### Centre details:

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Áras Mhic Dara Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000626</td>
</tr>
<tr>
<td>Centre address:</td>
<td>An Cheathrú Rua, Co na Gaillimhe, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 869 010</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:eileen.costello@hse.ie">eileen.costello@hse.ie</a></td>
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<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>JJ O’Kane</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary McCann</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<tr>
<td>Type of inspection:</td>
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<td>Number of residents</td>
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</tr>
<tr>
<td>Number of vacancies</td>
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</tbody>
</table>

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 11 August 2017 09:00 To: 11 August 2017 16:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
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</table>

Summary of findings from this inspection
The purpose of this inspection was to monitor compliance with the Regulations and assess the provider's progress in addressing actions identified subsequent to an inspection of this centre in July 2016. Aras Mhic Dara is a community nursing unit under the management of the Health Service Executive (HSE). It is situated approximately 30 km west of Galway city in Carraroe – An Ceathru Rua. It is a purpose built single-storey building opened in 1978 and is registered with the Health Information and Quality Authority (HIQA) to provide care to 47 residents. When the registration of this centre was granted by the chief inspector on the 25 June 2015 a restrictive condition (Condition 8) was attached. This detailed that the physical
environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 22 January 2015. The reconfiguration is now complete. The current layout of bedroom space is 25 single rooms, five twin rooms and four triple rooms. The premises is described in further detail under Outcome 18.

This refurbishment was to ensure the privacy and dignity of residents is protected and to increase the private space available to residents to enhance their quality of life. The centre is registered to provide care to 47 residents. There were 34 residents living in the centre, 32 of which were long stay and two were in the centre for respite care. The inspector met with residents and staff members, observed practices and reviewed care and medical documentation, staff personal files accident and incident records and records with regard to health and safety.

Residents spoken with by the inspector were complimentary of the service provided and the staff. They described the staff as kind, caring and helpful. They all stated they were well looked after and while some voiced the view that they would prefer to be living in their own home, they stated that they were well cared for and realised that it was not possible to live at home due to their current needs. The centre provides a comfortable and homelike environment for residents. There is appropriate communal space to meet residents’ needs. At the entrance there is an office area where staff are accessible to residents and visitors throughout the day. There are three communal sitting rooms and two dining rooms which give residents a choice of where to spend their time. A safe outdoor accessible area is available and it is attractively cultivated with shrubs and raised beds to provide an interesting space for residents. The area is level and provided with seating so that residents can use the outdoors safely. The premises were noted to be clean, warm and maintained in good decorative condition.

There were 11 actions in the previous action plan. Eight actions were found to have been completed. The remaining three actions were partially completed, these related to the annual review, care plans and the directory of residents.

The evidence found on inspection that supported the inspectors’ judgments was relayed to the clinical nurse manager at the end of the inspection. Areas which require review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

**Outcome 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

Copies of the statement of purpose were available in the centre.

**Judgment:**
Compliant

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**Outcome 02: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
A clearly defined management structure that identified the lines of authority and accountability was in place. Staff were clear about the management structure and the reporting mechanisms. All nursing and care staff report to the person in charge and the
person in charge reports to the provider. The provider is the Health Service Executive (HSE). There has been a change of representative for the provider organisation since the last inspection. The provider is now represented by the general manager for the Galway and Roscommon area. The person in charge was supported by a clinical nurse manager who had worked in the centre for many years and facilitated the inspection as the person in charge was on leave.

An auditing and corrective action procedure was in place to which can improve and enhance the overall quality of service and safety of the residents. This was an action at the time of the last inspection. A schedule of auditing was in place. An audit of all adverse incidents in 2016 to include slips, trips, falls and any other accident had been completed. Appropriate assistive devices to promote a safe environment were in place. This showed that these events had decreased from previous years. Other audits completed included a nutritional care review and a care plan audit.

An annual review of quality and safety of care was available. At the time of the last inspection the annual review did not show that it carried out in consultation with residents and their families and that a copy of this review was made available to residents. This remained the case.

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

**Judgment:**
Substantially Compliant

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**Outcome 04: Suitable Person in Charge**

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The post of person in charge has changed since the last inspection. The current person in charge is in post since October 2016. The person in charge was on leave at the time of inspection; however the inspector spoke with the person in charge post this inspection.

She qualified as a registered nurse in 2003 and commenced working in the centre in 2006 as a staff nurse and as a clinical nurse manager since 2015. She works full-time and has the required experience in the area of nursing of older persons. She demonstrated good clinical knowledge and was knowledgeable regarding the
Regulations, Standards and her statutory responsibilities. She completed a post graduate diploma in gerontology in 2016.

