

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Aras Ui Dhomhnaill
<b>Centre ID:</b>	ORG-0000313
<b>Centre address:</b>	Loughnakey, Milford, Donegal.
<b>Telephone number:</b>	074 91 63288
<b>Email address:</b>	info@sheephavenhealthcare.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sheephaven Investments Limited
<b>Provider Nominee:</b>	Catherine Anne McGilloway
<b>Person in charge:</b>	Catherine Anne McGilloway
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	31
<b>Number of vacancies on the date of inspection:</b>	6

## 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.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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 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:
29 January 2014 09:00	29 January 2014 17:00
30 January 2014 09:00	30 January 2014 15:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

As part of the application for renewal of registration the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspector reviewed this documentation and during the inspection which formed part of the renewal procedure inspected the premises, observed care practice, reviewed care and medical records, incident reports, policies and procedures and recruitment practices. Discussions took place with residents to establish their views on the services provided.

The fitness of the provider and the person in charge was determined by interview when they took over operation of the centre and subsequently through ongoing

regulatory work, including subsequent inspections of the centre and compliance with matters arising from inspections. The provider, person in charge and deputising person in charge demonstrated their knowledge of the legislation and standards throughout the inspection process. They promoted a philosophy of care which is person centred, informed by good practice standards and the views of residents and relatives.

The inspector found that residents and relatives were positive in their feedback to the Authority and expressed satisfaction with the facilities, care provided and relationships with staff. Residents told the inspector that they were enabled to have a good quality of life in the centre. They said there was always someone to talk to, that regular activities took place, that routines reflected their choices and that the meals provided were of good quality and varied according to their choices. All residents expressed satisfaction with their rooms and said they had good standards of comfort and that rooms were always warm and very clean. The experiences of residents were monitored to enhance the quality of care provided informally through discussion and formally through residents meetings.

The provider had ensured good access to nursing, medical and allied health care professionals. The administration of medicines was satisfactory with some minor adjustments needed to ensure practice adhered to established guidance and standards. There were measures in place to protect residents from being harmed or suffering abuse. From an examination of the staff duty rota, communication with residents and staff the inspector formed the view that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents safely. There were good systems in place to enable residents to communicate effectively. Communication cards were used regularly by residents to communicate with staff and skype facilities were available to keep in contact with family and friends.

Aras Ui Dhomhnaill nursing home has capacity for 48 residents and provides long term, convalescent and respite care to dependent persons. The centre is currently registered to accommodate 37 residents. The application to renew registration requested that the capacity be increased to enable the centre to accommodate 48 residents. The building is modern, well maintained, has appropriate lighting and a range of communal areas that residents were noted to use throughout the day. There were policies, procedures, systems and practices in place to assess, monitor and address potential risks with a view to controlling or eliminating them. Premises issues identified during previous inspections were minor and had been addressed.

Matters arising from the previous inspection carried out on 16 April 2013 were satisfactorily addressed.

Overall, the centre was operating to a good standard and was found to be largely in compliance with the Regulations. The action plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The actions required included improvements to the

emergency plan and to some policies and procedures to ensure they effectively guide staff and reflect current evidence based practice.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose which outlined the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

A copy of the statement of purpose was available for the inspector during the inspection. The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

The inspector examined a random sample of residents' contracts. These had been

agreed with the residents and/ or a family member within one month of admission to the centre and included details of the services provided and the fees charged. There was however no information on services or items that would incur extra charges included with the contracts.

An action plan in the last report required that the provider's details were included in contracts as well as the name of the centre. This information was now stamped on contracts.

### **Outcome 03: Suitable Person in Charge**

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

#### **Theme:**

Leadership, Governance and Management

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

There had been no change to the person in charge arrangements since the last inspection. The centre was being managed by a suitably qualified and experienced nurse and operates the business jointly with her husband. She is a registered nurse and has the required experience of working with older persons. She works full time in the centre. During the inspection she demonstrated that she had good knowledge of the regulations and standards relevant to the operation of a designated centre.

