thursday 13 February 2025 | 09:45hrs to 17:45hrs | Nikhil Sureshkumar | Lead |

What residents told us and what inspectors observed

Overall, the feedback from residents was highly positive regarding the care and service they received, and they enjoyed a good quality of life in the centre. The inspector spoke with ten residents and several families during this inspection. The feedback from families was generally positive regarding the service provided in the centre.

Some residents' comments were that. " I love the exercise sessions, they are relaxing and encouraging, "it is really nice to connect with others", "I look forward to mealtime because they come up with such tasty food", "the meals here are great, and you can't fault them".

The inspector found that the centre had sufficient communal and private spaces that were safe and freely accessible for residents. There was appropriate signage around the centre to facilitate residents in navigating the different areas in the centre. Residents were found to be in the company of staff throughout the day of inspection.

During the inspection, staff demonstrated knowledge and skills in safely assisting residents during the lifting and transferring process. For instance, when transferring a resident from a wheelchair to a chair, the staff used appropriate assistive equipment to ensure a smooth and safe transition, minimising any discomfort for the resident.

Staff interaction with residents was respectful and they were found communicating with residents in a warm and friendly manner. Additionally, the staff addressed each resident by name and patiently responded to their questions. Staff was also found to be knowledgeable about the residents' various communication needs. For example, residents who had difficulty with verbal communication were found to be comfortable in the company of staff, and staff were aware of the various communication strategies that work well for these residents, ensuring that each resident felt understood and included in care interventions.

The inspector reviewed a sample of residents' bedroom accommodation and found that they were well-maintained. Residents had access to personal storage areas to store their clothes and other belongings. However, the layout of two double occupancy bedrooms did not support the privacy needs of residents. This is discussed in the later sections of the report.

Residents had access to a range of meaningful activities, such as art classes and drama workshops, which provided opportunities for self-expression and creativity. In addition to this, the centre provided regular group exercise sessions for residents, which was a new initiative. These sessions were led by a qualified physiotherapist, which aimed to improve physical health and mobility while fostering a sense of community among residents. There was no additional cost incurred by residents for

the activities and exercise programmes that were offered to them. The records indicated that some residents were facilitated to attend outdoor trips to local attractions, a cinema and a local hotel to enhance their well-being and community engagement.

The inspector observed that mealtimes were a relaxed and sociable experience. Residents were found dining in the dining room or their bedrooms in accordance with their choices and preferences. Meals were freshly prepared in the centre's kitchen, and the menu was displayed in the dining room, with a choice of meals offered.

Residents were observed to be receiving visitors with no restrictions throughout the day. Some comments from families were that "we were always kept informed about mom if she required to see her general practitioner (GP)," "The centre always has a welcoming ambience," "the management team are always available and really supportive," "the staff are really nice, and they always offer refreshments when I visit my family." However, some family members commented that their complaints were not listened to in the centre. This was brought to the attention of the provider and the inspector was provided with evidence that the family's concern was being dealt with by the provider.

The next two sections of this report presents the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This is a well-governed centre, and the provider had appropriate systems in place to support the residents in their care needs. However, some actions were required to ensure full compliance with Regulations 24 and 34.

This was an announced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider of the designated centre is Sheephaven Investments Limited. The person in charge worked full-time in the centre and was found to be supported by the registered provider and other staff. There were clear deputising arrangements in place for the person in charge.

There were management systems in place to monitor the centre's quality and safety with clear lines of accountability and responsibility. This included an established audit schedule, protocols for reporting incidents and near misses, and robust risk management frameworks. The provider also had policies in place designed to promote the well-being of residents in the centre. The provider also had systems to oversee accidents and incidents within the centre. Incidents, such as falls, had been thoroughly analysed and action plans were put in place to support residents. The provider had completed an annual review of the quality and safety of care delivered

to residents in line with the national standards.

The inspector reviewed a sample of contracts and found that each resident had a signed contract of care. The contract includes details of the services to be provided and the fees, if any, to be charged for such services. However, the provider had not agreed in writing with each resident to the terms relating to how many other occupants would share the double occupancy bedroom with them, and this is further detailed under Regulation 24: Contract for the provision of services.

A centre-specific complaints policy was in place and available to staff and residents. The complaints policy identified the nominated complaints officer and included an appeals process. A summary of the complaints procedure was displayed at appropriate locations. All complaints and concerns received were logged and investigated in the centre. However, the complaint procedure of this centre did not fully meet the requirements of the regulations, and this is further discussed under Regulation 34: Complaints procedure.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required nursing and management experience and worked full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

There was a sufficient number of staff on duty and skill-mix on the day of the inspection to meet the needs of the residents. The duty rosters reviewed on the day of inspection evidenced that there was a sufficient number of nurses, care staff and activities staff on duty.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the schedule of training records and found that the provider had arrangements in place to ensure staff had access to regular and refresher training to ensure their mandatory training was up to date. All staff were up-to-date with their fire safety, moving and handling, safeguarding, and infection prevention and control training.

