

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Ros Aoibhinn Nursing Home
<b>Centre ID:</b>	OSV-0000276
<b>Centre address:</b>	Irish Street, Bunclody, Wexford.
<b>Telephone number:</b>	053 937 7850
<b>Email address:</b>	aidansawyer@outlook.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Aidan Sawyer
<b>Provider Nominee:</b>	Aidan Sawyer
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	4

## **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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
19 June 2017 09:30	19 June 2017 18:30
20 June 2017 09:30	20 June 2017 15:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

As part of the registration renewal process, interviews were carried out with the newly appointed person in charge, the clinical nurse manager who deputises in her absence and the person authorised to act on behalf of the provider.

The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate. In total 13 questionnaires were returned. Questionnaires were mainly positive. Residents were satisfied with the service provided with comments such as 'staff have an interest in my health and welfare'. All

were complimentary about the food. One resident said the 'atmosphere was easy and pleasant' while another said staff do 'everything possible and a lot extra'. All residents said they felt safe. One relative simply stated that this was her mother's home.

Ros Aoibhinn is a purpose-built two-storey centre which provides residential care for 30 residents. It was found to be clean, comfortable and welcoming.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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. Actions required from the previous inspection had been addressed.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Fire safety procedures were in place. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment practices.

The health needs of residents were met to a high standard. The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care. The inspector was satisfied that at the time of inspection, medication management practices were safe.

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents. Residents' privacy and dignity was respected. Residents were consulted with and participated in the organisation of the centre.

These are discussed further in the body of the report. No actions were required from this inspection.

**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):**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the regulations.

The provider understood that it was necessary to keep the document under review and it had recently been updated to reflect the changes in management.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in

place to support and promote the delivery of safe, quality care services.

The inspector found that there was a clearly defined management structure which was outlined in the statement of purpose.

Clinical audits were carried out that analysed accidents, complaints, care plans, the use of restraint and others. This information was available for inspection. Annual reviews of the quality and safety of care delivered to residents were completed. There were systems in place to monitor dependency levels, the usage of medications, pain monitoring, antibiotic usage etc.

There was evidence of consultation with residents and their representatives both through questionnaires and at residents' meetings. Interviews with residents and relatives during the inspection were positive in respect of the provision of services and care provided.

**Judgment:**

Compliant

***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 newly appointed person in charge is a registered nurse and has the required experience in nursing older people and worked full time in the centre.

During the inspection she demonstrated that she had sufficient knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre.

The person in charge had maintained her continuous professional development having completed a management and leadership course and is currently undertaking a management and business degree. She continues to attend clinical courses such as dementia care.

**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):**

No actions were required from the previous inspection.

**Findings:**

The documentation to be kept at the designated centre was available for inspection.

Records listed in Schedules 2, 3, 4 and 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, the directory of residents and statement of purpose. Staff were aware of the periods of retention for the records which were securely stored.

The centre's insurance was up to date.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge  
The Chief Inspector is notified of the proposed absence of the person in charge from the designed 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 provider was aware of the regulatory requirement to notify the HIQA should the person in charge be absent for more than 28 days. The provider informed the inspector that the clinical nurse manager (CNM) was now actively involved in supporting the person in charge in the management of the centre and deputised in the event that the

person in charge was absent from the centre.

The inspector met with the CNM during the inspection and was satisfied that she was aware of her responsibilities and had a detailed understanding of the regulations and standards.

**Judgment:**

Compliant

***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:**

The inspector found that measures were in place to protect residents from being harmed or abused.

Improvement continues around the use of bedrails and usage was now low. Appropriate risk assessments had been undertaken. There was documented evidence that various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds and floor mattresses had also been purchased to reduce the need for bedrails. Safety checks were completed hourly when bedrails were in use. Detailed care plans were in place which provided sufficient guidance to staff.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. Detailed care plans were in place. The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. The inspector saw that additional support and advice were available to staff from the psychiatric services.

There was a policy which provided guidance for staff on managing incidents of abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidents.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Further training was planned. Staff were fully knowledgeable regarding reporting the procedures and what to do in the event of a disclosure.

The inspector reviewed the management of residents' finances and possessions and was satisfied that these were managed in a safe and transparent way.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

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

**Findings:**  
The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. The inspector read the risk management policy which met the requirements of the regulations. The risk register was updated on a regular basis.

Robust procedures for fire detection and prevention were in place. Servicing records were up to date. Fire drills were carried out on a regular basis and when required action plans were put in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as weather warnings, flood or power outage. There was an emergency box for use which contained torches, high visibility jackets, staff and emergency telephone numbers and a first aid kit. In addition alternative accommodation for residents was specified should evacuation be required.

**Judgment:**  
Compliant

***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures***

**for medication management.**

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that at the time of inspection, medication management practices were safe.