She is supported in her role by the senior staff nurse who takes charge in her absence. The management team is supported by nurses, care staff, the administrator, maintenance, kitchen and domestic staff. Staff were familiar with the organisational structure and confirmed that good communications exist within the staff team. The person in charge and staff facilitated the inspection by providing the documents required, having good knowledge of residents' care and conditions and by participating in discussions about aspects of the service.

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**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

There were good administrative systems in place. The inspector found that the records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Records and documents were carefully filed and maintained in a secure manner.

The directory of residents and records in relation to residents were complete and up to date.

All of the written operational policies as required by schedules 3, 4 and 5 of the legislation were available. While the majority of policies and procedures provided adequate guidance for staff there were some that required amendment to reflect up to date practice. For example the nutrition policy required alteration to include how nutrition assessments inform practice and what trigger factors should alert staff to monitor nutrition intake more closely. The end of life care policy needed review to guide staff effectively through end of life stages and the emergency plan needed revision to provide staff with information on alternative facilities if the centre had to be evacuated.

The inspector examined the documents to be held in accordance with schedule 2 for all persons working at the centre. Four staff files were reviewed and all contained the required documents.

The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors. Appropriate insurance was in place for residents' personal effects.

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**Outcome 05: 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge were aware of their responsibility to notify the Chief Inspector 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 her absence.

The senior nurse takes charge when the person in charge is off duty. She was competent in her role, aware of the regulation that applied to the person in charge and could provide a comprehensive overview of how the centre operated.

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy that provided guidance to staff on the assessment and management of varied types of abuse. However, the policy and associated procedures needed review to effectively guide staff in a range of situations that can arise such as financial or sexual abuse.



The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussions with the inspector some staff members demonstrated their knowledge regarding reporting arrangements within the centre and the actions they would take in the event of a disclosure about actual, alleged, or suspected abuse. Residents told the inspector that they were able to talk to staff freely and three residents interviewed were clear about how they would raise any issues that concerned them.

The centre was safe and secure. There was a monitored entrance and a record of visitors was maintained to determine the movement of persons in and out of the building. Other exit doors were alarmed.

There was a system in place to ensure residents' finances were appropriately accounted for and safeguarded. The provider does not manage residents' pensions or act as agent for residents. There is an account established where small amounts of money is held for residents. All monies received for safekeeping is accounted for through a receipt system from a duplicate book. There were two signatures for transactions. Monies are held on a computerised accounts system where each individual's money can be identified. Relatives are updated regularly regarding the balances of money held for residents.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Compliant

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

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

### **Findings:**

The health and safety of residents, visitors and staff was promoted and protected. There was a risk management system in place and a health and safety committee comprised of the provider, person in charge and maintenance staff reviewed health and safety matters at intervals.

Regular inspections the fire alarm system, fire alert equipment and fire escapes were maintained by staff. There was evidence that staff had opportunities to participate in fire safety and fire prevention training during 2013 and 2014. The inspector saw that fire drills and fire evacuation training had taken place on 21 and 27 November and on 21 January 2014. Staff could explain the actions they were expected to take if the fire alarm was activated. All fire drills were recorded and twice a year the training includes an exercise where staff role play an evacuation.

Fire action signs and fire exit routes were displayed in various parts of the building.

There were magnetic hold open devices on internal doors. Emergency lighting was provided throughout the building. The inspector noted that fire alert equipment, fire extinguishers and the fire alarm were serviced regularly on a contract. The fire officer from the local council had been to inspect the centre earlier in January and had requested that a site specific assessment form was completed which will be held in the local fire station for use in an emergency.

Risk management policies, procedures and systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. An inspection of the premises showed that there were measures in place that took account of risks associated with the environment. There was an emergency call bell system available throughout the centre, handrails were provided in corridor areas and grab support rails were available in shower and toilet areas. Equipment such as specialist beds were checked and serviced regularly. Hoists and other equipment such as suction machines and nebulisers were serviced on a contract basis and this work had been completed during June and October 2013 according to records.

There were regular checks of unoccupied rooms and water outlets were activated regularly to ensure that legionella bacteria did not accumulate. These checks and activations were recorded. Room temperatures were monitored to ensure all areas were appropriately heated for residents comfort. An emergency plan was in place. At the last inspection it was identified that staff were not fully familiar with the plan and while the inspector found that staff knew the procedures the plan was noted to require review as alternative accommodation was reliant on being able to contact relatives. There was no local facility identified to move residents to if needed and the inspector concluded that an arrangement to ensure safe timely evacuation should be in place.