The person in charge had maintained her continuous professional development and explained that she kept her knowledge up to date. Recent course attended included cardiac first response, anaphylaxis training programme, type 2 diabetes - educational overview and workshop, introduction to clinical audit, managing risk in clinical practice and food and nutrition workshop.

She is rostered to work in a supernumery capacity five days per week to have adequate time for governance supervision and management duties. A supportive structure was in place to assist her in her role. Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland), was up to date.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
A range of documents to include nursing and medical records, staff training records the directory of residents, accident and incident records and audits. A sign-in book was provided in the entrance area to record visitors entering and leaving the building. This book was found to be up to date.

A sample of staff files was reviewed and found to be compliant with the regulations. Garda vetting was in place for all residents.

The inspector also reviewed a sample of policies and procedures as required by Schedule 5 of the regulations. All the required policies were in place.

The directory of residents was not in compliance with the regulations as it failed document when all residents returned from receiving care at the acute hospital and the
name and address of any authority, organisation or other body, which arranged the resident’s admission to the designated centre. Some deficits identified in the director of residents at the time of the last inspection had been addressed.

**Judgment:**
Substantially Compliant

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### Outcome 06: Absence of the Person in charge

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The clinical nurse manager is identified as the person to act as the person in charge in her absence. She is an experienced nurse who works full-time. The inspector was satisfied that these arrangements were suitable for the management of the designated centre in the absence of the person in charge.

**Judgment:**
Compliant

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### Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Measures were in place to protect residents from being harmed or suffering abuse. Staff had been provided with training in safeguarding vulnerable adults at risk of abuse.

All staff spoken with were clear on their role and responsibilities in relation to reporting...
abuse. All voiced the review that the care of the residents was paramount and they would report any suspicion or allegation of abuse to the most senior staff on duty at the time.

There was a policy on the management of responsive behaviour. A small number of residents presented with responsive behaviour and records indicated the use of behaviour charts to support the identification of precipitating factors to enable staff recognise triggers and try and alleviate the underlying cause of the behaviour. However some responsive behaviour support plans did not detail the reactive strategy to adapt should the resident exhibit responsive behaviour. Residents with responsive behaviour had been seen by specialist services. Staff had attended training in management of responsive behaviour.

This was also confirmed by training records. Residents told the inspector that they were well cared for and that they felt safe in the centre. They stated that staff were always around and would help you” anytime you need it”.

The staff team had successfully introduced a restraint free environment. One bedrail was in use as an enabler. Enhanced supervision, meaningful activities, adequate staff in addition to low low beds and tactile alarms and staff training all contributed to the restraint free environment.

Judgment:
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
</tr>
</tbody>
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Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the time of the last inspection the inspector found that the risk documentation failed to identify the arrangements for identification, recording, investigation and learning from serious incidents. This had been addressed. There was a centre-specific emergency plan that took into account a variety of emergency situations. An organisational safety statement with an accompanying risk register was available. This register contained risk assessments in relation to environmental risks such as tripping hazards.

Staff had received training in fire safety and evacuation and this was confirmed by staff and in training records. Staff spoken with by the inspector was clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices were displayed throughout the building. At the time of inspection all fire exit doors were free from obstruction. Fire drills were being completed regularly. However, the procedures to complete and record fire drills require review. The fire drill records did not record the
scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. No drill had been undertaken to simulate night staffing levels and in the area where the greatest number of residents would require evacuation. Additionally there was poor documented evaluation of learning from fire drills completed for staff to evaluate what worked well or identify any improvements required. Fire records showed that fire equipment had been regularly serviced.

Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments. Neurological observations were completed post un–witnessed falls to monitor neurological function. Records were maintained of accidents and incidents. Details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted.

All staff had up to date training in manual handling and in the use of the hoists.

**Judgment:**
Non Compliant - Moderate

### Outcome 10: Notification of Incidents

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector noted that a record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

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

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
At the time of the last inspection the inspector noted deficits with regard to care plans. These deficits had not been identified by way of auditing. On this inspection the inspector reviewed the care plan audit and noted that deficits identified had been addressed and while care plans were much improved since the last inspection some required further input to ensure they were more person centred and were linked to assessments. The inspector noted that the information collated as part of an assessment was not utilised to form the care plan, for example the risk of falls was not indicated. While assessments were generally completed at four monthly intervals care plans, where an event occurred for example a fall, a reassessment was not always carried out, and where it was completed the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented. Some care plans were personalised and provided adequate guidance on the care to be delivered.

