Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aras Ghaoth Dobhair
Name of provider:	Bainistiocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta
Address of centre:	Meenaniller, Derrybeg, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0000311
Fieldwork ID:	MON-0039529

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre is a purpose-built single-storey building located in Gweedore, a Gaeltacht area in Co. Donegal. The centre has been operating since 2004 providing continuing, convalescent and respite care to male and female residents primarily over 65 years with low-to-maximum dependency needs. The centre is registered for 41 residents to be accommodated. Communal day, dining and sanitary facilities were available in addition to 25 bedrooms with full en-suite facilities within two distinct units. The dementia unit can accommodate 20 residents and the general unit can accommodate 21 residents. Bedroom accommodation comprises of 17 single, four twin and four bedrooms with four beds in each. An aim of the service is to provide a caring environment where residents feel supported and valued, and where their primary needs can be met in a warm homelike atmosphere without undermining their dignity, privacy or choice. An objective of the service is to provide a high standard of care and treatment in keeping with best practice and current legislation, to dependent people who can no longer live at home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 April 2023	09:00hrs to 17:00hrs	Nikhil Sureshkumar	Lead
Wednesday 19 April 2023	20:20hrs to 22:30hrs	Nikhil Sureshkumar	Lead
Thursday 20 April 2023	09:00hrs to 17:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Overall, significant improvements were required in this centre to ensure that residents received appropriate care and services and were supported to have a good quality of life in which their independence was promoted and their choices upheld. In particular inspectors found that the high turnover of staff in the centre was impacting on staff's ability to provide appropriate care and support for the residents.

Residents who spoke with the inspectors said that staff were kind and caring and that felt luck to be able to stay in their own community in Gaoth Dobhair. However, some residents said that there was not a lot to do during the day, and although they were glad to be living in their own community, they did not get the opportunity to get out into the local area, which they missed very much.

Some residents' comments were that "I get plenty of food here ", " I am well looked after here ", "staff are great," and "I feel safe here". The residents' feedback was validated by those visitors who spoke with inspectors and said that the staff are kind and the service provided to residents in this centre is good.

The designated centre is located in Derrybeg, a Gaeltacht village in the West of Donegal. The centre is divided into two units, and one of the units is a dementia-specific unit.Following an introductory meeting with the person in charge, the inspectors went for a walk around the centre. The inspectors spoke with residents, visitors and staff and reviewed a number of documents including resident care records, management and staff records and policies and procedures.

The inspectors observed that the premises were generally clean and clutter free. However, the flooring in a number of non-resident areas including the laundry, the sluice, and some storage areas was visibly unclean.

The atmosphere in the centre was quiet and calm. Residents in the main nursing unit were seen mobilising around the unit and sitting in the main lounge or the dining room. However in contrast the residents on the specialist dementia unit spent most of their day sat along the corridor in front of the nurse's station. Staff on the unit could not explain why the residents were not using the lounge or the quiet room on the unit. Furthermore the door to the enclosed courtyard garden was locked throughout the day of the inspection in spite of the nice weather on the day. Staff told the insepctors that they had been out in the garden with some of the residents during the afternoon however staff could not give any reason as to why the door to the garden was locked at all other times. Neither was there any reference to this restricitive practice in the centre's risk register or their restrictive practices log.

Inspectors observed that the centre's ambiance was generally dull and although staff and resident interactions were respectful these were largely focused on care interventions and were not person centred. There was no schedule of planned

activities displayed in the centre and residents who spoke with the inspectors were not aware of any activities that were scheduled for the day. Inspectors noted that there was an over reliance on television as an activity on the day and inspectors observed most residents especially those residents accommodated on the dementia unit spent long periods with no meaningful engagement or appropriate activity to occupy them. This was a dis-improvement since the last inspection. One resident told the inspectors that they had nothing to do in this centre but that they felt safe and relaxed.

Overall the centre was well laid out with many areas light filled and spacious. Lounges on both units would benefit from additional furnishings and items of interest to make them more homely and interesting for the residents. The quiet room on the dementia unit included some specialist equipment to provide relaxation and appropriate levels of stimulation for residents with cognitive impairment, however no residents were using this room on the day of the inspection. One resident who was walking with purpose around the centre for most of the afternoon might have greatly benefited form a quiet session in the relaxation room.

The inspector observed the residents' dining experience. There was a choice of main courses and desserts. Residents on both units had access to snacks and drinks outside of their regular mealtimes. The inspector observed that there was adequate staff to support the residents during meal times. Residents' feedback was generally positive regarding their menus and mealtime experiences. However the inspectors observed that the residents on the dementia unit were all wearing protective bibs to keep their clothes clean even though a number of the residents were able to eat independently. Staff said that the residents chose to wear the protection however the inspectors observed that residents were not offered a choice and there was no record in the residents' care plans that clothes protectors were needed or that the resident chose to wear them. In contrast the residents on the nursing unit were offered a choice and only a small number of residents were wearing clothes protectors.