The inspector reviewed a sample of administration and prescription records and noted that they were in line with national guidelines.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with relevant regulations. The inspector checked a sample and found balances to be correct.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. The inspector saw that the pharmacist also met with individual residents as required.

A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures which had daily checks, were within acceptable limits at the time of inspection. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by appropriate evidence-based nursing, medical and allied health care.

On admission to the centre each resident's needs were comprehensively assessed. Each resident had a care plan completed. This identified their needs and the care and support interventions to be implemented by staff to meet their assessed needs. Written evidence was available to show that residents or relatives were involved in the four monthly reviews.

The inspector reviewed the management of clinical issues such as wound care, diabetes, weight loss and dementia care and found they were well managed and comprehensive policies were in place to guide practice.

Residents spoken with were satisfied with the service provided. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services were available on referral including physiotherapy, speech and language therapy (SALT) and occupational therapy (OT) services. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

The inspector noted that the care plans were updated to reflect recommendations by other health professionals.

**Judgment:**

Compliant

***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):**

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

**Findings:**

The layout and design of the centre was suitable for its stated purpose and met the needs of the residents.

As described in the previous inspection report, Ros Aoibhinn is a two-storey building

situated on the outskirts of the town. The inspector found that the premises was well maintained and homely in décor and furnishings.

Bedroom accommodation consisted of 4 single rooms and 13 twin rooms. The size and layout of bedrooms met the needs of the residents. Adequate screening was available in shared rooms. There was an adequate numbers of toilets and bathrooms for residents' use.

Dementia friendly signage was evident around the centre and contrasting colours were in use to assist residents' orientation. This was an action required from the previous inspection.

There is a chair lift available to assist people to navigate between two floors and the provider discussed plans which were at planning permission stage, to put in a full sized lift. It was also proposed that, at that time, the laundry which was quite small will be relocated to a larger upstairs area. Additional staff facilities will also be provided. The proposed timescale for completion of these works is 20 months.

There was adequate communal space. The inspector found that there was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing was up to date. There was adequate storage for equipment.

Although not very wide, corridors and walkways which were fitted with handrails, were clear and uncluttered to ensure resident's safety when mobilising.

There is an internal courtyard area that had been landscaped since the previous inspection. The inspector noted that it was a popular spot for residents and relatives and provided a safe walkway if needed.

There are extensive grounds around the centre which are currently not in use by residents as major landscaping and tree maintenance is underway. Arrangements were in place for the disposal of general and clinical waste.

Adequate parking was available at the front of the building.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the complaints of each resident, his or her family, advocate or representative and visitors were listened to and acted upon and there was an effective appeals procedure.

There was a complaints policy in place which met the regulatory requirements. A copy was on display in the centre. A review of complaints recorded to date showed that they were all dealt with promptly by the designated complaints officer. The outcome of the complaint and the level of satisfaction of the complainant were documented. There was an appeals process if needed.

**Judgment:**

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):**

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

**Findings:**

The inspector was satisfied that residents' privacy and dignity was respected. Residents were consulted with and participated in the organisation of the centre.

It was noted at the previous inspection that some improvement was required to ensure the activities available reflected the capacities and interests of each individual resident. At that time also there was limited evidence that residents with dementia were consulted about the organisation of the centre. The inspector saw that these had been addressed.

'My Life Story' was completed for each resident and this included details of residents' likes and dislikes, previous interests and hobbies. The activity programme was on display and included music, bingo, arts and crafts and religious ceremonies. Detailed records were maintained of residents' participation or otherwise in the various activities.

There was a residents' committee in place. Residents were encouraged and facilitated to

be involved in the running of the centre. Residents told the inspector that they could bring up any subject with the staff. The inspector read the minutes of the residents' meetings and saw that discussion took place at each meeting regarding activities and menu choices.

There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends although some residents told the inspector they like going home for day trips with their family. Advocacy services were available.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' rights to refuse treatment or care interventions were respected. The inspector saw this documented as needed in residents' care plans. The inspector saw that mass was celebrated on a weekly basis and residents told the inspector how important this was to them. Church of Ireland ministers visited as required.

**Judgment:**

Compliant

***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 inspector was satisfied that at the time of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services.

The inspector examined a sample of staff files and found that all were complete. A satisfactory history of gaps in employment was now included and this had been identified as an area for improvement at the last inspection. The recruitment policy met the requirements of the regulations.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly

enjoyed and appreciated. The inspector saw that they were vetted appropriate to their role and their roles and responsibilities were now set out in writing as required by the regulations. This had been identified as an area for improvement at the last inspection.

Assurance was given by the provider nominee that Garda Vetting was in place for all staff.

The inspector confirmed that up-to-date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed that absences were covered.

Staff training records demonstrated a commitment to the ongoing maintenance and development of staff knowledge and competencies. Staff spoken with confirmed this. Training undertaken included infection control, nutrition, end-of-life care and dementia care.

**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:***

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Health Information and Quality Authority