Residents received a comprehensive assessment on admission and care plans were completed in response to needs identified. Allied health/specialist services such as speech and language therapy, dietetics was available and there was evidence of referral and review. A physiotherapist attended the centre six hours per week. The pharmacist provided advice and guidance on medication management. A good working relationship had been established with specialist services such as the team for old age psychiatry.

There were no residents with pressure wounds at the time of inspection.

A review of residents’ medical notes showed that residents had timely access to their GP. A narrative record was recorded for residents each day. This gave an overall clinical picture of the resident. The activity staff kept separate records with regard to social care engagement of residents. There was good evidence of transfer of information between the centre and acute healthcare providers. Discharge summaries for those who had spent time in acute hospitals were available in the medical files reviewed.

**Judgment:**
Non Compliant - Moderate

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.
Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Aras Mhic Dara is a community nursing unit under the management of the Health Service Executive (HSE). It is a purpose built single-storey building opened in 1978 and is registered with the Health Information and Quality Authority (HIQA) to provide care to 47 residents. It is situated approximately 30 km west of Galway city in Carraroe – An Ceathru Rua. The centre provides a comfortable and homelike environment for residents. The centre provides long stay residential, respite and palliative care, with day care provided five days per week for up to 18 persons. The unit provides nursing care to those whose healthcare needs cannot be met through community services, families or carers.

When the registration of this centre was granted by the chief inspector on the 25 Jun 2015 a restrictive condition (Condition 8) was attached. This detailed that the physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 22 January 2015. The reconfiguration is now complete. Changes made to the reconfiguration include changing the four quadruple bedrooms to triple rooms with full wet room style en-suites. Two single rooms which had a shared bathroom now have a designated accessible bathroom from the corridor. Three offices have been changed to single bedrooms with bathroom/toilet/shower located in close proximity. The four triple rooms have been changed to four twin rooms, two of which have full en-suite toilet, wash hand basin and shower and the other two have an en-suite toilet and wash hand basin with an assisted shower in close proximity. A further twin room with full en-suite is available. 20 single bedrooms, 18 of which have a wash hand basin in the room and two with full en-suites to include shower toilet and wash hand basin. A further two assisted toilets are available. Multi occupancy rooms were large and spacious and beds were suitably screened to provide privacy for residents. En-suites were large and accessible. All residents have an individual locker and wardrobe and space for a comfortable chair by their bed.

The laundry has been refurbished and complies with good practice in infection control procedures with a designated entry and separate exit. An oratory, two dining rooms, two sitting rooms, spiritual room, smoking room and offices were available.

The building is decorated to a good standard and is comfortably furnished. It was clean, bright and spacious with good communal space for residents. Residents had access to a suitable safe outdoor space with seating. This contained a pleasant garden with a water feature and paths which were safe for use. This was located off the sitting room therefore easily accessible. A further green accessible space was available but this requires review as some areas were uneven and would pose a trip hazard to residents. Additionally the handrails require painting into this area.

The premises were decorated to enhance orientation and promote independence for
residents with dementia. All toilet and bathroom door were green, contrasting coloured toilet seats and grab rails were positioned in bathrooms, colour contrasted grab rails were also available at the sink. Large clocks were also available. Day and residential residents mingled together. The corridors were clean and clutter free and provided a safe environment for residents to mobilise. Handrails were provided and the layout allowed for circular movement for residents and the paved courtyard garden provided for circular movement.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Since the last inspection staff end of life care plans had been developed for all residents. Where residents had expressed specific wishes these were documented. Resident’s choice regarding transfer to hospital was recorded.
There was no resident actively receiving end of life care at the time of this inspection. Evidence of a good standard of medical and clinical care at end of life with appropriate access to specialist palliative care services was described by nursing staff. Staff described how they would ensure that residents’ physical, emotional, social, psychological and spiritual needs would be met.

Staff described how they respected the wishes of residents not wanting to discuss end of life care. The assistant director of nursing informed the inspector that links were made with the local palliative care team who provided support as required. Pain assessment and monitoring charts were in place to ensure the effectiveness of any analgesia was monitored. Contact details of the local palliative care services were available in the nurses’ office.

There was an open visiting policy in place. Relatives were facilitated to stay overnight and snacks and drinks were available. A spiritual room was located in the centre. Staff stated the local parish priest was freely available to the service and knew the residents well. Details were available in the centre of other religious ministers.

