

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:	09 April 2025
Centre ID:	OSV-0000628
Fieldwork ID:	MON-0046827

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:	8
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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
Wednesday 9 April 2025	09:00hrs to 17:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The feedback from residents about life in this centre was very positive. Residents told the inspector that they were happy, content and safe. Residents were complementary of the staff as individuals and as a group. It was evident that the residents were at the centre of all decisions made in the centre and that their choices and requests were respected. Throughout this one day of inspection, the inspector observed that social inclusion, engagements with residents and activities were deemed high priority. The communal rooms had a welcoming feel where laughter, chat and conversation was ongoing.

Following an introductory meeting, the inspector walked through the centre and spent time talking to residents and staff and observing the care environment. There was a calm ambiance in the centre throughout the day. Staff were busy attending to residents' needs, and maintained an unrushed and positive atmosphere.

Throughout the day, staff were observed to respond to residents' requests for assistance promptly. Staff told the inspector that they coordinated their tasks to ensure that they had time to engage with residents' socially. All residents who spoke with the inspector were happy with their bedrooms. Rooms had adequate space for storage of personal items and clothing. Residents could access a large secure garden.

The inspector observed that the mealtime in the centre's dining room was a relaxed and social occasion for residents, who were observed happily chatting amongst each other and with staff. The food served on the day of the inspection appeared wholesome and nutritious. When asked about the food, residents gave high praise. Choice was always offered. Staff were available to provide discreet assistance and support to residents.

The social activities in the centre were important to the residents. All staff participated in activities. Activities were discussed and planned each day. After the main meal the majority of residents put on sunhats and sun cream and spent time sitting in an open doorway exiting onto the internal gardens. Drinks and ice cream were served. The residents were observed to enjoy each others company and were observed chatting about topics of interest to them. Over the course of the afternoon, residents were observed engaged in a variety of activities including dancing, singing and card games. The staff interacted with the residents and it was obvious that they knew the residents well. Residents were observed having a thoroughly enjoyable time. It was clear that staff understood the importance of respecting each resident's individual wishes. Staff were in attendance supervising the residents at all times and were very quick to respond to residents' needs.

All areas of the centre were observed to be visibly clean and tidy and the premises was generally well-maintained on the day of the inspection. Staff were allocated to housekeeping duties on a daily basis. The premises was found to be suitable to

meet the needs of residents. There was adequate communal and dining space available to ensure that all residents had the option to spend their day in a large communal space, have their meals in a dining area or, if they preferred in their bedrooms.

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

Capacity and capability

Overall, the residents living in Aras Ronain Community Nursing Unit were supported to have a good quality of life, and their care needs were met to a high standard. The finding of this inspection was that, while the provider ensured adequate staffing levels in the centre, the staffing resources available were not adequate and required significant support from staffing agencies. This posed a risk to the consistency and quality of the service delivered.

This was a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on statutory notifications received by the Chief Inspector since the last inspection. This inspection found that the provider met the requirements of the majority of regulations reviewed, however, the provider was not in full compliance with Regulation 28, Fire Precautions and Regulation 23, Governance and Management.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure in place, both within the provider entity and the designated centre. The person in charge worked full-time in the centre. They were supported in this role by a clinical nurse manager. A registered nurse and a team of multi-task attendants, catering and administrative staff were on duty delivering the direct care. There were clear lines of accountability and staff were knowledgeable about their roles and responsibilities.

The staffing numbers on duty on the day of inspection was sufficient to meet the residents care needs. However, the provider did not have the resources in place to ensure the effective delivery of care, in accordance with the centre's statement of purpose. For example, the centre's statement of purpose outlined that five full-time nursing staff were required to meet the care needs of 12 residents. On the day of the inspection, only one full-time nursing staff was employed by the registered provider. A review of the staffing rosters found that the centre was reliant on agency staff to supplement the rosters on a daily basis. This was a risk to the continuity of care for residents. Agency staff were not routinely updating resident care plans as changes occurred. The risk associated with the staffing resourcing was

highlighted on the risk register and was escalated by the centre management team to senior management within the HSE.

There were management systems in place to monitor the quality and safety of the service, however, the lack of consistency of nursing resources resulted in incomplete documentation relating to clinical audits and management meeting records. This posed a risk to effective communication and ongoing quality improvement in the centre.

All staff were up-to-date with training in moving and handling procedures, fire safety and the safeguarding of residents from abuse.

The registered provider maintained a directory of residence in the centre which contained all information, as specified under Schedule 3 of the regulations.

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.