Resident's needs in relation to falls and mobility had been risk assessed to indicate the equipment necessary and the number of staff required to safely transfer residents. This information was reviewed and updated as residents needs changed and at three month intervals if the situation was stable. The inspector observed staff transferring residents from wheelchairs to dining room chairs and arm chairs. Moving and handling had been identified in the last report as unsafe. These manoeuvres were carried out satisfactorily and in accordance with good practice guidance.

The centre was clean, tidy and well organised when inspected. Cleaning staff were noted to carry out their duties safely. Chemicals and equipment was not left unattended and standards of hygiene were noted to be satisfactory. There was a routine system to identify maintenance problems which were identified for attention to maintenance staff.

There was equipment for staff to use in an emergency. This included resuscitation equipment and it was readily accessible in an emergency box that was located in the nurses' office. Basic cardiac life support training had been provided for staff.

The centre was clean and well maintained. There was household and maintenance staff on duty. In conversation with the inspector cleaning staff could describe the equipment and methods used to clean residents' bedrooms and communal areas. She could outline the actions to take if there was an episode of infection and the work practices in place reflected good practice guidance.

## **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Minor

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

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

### **Findings:**

The inspector found that there was a policy on medication management and procedures to guide nurses which they were using to guide practice. This included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medications.

The inspector observed that nurses who had responsibility for medication administration carried out this role safely. Prior to administering medicines to residents the inspector observed that staff nurses consulted with residents and discussed some of their medications with them. Residents with similar names were identified to reduce the possibility of error. There was evidence that residents' doctors reviewed medicines at the required three month interval. Residents were encouraged to manage their own medication and secure systems were in place to support them to do this safely. Audits of the medication system had been carried out by the person in charge and her deputy to highlight practice issues and control risks.

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 the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined a number of medicines available and the quantities available corresponded to the register.

An action plan in the last report identified that medications that had to be crushed were not identified individually and that topical gels were not dated when opened. These matters had been addressed. There were however other areas that needed attention. The maximum dose of medication prescribed on an "as required" basis was not always outlined although the number of times the medication was to be given was outlined and there were some block signatures for prescribed medication however the inspector acknowledges that the provider had made significant efforts to address this.

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**Outcome 09: 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

**Judgement:**

Compliant

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

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

**Findings:**

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. An action plan in the last report required that all serious incidents were appropriately notified and that adequate details of the events were supplied. These actions had been addressed. Notifications of serious injuries were accompanied by the accident report which contained details of the events and actions taken.

The inspector found that incidents had been recorded and management systems were in place to alert staff to notify the Authority of serious incidents within three days. Quarterly reports had been provided as required.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that there were systems in place to review the quality and safety of care and the quality of life of residents in the centre. There was a record of falls and related events such as slips and trips and the information available conveyed these events were analysed for trends. There had been an incremental improvement from one review to the next. Audits of other aspects of the service such as hygiene standards and

adherence to infection control procedures were also completed.

There was regular consultation with residents through the regular residents meetings and with relatives on their behalf if there were problems associated with poor communication pathways. Interviews with residents and visitors during the inspection and questionnaires returned to the Authority from residents and relatives were positive about all aspects of the service particularly the support from staff and the facilities available.

A report in accordance with regulation 35 –Review of the Quality and Safety of care and Quality of Life of Residents had not yet been compiled.

### **Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

The centre provides care to residents who have a range of care needs. At the time of the inspection there were no residents of maximum dependency, twenty one residents were in the medium and high care categories and eleven residents were assessed as having low care needs. The majority of residents were in advanced old age with seven residents aged over 90 and seventeen aged between eighty and ninety. The inspector reviewed a sample of five residents' care plans, discussed care practice with residents and staff and was satisfied from the information provided that the nursing and medical care needs of residents were assessed appropriately and that interventions/treatment plans were implemented in accordance with good practice guidance. For example, there was information which described residents' choices in their daily routines, risk assessments to determine dependency levels, individual moving and handling requirements, vulnerability to falls, nutrition and continence needs and the risk of pressure area problems.