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| Judgment: Compliant |
| Regulation 19: Directory of residents |
| The provider had maintained a directory of residents and contained the information specified in Schedule 3 of the regulations. |
| Judgment: Compliant |
| Regulation 21: Records |
| Records as set out in Schedules 2, 3 and 4 of the regulations were kept in the centre and were made available for inspection. |
| Judgment: Compliant |
| Regulation 22: Insurance |
| The provider had maintained an insurance certificate for this centre and was available for review. The insurance included cover for public indemnity against injury to residents and other risks, including loss and damage to residents' property. |
| Judgment: Compliant |
| Regulation 23: Governance and management |
| The centre had established management systems in place to monitor the quality and safety of the service provided to residents. |
| Judgment: Compliant |
| Regulation 24: Contract for the provision of services |
| The inspector reviewed a sample of residents' contracts for the provision of care and services and found that the terms and conditions of the agreements did not include |

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| the type of room offered to the residents who were in double-bedded rooms. |
| Judgment: Substantially compliant |
| Regulation 3: Statement of purpose |
| The centre's statement of purpose contained all the information set out in Schedule 1 of the care and welfare regulations, and the provider has arrangements in place to ensure that the statement of purpose is reviewed at intervals of not less than one year. |
| Judgment: Compliant |
| Regulation 34: Complaints procedure |
| <p>The provider's complaint procedure that was available to residents was not sufficiently detailed and did not provide the information required by the regulations. For example:</p> <ul style="list-style-type: none"> • A review officer to review the outcome of a complaint had not been included in the complaints procedure. • The time frame required to conduct and conclude the review of the complaints had not been included in the complaints procedure. • The provision of a written response informing the complainant regarding the outcome of the review had not been included in the complaints procedure. |
| Judgment: Substantially compliant |
| Quality and safety |
| <p>Overall, residents were found to be supported to have a good quality of care in this centre, ensuring that their wishes and preferences were respected. However, the layout of twin-bedded rooms did not ensure the privacy needs of residents.</p> <p>Residents had access to their General Practitioners (GPs), and the inspector found evidence of regular GP visits in the centre. Residents also had access to a range of health and social care professionals, such as physiotherapists, speech and language therapist and wound care specialist nurse, and their recommendations were mentioned in residents' care plans and implemented to ensure the best outcomes for residents. Additionally, when a resident is approaching their end-of-life, the</p> |

provider had arrangements in place to ensure access to general practitioners and the expertise of a specialist community palliative care team when required. The families who spoke with the inspectors confirmed that they were well-informed of the residents' condition, and permitted to be with the residents when their condition deteriorates.

Residents had access to a choice of communal rooms, such as three large sitting rooms, a foyer, a dining room, a visiting room, and an oratory. These communal areas were well-maintained and nicely decorated and furnished. There were facilities for the safe storage of clinical equipment. The centre had adequate laundry facilities, and arrangements were in place to ensure that each resident's clothes were laundered and returned to them. The residents had access to the internal courtyard and external garden areas, which were well-maintained and safe for residents to use. The inspector reviewed a sample of residents' bedrooms and saw that en-suite showers and toilets were spacious and had grabrails in shower and toilet areas. There was a sufficient supply of piped hot and cold water, and residents had access to wash hand basins in each bedroom.

The provider had ensured that staff had completed up-to-date training in relation to the detection and prevention of abuse. Staff who spoke with the inspector were knowledgeable regarding their responsibilities in reporting and escalating any safeguarding concerns. There were clear processes in place for the management of residents' personal monies; however, the processes in place to manage the residents' pension monies were not satisfactory and required action to ensure full compliance with Regulation 8: Protection.

The residents were provided with the facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents who spoke with the inspectors expressed their satisfaction with the activities on offer. Regular residents' meetings were held in the centre, and there was evidence that residents were consulted with and participated in the organisation of the centre. Residents' satisfaction surveys were held in the centre and some residents in double occupancy rooms commented that their room was small and that they needed a bigger room. The inspector observed that the layout of two double-occupancy bedrooms did not support the privacy needs of residents when the residents required to use large assistive equipments, such as a full body hoist, stand assist hoist or large wheelchair. This is further detailed under Regulation 9: Residents' rights and Regulation 17: Premises.

Regulation 10: Communication difficulties

The provider made arrangements to ensure that residents who experienced communication difficulties had a care plan to guide staff in supporting their communication needs. Additionally, the staff who spoke with the inspector demonstrated knowledge about residents' communication needs.