Residents on both units had access to televisions,newspapers and radios. A number of staff lived locally and were heard chatting with residents about local news and events. Inspectors also heard and observed some staff speaking with residents in Irish as this was their preferred language.

Resident had access to independent advocacy services however no residents were accessing these services at the time of the inspection.

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 these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection found that improvements that had been achieved on previous inspections had not been sustained and more focus and effort was needed to ensure that all residents received care and services in line with their assessed needs and that the centre was brought into compliance with the regulations.

This was an unannounced inspection to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspection was carried out over an evening and a day. Inspectors also spoke with seven residents, a visitor and a number of staff. The inspectors also followed up on information of concern that had been received in relation to the governance and management of the centre, staffing, protection and care and welfare of the residents. Inspectors found that this information was largely substantiated and the findings are discussed under the relevant regulations.

The provider is Bainistiocht Aras Gaoth Dobhair and is a voluntary board with seven board members. The person in charge in the designated centre is a registered nurse with more than ten years experience in managing older person's services. They are supported in their role by a clinical nurse manager and a team of staff nurses, care assistants, administration, housekeeping and maintenance staff.

The staff team had been through significant changes with a high turnover of staff since the last inspection in June 2022. As a result a lot of staff have less than 12 months experience of working in the centre and need ongoing training and support from the more experienced staff. Staff reported that the high number of new starters had created additional pressures in their day-to-day work and had also impacted on the continuity of care for the residents. The inspectors also found that the oversight of recruitment of new staff was not robust and did not ensure that the required references and employment histories were obtained to ensure that appropriate staff were recruited to the staff team. Furthermore records of training and interviews with staff showed that staff inductions were not well managed and did not ensure that new staff had appropriate training and support to develop into their role.

The nursing and care staff on duty on the day of the inspection were in line with the planned roster for the day apart from one change due to a short notice absence. However there were vacancies for two activities staff which had not been covered on the roster. As a result residents did not have access to meaningful activities in line with their preferences and ability to participate. This had a negative impact on the quality of life for the residents especially those residents accommodated on the dementia unit who spent long periods of time with nothing to do apart from walking around the unit or watching television.

In addition it was not clear what arrangements were in place for staffing the laundry service. On the first evening of the inspection the inspector observed that the laundry was in use and care staff were using the tumble dryer. However the following day the person in charge reported that all laundry was outsourced an that the laundry was not in use. This was a particular concern because staff using the

laundry were not emptying the lint collector, which posed a risk of fire. Furthermore the fire door at the entrance to the laundry room did not close correctly which meant that if there was smoke or flames in the laundry this would not be contained.

The inspectors reviewed a sample of management meetings records which showed that the Board of Management met every month and that the person in charge presented a monthly report to the board at these meetings. This helped to ensure that the board was kept informed of key issues such as budgets, vacancies and recruitment, admissions, incidents and complaints. Although there were regular meetings and correspondence between the person in charge and board members this inspection found that the provider was overly reliant on management reports to provide them with information about the quality and safety of care and services in the designated centre and that the governance and oversight of the service would benefit from improved communications between the provider and the staff and residents living and working in the centre. For example staff meetings were infrequent with only two dates scheduled for staff to attend meetings in 2022. As a result communications between staff and the provider were not effective and did not support an open culture in which staff were kept informed about key issues that impacted their day-to-day work. Furthermore, inspectors found that no resident meetings had been held in the designated centre since the last inspection in 2022 and residents did not have access to any forms of consultation such as surveys or questionnaires through which they could provide feedback on the care and services that they received. This is addressed under Regulation 9 Resident's Rights.

Quality assurance processes were limited and did not ensure that care and services were consistently monitored and that any areas for improvements were identified promptly. These findings are set out under Regulation 23 Governance and Management.

Regulation 14: Persons in charge

The person in charge met the requirements of the regulations. They worked full time in the designated centre and had responsibility for the day-to-day running of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Observations on the day showed that that there were not enough staff on duty with the appropriate knowledge and skills to ensure that residents on the dementia unit received person centred care in line with their assessed needs and preferences and

this was leading to poor outcomes for the residents.

- Inspectors found that care was organised and delivered in a task focused manner which did not support the needs and choices of individual residents.
- There were no staff available who had the knowledge and skills to provide meaningful activities and socialisation for residents who were living with dementia, despite having a dedicated unit for residents with dementia.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were not facilitated to attend training in line with their mandatory training requirements. As a result 11 staff were not up to date with their safeguarding training and 17 staff were not up to date with their fire safety training.