There was evidence of appropriate medical and allied health care for example, referrals to the allied health professionals had been made where required.

#### Pre admission assessments:

The person in charge told the inspector that all residents were assessed prior to their admission and that meetings were also arranged with family members where possible to ensure that a comprehensive assessment of residents needs could be completed and so that she could determine if the centre was an appropriate setting to meet their needs and that current residents needs would not be compromised by the admission. The assessment was completed on admission to the centre. Copies of information and transfer documentation to and from other health establishments were available to inform assessments.

#### Assessment and care planning:

The inspectors reviewed five care records in detail and aspects of other care files were reviewed. The inspector found that all residents had care plans and that a summary/ shorter version was available for staff to guide day to day practice and outline residents' preferred routines. There was information that confirmed that a range of assessments were carried out for each resident. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate vulnerability to falls. The inspectors noted that where care plans were reviewed there was evidence that when the review was undertaken that the resident and their relative/s had been consulted. Their contribution and views were included in the care record and used to inform staff actions. Care plans were found to direct care appropriately and to reflect residents' assessed needs.

The daily records maintained by nursing staff reflected residents care and treatment plans. Nurses described aspects of physical care and the social and psychological support provided to ensure residents wellbeing.

#### Wound Management:

Wound prevention and management was informed by the use of an evidence based assessment tool. There were five wounds that had required attention recently. Three related to superficial skin breaks, one related to an injury consequent to a fall and another related to a pressure area problem. There were records that indicated the extent of the wounds, changes at each dressing and the plan for management. Photographic evidence of wounds was provided to a tissue viability nurse when expert advice was required.

A care plan was in place to support wound care. A range of pressure relieving mattresses was in use and was noted to be appropriately set in accordance with residents' weights. Specialist pressure relieving cushions were also in use when residents were sitting out of bed.

#### Rehabilitative care:

The inspector reviewed the management of residents who were frail, who spent long periods of time in bed or who used specialist seating. There were position change charts

in place to ensure their comfort. The inspector noted that staff went to see residents who spent time in their rooms and carried out planned care as scheduled including ensuring that residents had adequate fluids and nutrition.

#### Access to other health professionals:

The centre had good access to medical and allied health professionals. Doctors reviewed residents care regularly and residents said that if they wished to see the doctor that this was arranged by staff. The services from allied health professional were available from the community Health Service Executive and on a private basis. The person in charge confirmed that they had input from staff from the psychiatry of later life team to assess specialist care issues and dementia care needs.

#### Restraint:

Restraints in use included bedrails. The policy on restraint was based on the national policy that promoted a restraint free environment. Two staff had completed the train the trainer course on restraint. Care plans in relation to restraint were reflective of current practice, for example, risk assessments provided a consensus judgement by the nurse, general practitioner, and relative/resident that the intervention was the most appropriate option, was the least restrictive solution and was being put in place to address safety concerns.

If a bedrail was used as an enabler the use of bedrail was outlined as a support to the resident. A review process was in place. In an interview with the inspector a resident said that she felt safe and said that staff ensured that her chair was comfortable and suited her needs.

#### Infection control:

Staff were aware of residents where infection control issues sometimes arose. There was ongoing training on this topic with 20 staff recorded as having attended training in 2013 and 2014. A link nurse had been identified to undertake the regular audits and coordinate training for staff. There were no active infection control problems being addressed during the inspection.

#### Social care:

Residents told the inspector that there were plenty of activities that kept them occupied and entertained. The regular activities included music, newspaper reading, art and crafts. Residents told the inspector that they did seasonal activities and were due to make crosses for St. Bridget's Day later in the week. The art session was very popular and residents told the inspector that they "never thought they would be able to do anything artistic". This class was facilitated by a local artist on Saturday mornings. Residents' paintings had been framed and were on display throughout the centre. The centre was included in the route for the mobile library which was as one resident described "much appreciated as it allowed them to choose their own books and order books from favourite writers". The inspector saw that residents were occupied with

varied activities such as music and mass during the inspection days. Outside the formal activities they were reading papers both local and national, knitting, and chatting together. Staff were also engaged playing board games and doing manicures for other residents.