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. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all the information specified in paragraph 3 of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure that the centre had adequate resources in place to ensure the effective and consistent delivery of care, in accordance with the centre's statement of purpose. A review of the roster found that there was inadequate levels of nursing staff available to ensure that rosters could be consistently filled.

The management systems in place to ensure that the centre was safe and effectively monitored were not robust. For example, a schedule of clinical audit was incomplete, and management meetings were not documented.

Judgment: Not compliant

Quality and safety

Overall, residents' health care needs were delivered to a high standard of evidenced-based care and support. Residents reported feeling safe living in the centre. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. While some progress had been made in relation to the management of fire precautions since the last inspection, this inspection found repeated non-compliance under Regulation 28: Fire precautions.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Fire drills were completed to ensure all staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency. All resident files had a completed personal emergency evacuation plan in place. However, the emergency lighting that was required to illuminate the route of escape in the event of a fire evacuation at night was not visible from within the resident bedroom corridor. In addition, the emergency fire exit at the end of this corridor was not wheelchair accessible and on opening the door there was a drop onto a path. This was a potential risk to resident safety in the event of an evacuation.

Care planning documentation was maintained on a paper-based system. Following admission to the centre, a range of clinical assessments were carried out for each resident, using validated assessment tools. These assessments were used to inform the development of care plans which addressed each resident's individual health and social care needs. While the inspector observed delays in the development of some care plans, the sample of care plans reviewed were found to be person-centred and contained adequate information to guide the care. Progress notes reflected each resident's current health status.

Residents who were assessed to be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well-documented and known to the staff.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health-care needs. Arrangements were in place to refer residents to health and social care professionals for further assessment and treatment, as needed. From a sample of files reviewed, it was evidenced that recommendations from allied health professionals were implemented to improve residents' health and well being.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Residents' rights were respected and residents were encouraged to make choices regarding their lives in the centre. Residents had opportunities to provide feedback to the management team regarding the quality of the service, through, for example, the completion of satisfaction surveys. Residents had access to local and national newspapers, internet, television and radio. There were arrangements in place to ensure that residents were informed of, and were facilitated to access, advocacy service.

Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area, if they wished.

The ethos of care in the centre was person-centred. Residents' rights and choices were respected and upheld, and their independence was promoted. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice in their daily lives and routines. For example, residents could retire to bed and get up when they chose. Residents were satisfied with the availability of storage and accessibility of their clothing and personal belongings. All laundry was completed on site and residents were satisfied that their clothing was returned in a timely manner.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings.

Residents were satisfied with the laundry service.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 28: Fire precautions

There were inadequate arrangements were in place to ensure the safe evacuation of residents in the event of a fire. This was evidenced by;

- the emergency lighting was not visible from within the resident bedroom corridor.
- the emergency fire exit at the end of the resident bedroom corridor was not easily accessible to all residents as there was a requirement to step out onto an outside path from the door. This was a potential risk to resident safety in the event of an evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and health and social care professional services, in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy and procedure in place which was known to staff. Staff demonstrated awareness in relation to how to keep residents safe, and could clearly describe the reporting mechanisms, should a potential safeguarding concern arise.

The provider did not act as a pension agent for any residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by the minutes of residents' meetings. The residents had access to local newspapers, radios, internet access, telephones and television.

The inspector found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents.

Advocacy services were available to residents as required and were advertised on notice boards in the centre, along with other relevant notifications and leaflets.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Áras Ronáin Community Nursing Unit OSV-0000628

Inspection ID: MON-0046827

Date of inspection: 09/04/2025

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
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staff Nurse Recruitment campaign underway since Friday 9th May 2025 to try and alleviate the staff nurse shortage in Aras Ronan CNU.</p> <p>We book the same Agency staff nurses, when possible, to maintain consistency in service provision and person centered care. A number of existing agency staff have been working consistently in the centre for over 12 months.</p> <p>All regular agency nurses have access to the HSE computer to review and update resident's care plans and risk assessments as required.</p> <p>DON to ensure a record of all governance meetings with management to be maintained onsite going forward. Existing emails on management issues and consultations between the centre and management off site will be printed out and held on file.</p> <p>Clinical audits have been undertaken since the DON has returned to duty. A robust clinical audit schedule is in place.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Maintenance Department have engaged a contractor to complete this work.</p> <p>Estates are planning to install a new emergency fire exit lighting throughout the building.</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 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/05/2025
Regulation 28(1)(b)	The registered provider shall provide adequate	Substantially Compliant	Yellow	01/09/2025

	means of escape, including emergency lighting.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/11/2025