The oversight and management of induction training for new starters did not ensure that new staff completed their induction training in full and within the required time frames.This included their mandatory training requirements.

Staff were not appropriately supervised in their work. For example staff were using the laundry to launder resident's personal items whilst the person in charge reported that the laundry was only being used for kitchen and housekeeping items such as mops and cloths. Furthermore staff were not checking and keeping the lint collector emptied to reduce the risk of fire. This was not identified by senior staff.

Judgment: Not compliant

Regulation 21: Records

The registered provider did not ensure that the staff records set out in Schedule 2 of the regulations were in place. For example;

- one staff file did not contain any references.
- two staff files contained only one of the required two references.
- two staff files did not include satisfactory explanations of the person's gaps in employment.
- employment documentation such as contracts of employment were not available in four staff files.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider did not ensure that the service was adequately resourced to provide care and services in line with its statement of purpose. For example vacancies in activities staff were not replaced in a timely manner which meant that health care staff were tasked with additional duties, and thus detracting form their caring role.

Although there was a management structure in place this did not provide clear lines of authority and responsibility for all staff working in the designated centre. A number of staff worked across more than one role and department in the designated centre and their roles and responsibilities were not clearly defined.

The systems that were in place for the governance and oversight of the care and services provided for the residents were not robust and did not ensure that care and services were safe, appropriate, consistent and effectively monitored. For example;

- No clinical audits had been completed since the previous inspection in June 2022 and there were no audits scheduled. This was a particular concern because inspectors found that one resident with a complex wound was not receiving treatment in line with the treatment prescribed by their specialist practitioner.
- The oversight f fire management systems was poor and an urgent compliance plan was issued to the provider in respect of Regulation 28; Fire safety. Fire safety checks had not identified a number of risks identified by the inspectors on this inspection.
- There were no systems in place to monitor recruitment procedures and as a result staff files were incomplete and did not provide assurance that adequate staff checks had been completed.
- There were no systems in place to ensure that finance processes such as the management petty cash and the invoicing of residents for additional services were managed in an open and transparent manner.
- The provider had failed to implement the actions specified in the compliance plan to the previous inspection report, specifically in relation to Regulation 28; Fire safety and Regulation 8; Protection.

The annual review for 2022 had been completed however the review did not include feedback from residents or their representatives and was not prepared in consultation with them.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

One of the sample of contracts reviewed did not include details of the occupancy of the room.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose which had been revised in March 2023. The document included the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

There was one volunteer working in the designated centre at the time of the inspection.They had their roles and responsibilities set out in writing and received support and supervision in their role and had Garda Vetting in place. However the Garda vetting was relating to a previous role they had held in the centre and needed to be updated.

Judgment: Substantially compliant

Quality and safety

This inspection found that improvements that the provider had achieved on the previous inspection in June 2022 had not been sustained. Significant shortcomings were found in areas of fire safety, safeguarding, and managing responsive behaviour. Furthermore, the culture of the organisation did not promote the dignity, rights and autonomy of all of the residents and ensure that residents were appropriately consulted in matters relating to their care and daily lives in the designated centre.

The inspectors reviewed a sample of residents' care files and found that residents' needs were being assessed using validated tools, and comprehensive assessments were completed following their admission into the centre as required by the regulation. Residents at risk of malnutrition and pressure ulcers were monitored closely, and their care plans were reviewed at appropriate intervals. However, some additional improvements were required to ensure that the residents' care plans contained information about managing high-risk medicines, such as insulin. In

addition, inspectors found that a number of care plans did not provide assurances that they were being completed in consultation with the residents.

Residents had access to general practitioners (GPs) from local practises. Records showed that residents did have access to specialist practitioners however, additional improvements were required to ensure that residents were referred to allied health professionals in a timely manner and that where specialist practitioners had prescribed a course of treatment, that this was implemented.

The current financial arrangements in the designated centre did not provide adequate protection for resident's personal monies. This was a repeated finding from the previous inspection in June 2022 and is addressed under Regulation 8 Protection.

Residents were found to have access to newspapers, radios, and televisions in the centre. Residents who chose to use Irish as their preferred language were supported by staff to do so.

Overall the centre was well laid out and met the needs of the residents. There was a spacious communal room and a quiet room on each unit as well as a dining room. However inspectors observed that residents accommodated on the dementia specific unit spent most of their time congregated in an area adjacent to the nurse's station. Although there was a large window in this area which looked out onto the garden the residents were seated with their backs to the window and were instead facing onto the nurse's station with little to interest or entertain them apart from staff or other residents walking by.