From the documentation and information provided by residents the inspector saw that there were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. Residents told the inspector that they enjoyed the regular religious services which were meaningful to their lives while others said the regular activities and being able to go out with family and enjoy social events meant that they had plenty to do.

Residents' social care needs and interests were reflected in their care plans.

### **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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

#### **Theme:**

Effective Care and Support

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

The centre is a modern purpose-built, single-storey building comprising of 44 single rooms and two twin rooms. All bedrooms have an en suite toilet, shower and wash hand basin. It is well designed, provided an appropriate comfortable environment for residents and met the specifications outlined in the National Care Standards for residential Care Services for Older People in Ireland.

There is a spacious and well furnished reception area inside the front door which serves as a central hub and links the main hallways, communal sitting and dining areas and office spaces. Several sofas and armchairs were provided in this area and it was well used by residents during the day as a place to meet others and chat or to read the papers. Other facilities included an oratory, a well equipped hairdressing salon, treatment and visitors' rooms. There are also two conservatories, one located on either side of the building provide residents with views over the surrounding countryside.

The hallways throughout the centre were wide and provided safe unobstructed areas for walking and for manoeuvring equipment. Safety features such as handrails are fitted along each side. A laundry, sluice and staff changing facilities are provided on site and



were appropriately equipped. Toilets and bathrooms had safety features such as handrails, floor level showers and accessible baths.

There are two internal courtyards with garden furniture that had been made attractive and interesting for residents by the addition of planter pots. Residents and relatives were positive in their comments about the premises in feedback provided to the Authority.

The centre was clean, very well maintained and many residents rooms had been organised to meet their needs and personalised with their own photographs, ornaments and possessions according to their wishes. There was a range of soft furnishings that were attractively coordinated which added to the sense of comfort of the environment.

### **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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. This had been reviewed in April 2013 and was scheduled for review again next year. This was displayed in a prominent position and residents that the inspector talked to were aware of the process and identified staff they would tell if they had a concern or complaint. The inspector examined the complaints record and this showed that the four complaints made during 2013 were promptly investigated and outlined the outcome for the complainant. A range of matters including issues related to dining room arrangements and personal care issues had been addressed.

The complaints procedure needed amendment to identify the nominated person in the centre with responsibility for complaints and the information related to the role of the Authority needed to be revised.

### **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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

In the review of a sample of care records the inspector found that end of life care wishes had been discussed with residents and where this was not possible with family members. There was information in records that indicated that residents' wishes, family discussions and medical reviews had contributed to the decisions regarding end of life care.

At the time the inspection there was one resident receiving end of life care. The care plan outlined her needs to be comfortable, pain free and cared for in the centre.

Staff told the inspector that relatives and visitors were always accommodated and facilitated to stay in the centre as long as they wished when residents were ill or at end of life. As all rooms were currently single occupancy privacy and dignity could be protected. Spiritual care was provided according to their wishes and normal practices.

The inspector reviewed two care records where non active interventions to prolong life had been outlined. While there was information in one record that indicated that this had been a multidisciplinary decision the information in the other record was not as comprehensive. The decisions made were noted to have been reviewed regularly and updated. The policy on end of life care was reviewed and while it provided guidance on a range of aspects related to end of life care it needed revision to include how decisions on non active interventions were made, indicators for referral to the palliative care team and indicators for when end of life care became care of the dying.

**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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents had varied and wholesome food that reflected their choices and that vulnerable residents had appropriate additional supports to ensure they had adequate nutrition. Residents told the inspector that they were very satisfied with the food provided. They said that there were choices at main meals every day and there was an emphasis on home cooking with seasonal changes. Their opinions and views on menus were taken in to account and changes had been made to the dining arrangements at their request.

There were two dining areas which were attractively laid out and provided sufficient space for residents to eat together in comfort. Dining tables were appropriately laid with attractive crockery, table cloths and table mats. There was a menu board prominently displayed that outlined the choices for meals. Staff discussed the options with residents and prepared and served meals accordingly. Catering staff interviewed had good knowledge of residents needs and said they facilitated personal preferences and choice as much as possible. For example on the second day of the inspection a pudding made with carrageen moss was served in response to requests. The menu rotated on a three week cycle and reflected a commitment to home cooking. Soup, bread, scones and tea cakes were available daily and were home made.