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| Judgment: Compliant |
| Regulation 13: End of life |
| The provider had arrangements to ensure that residents' end-of-life care was well managed in the centre. The inspector reviewed a sample of care plans and found that the residents' end-of-life care wishes were clearly documented, to ensure that staff could provide care and support to residents in accordance with residents' personal wishes and preferences. |
| Judgment: Compliant |
| Regulation 18: Food and nutrition |
| Residents had access to adequate food and drinks in sufficient quantities. A system was in place to ensure that residents were monitored for weight loss and were provided with access to dietetic and speech and language services when required. |
| Judgment: Compliant |
| Regulation 20: Information for residents |
| A residents' guide was available and accessible for residents in this centre, which included a summary of services available, the complaints procedure, visiting arrangements, and information regarding independent advocacy services. |
| Judgment: Compliant |
| Regulation 26: Risk management |
| A centre-specific risk management policy and procedures were in place. This information included a risk register, which included assessment and review processes. Control measures to mitigate the levels of risks identified were described. |
| Judgment: Compliant |

Regulation 27: Infection control

The provider had systems in place to ensure that infection prevention and control procedures in this centre were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider was found to be working toward a restraint-free environment, and the inspector found a significant reduction in the use of lap-belts in this centre. Each resident had a full risk assessment completed prior to any use of restrictive practices, and the use of restrictive practices was reviewed regularly in this centre.

Judgment: Compliant

Regulation 8: Protection

The centre's current processes to manage residents' pension monies or social welfare payments did not adequately protect residents from financial abuse. For example, the pension monies of residents were not lodged into a separate residents' bank account in line with Department of Social Protection guidance; instead, they were directly lodged into the provider's bank account.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had not ensured that some residents could undertake personal activities in private. For example, the residents in two double-occupancy bedrooms did not have sufficient space for the resident to use assistive equipment, such as hoists and comfort chairs, without encroaching on the neighbouring resident's bed space. As a result, inspectors were not assured that residents could carry out personal activities in private.

Judgment: Substantially compliant

Regulation 17: Premises

The centre's premises did not conform to all of the matters set out in Schedule 6 of the regulations. For example, the layout of two double-occupancy rooms did not have sufficient space to ensure residents' privacy needs. Additionally, two residents mentioned that they did not have enough space in these rooms.

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 |
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| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Substantially compliant |
| Regulation 17: Premises | Substantially compliant |

Compliance Plan for Aras Ui Dhomhnaill Nursing Home OSV-0000313

Inspection ID: MON-0040226

Date of inspection: 13/02/2025

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 |
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| Regulation 24: Contract for the provision of services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The provider will update the resident's contract for the provision of care and services to include the type of room offered to the residents who live in double bedrooms. The residents contract for the provision of care and services will be numbered with the individual bed number rather than the room number for those residents living in the double rooms. | |
| Regulation 34: Complaints procedure | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure will be updated to reflect the changes on the most recently updated regulation 34. This includes the following areas: <ul style="list-style-type: none">• The review officer to review the outcome of a complaint.• The timeframes as set out in Regulation 34 in conducting and concluding the review of complaints.• The policy will now include the provision of a written response informing the complainant of the outcome of the review. | |

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| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection: The Provider is currently reviewing processes on management of pension monies. This area is being addressed on an individual basis and the plan going forward is to no longer provide the service as a pension agent for any residents living in the nursing home.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Provider continues to ensure resident's dignity and privacy is of the utmost importance and is maintained to a high standard. The bed spaces are being reconfigured in the rooms to allow for this. Privacy curtains remain in place and staff awareness and education is ongoing.</p> <p>Going forward the plan would be to try to avoid assistive hoist equipment being used in the double-occupancy rooms, as the hoist equipment, when in use, may encroach on the neighboring residents bed space.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider will reassess the admission policy and will address the profile of residents suitable for the two double-occupancy rooms. The plan is to avoid admitting residents who require hoist and comfort chair equipment into the double-occupancy rooms.</p> <p>The two residents that gave feedback on the customer survey were offered single rooms as soon as they became available, however their preference was to remain in the double room. The provider/PIC is currently reconfiguring the bedspace to avoid the encroachment of assistive equipment.</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 | 01/08/2025 |
| Regulation 24(1) | The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre. | Substantially Compliant | Yellow | 01/06/2025 |

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| Regulation 34(2)(d) | The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c). | Substantially Compliant | Yellow | 10/06/2025 |
| Regulation 34(2)(e) | The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review. | Substantially Compliant | Yellow | 10/06/2025 |
| Regulation 34(2)(f) | The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review. | Substantially Compliant | Yellow | 10/06/2025 |
| Regulation 8(1) | The registered provider shall take all reasonable measures to protect residents from abuse. | Substantially Compliant | Yellow | 01/09/2025 |
| Regulation 9(3)(b) | A registered provider shall, in so far as is reasonably practical, ensure that a resident | Substantially Compliant | Yellow | 01/08/2025 |

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| | may undertake personal activities in private. | | | |
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