Judgment:
Compliant
Outcome 15: Food and Nutrition

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

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Residents’ nutritional needs were assessed using a recognised assessment tool and there was a nutritional policy in place to guide staff. Residents were weighed monthly. Nutritional care plans required review to ensure they reflected the current assessed need and current requirements and interventions, such as updated recommendations post a reassessment and whether the resident was on a fortified diet or what type of supplements had been prescribed. Care required to be more person centred and detail residents’ likes dislikes and preferences.

The inspector observed some residents having their tea in the dining room. Staff were available to assist and monitor intake at meal times and residents confirmed to the inspector that they were happy with the food served. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids was available to catering and care staff. Residents’ likes, dislikes and preferences as to where they wanted their food to be served were documented in the care records.

Residents were offered a variety of drinks and snacks throughout the day including fresh fruit.

Judgment:
Substantially Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation

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

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This was an area that was well developed with day care and residential care run together. A comprehensive key to me – social care assessment was completed for residents on admission. Residents knew most of the day care residents as they all came from the local rural community. Many staff had worked in the centre for many years and knew the residents and their families prior to coming into the centre. Residents had opportunities participate in meaningful activities appropriate to their interests and preferences. The centre operated a flexible visiting policy and facilities were available for residents to meet visitors in private.

The centre arranges that residents can vote from the centre or are brought to the local voting station. Mass is celebrated weekly and the rosary and prayers are a daily part of the activity programme. The centre has a link for Mass to the local church and many funeral masses are relayed.

The residents' committee take place on a quarterly basis. Items discussed include activities, upcoming events and day to day running of the centre. Suggestions made are actioned on in a timely manner by the clinical nurse manager.

An advocacy service is available to residents. An independent person chairs the residents’ committee meetings. Minutes are kept of these meetings.

There was a range of activities offered including gentle exercise, arts and crafts, quizzes and live music, knitting, rosary and a trolley from the local shop comes every Friday. The clinical nurse manager day services takes a lead in activity organisation. Activities that residents had expressed an interest in were available. Siopa Eadaigh attends the centre twice yearly. This gives high dependent residents to choose their own clothes to purchase. There was evidence of consultation with residents and their representatives. Many residents told the inspector that they felt listened to and that they could raise issues with staff any time they wished.

One of the staff had recently attended training in Sonas (a therapeutic activity for residents who are cognitively impaired) training and plans were in place to commence running regular sessions.

There were some residents who could not participate in group activities. Staff informed that individual activities were available to these residents and saw evidence that these residents did engage in individual activities and staff were observed to spend time with residents and sat and chatted with residents to meet a social need. Some residents chose to spend time in their own rooms and enjoyed reading and watching TV, private praying or relaxing.

Judgment:
Compliant
**Outcome 17: Residents’ clothing and personal property and possessions**

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

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The action was addressed from the last inspection. A policy was in place for the management of resident’s possessions. Sufficient storage space was available in residents’ bedrooms which included a wardrobe and a bedside locker.

Some residents chose to personalise their rooms with pictures and ornaments. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

**Judgment:**
Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The action was addressed from the last inspection. The hours worked by the person in charge were recorded on the off duty. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix
were appropriate to meeting the assessed needs of the complement of residents accommodated. Two registered nurses were on duty at all times. The clinical nurse manager described good systems of communication to ensure updates with regard to the clinical condition of residents was communicated from one shift to the next to support staff in the provision of safe and appropriate care. In addition to daily handover meetings, there were regular health and safety meetings and staff meetings.

The staff roster accurately reflected the numbers of staff on duty. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster.

Residents spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised in the day and dining rooms at all times. Residents were complimentary of the staff and staff “they are always chatting to us, it’s a great place to be and there is always someone around”.

The normal allocation of staff on duty was three nurses in addition to the person in charge or the clinical nurse manager up to 17:00 hrs, two nurses from 17:00 hrs until 21:00 hrs. And two nurses on night duty. With regard to care staff there were generally eight care staff on duty from 08:00 to 20:00 hrs and three until 21:00 hrs and two on night duty.

Additional catering, housekeeping and administration staff are available.

A staff training programme was on-going. All staff had up to date training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, hand hygiene, introduction to dementia, continence training and nutritional care. An Bord Altranais agus Cnáimhseachais na hÉireann registration numbers were available for all registered nursing staff employed.