Catering staff had records of residents who required specialist diets, fortified foods or meals of different consistency. There were five residents on diabetic diets, two on weight reducing diets and five residents had pureed meals. The inspector observed the lunchtime meal and saw that the food was attractively presented and well received by residents. Staff offered assistance to residents in a discreet and sensitive manner.

Residents who were vulnerable to fluctuations in weight were closely monitored and there was access to a dietician at the local health centre. Residents were provided with a variety of drinks and snacks throughout the day in addition to main meals. The person in charge was aware of the themed inspection programme introduced by the Authority. The inspector found the nutrition policy needed some adjustments to effectively guide staff such as information to prompt further weight monitoring, the use of fortification of meals before supplements are introduced and the management of subcutaneous fluid measures.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The views and choices of residents were taken in to account in the way the service was provided and delivered. This was confirmed by residents and relatives who said that residents were able to get up and return to bed according to their own choices, they could participate in activities or choose not to and they were also free to spend time alone in their rooms when they wished. Information that confirmed that consultation took place with residents and relatives was evident in care records and in records of residents meetings. There were references to contacts and discussions that staff had with families when there were changes in residents' health or when circumstances changed and these were noted to be recorded in the sample of records examined.

Residents meetings were focused on eliciting the views of residents in a meaningful way. If residents had difficulty communicating or had dementia care needs family members were invited to meetings to advocate on their behalf. A record is made at each meeting and the issues raised were brought to the attention of staff. The minutes of meetings were displayed on the notice board for residents who did not attend meetings. The inspector found that the systems in place to ensure that residents could convey their views on the service provided were well established and meaningful.

Residents appeared well cared for and were dressed appropriately. Staff were observed to be attentive to residents and chatted to them as they provided care and when they entered areas where residents were present. There were indicators that communication was encouraged and facilitated. Residents had communication cards to help them convey their wishes and these were noted to be comprehensive, available in an appropriate font size and in close proximity to residents. Some residents used skype facilities to talk to family members and friends. The centre had good community links and this was demonstrated for example by photographs of events that were published in the local paper and contacts that residents had in the community prior to admission that they were encouraged to maintain such as attendance at day centres.

The inspector saw that residents' privacy and dignity was respected and personal care was provided in their own ensuite bedrooms. They could receive visitors in private throughout the day and evening and had access to private areas other than their rooms if they wished.

Residents interviewed during the inspection and questionnaires returned to the Authority from residents and relatives were positive about the care provided by staff, the way residents were respected and the ways they were encouraged to be independent.

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**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector saw that there were appropriate systems in place to ensure that residents could maintain control over their property and that personal items were protected from loss. Clothing was marked to facilitate safe return to residents. Laundry for residents admitted for short periods of care was washed separately to prevent loss as this laundry was generally not marked. A property record was maintained including a record of furniture and other items taken in to the centre.

Clothing was noted to be well cared for with delicate and woollen items hanging to dry in the laundry to retain their shape. There was adequate space provided for residents' personal possessions and secure facilities were available so that residents could keep items of value and of personal significance in their bedrooms.

**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.*

**Theme:**

Workforce

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

From an examination of the staff duty rota, communication with residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents during the day and at night. Additional staff are employed to undertake specific roles such as activity sessions of art, bingo and sonas- a stimulation activity targeted towards the needs of residents with dementia.

In discussions with staff, they confirmed that they were supported to carry out their work by the provider and person in charge. The inspector found them to be well informed and knowledgeable about the care needs of residents, their roles, responsibilities and the standards expected by the person in charge.

There was a training programme in place to develop staff competences and to ensure that they had the skills required to meet the needs of residents. Staff employed had up-to-date mandatory training and refresher training on mandatory topics such as elder abuse had already commenced for 2014. The majority of staff had completed Further Education and training Awards training (FETAC) level 5. Training on topics such as dementia care had been completed by 21 staff during 2013 and all staff had basic training on this topic. Other topics that had featured in the training programme included infection control and emergency resuscitation procedures. The training plan for 2014 included training on challenging behaviour, venepuncture, wound care which was scheduled for two nurses and ongoing refresher training on statutory topics of fire safety, moving and handling and elder abuse. The person in charge said that she encouraged staff to extend their skills and acquire qualifications which helped them personally and benefitted residents.

There were good communication systems in place between staff, the person in charge and provider. Regular staff meetings took place formally and informally. The handovers each day were used to inform staff about general care practice issues and priorities for care. Staff said they were well supported and there was a low turnover of staff which ensured continuity of care for residents.

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

## **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

## ***Report Compiled by:***

Geraldine Jolley  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Aras Ui Dhomhnaill
<b>Centre ID:</b>	ORG-0000313
<b>Date of inspection:</b>	29/01/2014
<b>Date of response:</b>	25/03/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 02: Contract for the Provision of Services

**Theme:** Leadership, Governance and Management

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

Services that were subject to additional fees were not outlined in contracts.

**Action Required:**

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

**Please state the actions you have taken or are planning to take:**

The contract has been updated to include details of services that may incur extra charges.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

**Proposed Timescale:** 25/03/2014

**Outcome 04: Records and documentation to be kept at a designated centre**

**Theme:** Leadership, Governance and Management

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

Some of the Schedule 5 policies needed amendment to effectively guide staff. these were the policies on end of life care, nutrition management and the management of an emergency situation.

**Action Required:**

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

**Please state the actions you have taken or are planning to take:**

The End of Life Care, Nutritional Management and Evacuation policies have been amended.

**Proposed Timescale:** 25/03/2014

**Outcome 06: Safeguarding and Safety**

**Theme:** Safe Care and Support

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

The procedures to guide staff on the prevention and management of allegations of abuse needed revision to effectively guide staff in a range of situations that can arise such as financial or sexual abuse.

**Action Required:**

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

**Please state the actions you have taken or are planning to take:**

The Recognising and Responding to Elder Abuse policy has been amended.

**Proposed Timescale:** 25/03/2014

**Outcome 07: 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 emergency plan did not include appropriate arrangements for the evacuation of



residents in an emergency.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**

The Evacuation Policy has been amended.

**Proposed Timescale:** 25/03/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

The maximum dose of medication prescribe on an "as required" basis was not always outlined and there were some block signatures for prescribed medications.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**

This has been discussed with all visiting GP's and all current medication Kardex's have been updated to state the maximum dose of medication prescribed on all 'as required medications'.

As on previous inspections the nursing home will continue to ask the doctor concerned to individually sign all medications.

**Proposed Timescale:** 25/03/2014

**Outcome 10: Reviewing and improving the quality and safety of care**

**Theme:** Effective Care and Support

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

A report in accordance with Regulation 35 had not been compiled.

**Action Required:**

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a

copy of the report available to residents and, if requested, to the Chief Inspector.

**Please state the actions you have taken or are planning to take:**

The information gathered prior to the inspection has now been compiled in a report in accordance with Regulation 35.

**Proposed Timescale:** 25/03/2014

**Outcome 13: Complaints procedures**

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

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

The complaints procedure needed amendment to identify the nominated person in the centre with responsibility for complaints and the information related to the role of the Authority needed to be revised.

**Action Required:**

Under Regulation 39 (5) you are required to: Make available a nominated person in the designated centre to deal with all complaints.

**Please state the actions you have taken or are planning to take:**

The Complaints policy has now been amended to reflect the Provider and Person in Charge individual names on the policy.

**Proposed Timescale:** 25/03/2014

**Outcome 14: End of Life Care**

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

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

The end of life care policy and associated procedures needed amendment to provide effective guidance for staff.

**Action Required:**

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

**Please state the actions you have taken or are planning to take:**

The End of Life Policy has now been amended.

**Proposed Timescale:** 25/03/2014

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**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:**

The nutrition policy needed some adjustments to effectively guide staff such as information to prompt further weight monitoring, the use of fortification of meals before supplements are introduced and the management of subcutaneous fluid measures.

**Action Required:**

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

**Please state the actions you have taken or are planning to take:**

The Nutrition and Hydration policy has been amended.

**Proposed Timescale:** 25/03/2014