**Judgment:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Áras Mhic Dara Community Nursing Unit</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000626</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11/08/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02/10/2017</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

At the time of the last inspection the annual review did not show that it was carried out in consultation with residents and their families and that a copy of this review was made available to residents. This remained the case.

1. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
Quality and safety surveys were given to residents/next of kin to complete which have been returned. These have been audited and a more detailed review will be added to the annual review. An advocacy meeting was also held and minutes recorded. These will be reviewed and a detailed account will be discussed in the annual review. Once these actions are completed a copy of the annual review will be sent to Chief Inspector.

**Proposed Timescale:** 30/10/2017

## Outcome 05: Documentation to be kept at a designated centre

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The directory of residents was not in compliance with the regulations as it failed document when all residents returned from receiving care at the acute hospital and the name and address of any authority, organisation or other body, which arranged the resident’s admission to the designated centre.

2. **Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

**Please state the actions you have taken or are planning to take:**
The directory of residents has been reviewed and updated as required under regulation 19(3) of schedule 3. It is been stored with the midnight returns book so nurses ensure to fill in any changes at midnight when they fill in the number of residents in the unit at midnight. Both books are kept in the nurse’s station.

**Proposed Timescale:** 02/10/2017

## Outcome 07: Safeguarding and Safety

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some responsive behaviour support plans did not detail the reactive strategy to adapt should the resident exhibit responsive behaviour.
3. **Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**
The CNM 11 has completed an audit on all care plans and nurses were given support to enhance and individualise the care plans. A follow-up audit will be done on the changes made. Each nurse will be given assistance where needed to comply under regulation 07(1). There are study sessions organised on behaviour that challenges for any staff members who have not yet done it. Care plans are been reviewed with residents and next of kin to enhance the quality and knowledge of what the resident responds positively too.

**Proposed Timescale:** 04/12/2017

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**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The procedures to complete and record fire drills require review. The fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. No drill had been undertaken to simulate night staffing levels and in the area where the greatest number of residents would require evacuation. Additionally there was poor documented evaluation of learning from fire drills completed for staff to evaluate what worked well or identify any improvements required.

**4. Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
The local fire station officer has agreed to assist/supervise a stimulated scenario with staff twice a year. This will be timed and a written evaluation will be recorded. Addition to this, the fire and safety officer giving training on fire drills agrees that all staff will be given an evaluation sheet to complete and kept with training records.

**Proposed Timescale:** 27/11/2017
### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector noted that the information collated as part of an assessment was not utilised to form the care plan, for example the risk of falls was not indicated. While assessments were generally completed at four monthly intervals care plans, where an event occurred for example a fall, a reassessment was not always carried out, and where it was completed the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented. Some care plans were personalised and provided adequate guidance on the care to be delivered.

5. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The needs of all residents have been re-assessed and nurses are updating the care plans. A meeting was held with nurses regarding the importance of care plans to reflect any changes to care after an incident/deterioration. These actions are monitored by the CNM 11 who has done the audit on all care plans. She will work with the nurses to ensure care plans are reviewed in accordance with the regulations or more frequently when there is a change in residents circumstances. See previous outcomes (07).

**Proposed Timescale:** 04/12/2017

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A green accessible space was available but this requires review as some areas were uneven and would pose a trip hazard to residents. Additionally the handrails require painting into this area.

6. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.
Please state the actions you have taken or are planning to take:
The green area in question does not be used by resident or visitors as it is unsafe due to uneven surfaces. “Do not pass this point” signs have been placed on exit doors out into the area. Maintenance manager for the unit is aware of the work needed for this green area. A plan was completed for this area but at the time there were insufficient funds. A risk assessment has been completed and escalated to appropriate managers.

Proposed Timescale: 02/10/2017

Outcome 15: Food and Nutrition

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Nutritional care plans required review to ensure they reflected the current assessed need and current requirements and interventions, such as updated recommendations post a reassessment and whether the resident was on a fortified diet or what type of supplements had been prescribed. Care plans required to be more person centred and detail residents’ likes dislikes and preferences.

7. Action Required:
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident 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.

Please state the actions you have taken or are planning to take:
The nutritional status of each resident is reviewed using a validated nutritional screening tool. Any specific diet or therapeutic diet is recorded and updated as required in all care plans. All meals are nutritionally balanced to meet the residents dietary needs and preferences. These are revised with input from the dietician who reviews residents on a monthly basis.
Residents likes and dislikes are discussed with each resident where possible. When this is not possible the next of kin is consulted.
The CNM 11 will monitor these care plans. See previous outcome (07).

Proposed Timescale: 04/12/2017