The quiet room on the dementia specific unit was also used as a relaxation and therapy room and included items of specialist equipment to facilitate relaxation and appropriate stimulation for residents with cognitive impairments. However, on the days of the inspection this room was not used by any residents or staff.

The corridors on both units were wide and had handrails along the walls to facilitate residents to mobilise safely, however the storage of portable hoists along some corridors blocked the hand rails and created a risk for residents mobilising in these areas. Corridors and communal rooms on both units would benefit from more items of interest and signage to enable residents to navigate around each unit.

This inspection found that residents did not have sufficient opportunities and facilities to participate in meaningful activities in accordance with their interests, abilities and capacities. Those activities that were provided on the second day of the inspection were largely unplanned as there was no programme of activities scheduled and made available to residents. The person in charge confirmed that there were vacancies for two additional staff to provide a programme of activities for the residents and that the recruitment to fill these posts was nearing completion. However these vacancies had not been covered on the roster on the day of the inspection and care staff were responsible for facilitating residents with activities and entertainment in addition to their caring duties. Inspectors observed a short sing-along session happening on the dementia specific unit and staff on this unit told the inspectors that residents had been out for a walk with staff in the enclosed

courtyard garden earlier in the afternoon. However inspectors observed that residents on both units spent most of their time watching television or sitting quietly in the communal areas.

Inspectors found that key activities such as resident meetings and religious services had not resumed in the centre since the start of the COVID-19 pandemic.This was an unacceptable delay and did not uphold the residents' religious rights and the rights of the residents to be consulted in the planning and delivery of services.

The centre had a large outdoor garden at the rear of the building. The garden gates at the perimeter of this area had been removed, and as such, the garden was not secured for residents to use. In addition, the garden was poorly maintained with uneven surfaces and steps, which posed a trip hazard for residents. Furthermore, access to the enclosed courtyard garden on the dementia specific unit was locked throughout the second day of the inspection. The garden had been renovated and landscaped in 2022 as a dementia friendly space for residents to access without risk, however residents were not permitted to access this safe outdoor space unless there was a member of staff available to accompany them. When this was brought to the attention of the provider, they informed the inspectors that the internal courtyard door was kept locked to minimise injury risks to residents in the centre. Inspectors found that this was an overly restrictive practice and did not promote the autonomy of the residents accommodated on this unit.

Inspectors found that improvements were needed in how restrictive practices were managed in the designated centre to ensure that they were used in the least restrictive manner and for the shortest period of time in line with national policy as published by the Department of Health. These findings are set out under Regulation 7.

The infection prevention and control practices in the centre were not consistent with the National Standards for Infection Prevention and control in community services, as published by the Authority. This is discussed under Regulation 27.

The fire safety precautions in place in the centre did not protect residents in the event of a fire emergency, and the inspectors identified significant non-compliance and fire safety risks on this inspection. In addition, the provider had failed to come into compliance with their own compliance plan from the previous inspection held in 2022 in relation to fire safety. As a result at the end of the inspection the provider was issued with an urgent compliance plan requiring them to submit an action plan setting out how they would bring the designated centre into compliance with Regulation 28 within time frames set by the Chief Inspector. Following the inspection the provider submitted a satisfactory compliance plan setting out the actions they intended to take to mitigate the fire safety risks in order to protect the residents in the event of a fire emergency.

The centre has a medication management policy in place to protect residents from the risks arising from medicine management in the centre. Medicines were securely stored and disposed of in accordance with the requirements of the regulations. Staff actively engaged with residents when undertaking medicine rounds, and a record of

medicines administered to the residents was maintained in this centre. Blood sugars were checked before administering medicines such as insulin to residents; however, additional improvement and oversight were required to ensure that high risk medication for the management of diabetes was administered in line with the prescription, and this is further detailed under Regulation 29: Medicines and Pharmaceutical Services.

Regulation 11: Visits

Residents access to their visitors was not restricted and measures were in place to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to all of the matters set out in Schedule 6 of the regulations. For example:

- Assistive equipment used by residents was not appropriately stored in the centre, which reduced the space available for residents to safely move around the corridors.
- The external garden of the centre was not appropriately maintained to ensure that the residents could safely access this garden whenever they wished to.

Judgment: Substantially compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the National Standards for Infection Prevention and Control in Community Services and other national guidance. This was evidenced by:

- Some of the centre's storage rooms and a laundry room appeared visibly unclean.
- Hand hygeine practices were not consistent. Staff were observed not practising hand hygiene at appropriate intervals, such as before attending to the care needs of residents.
- Staff were unsure about the correct dilution of cleaning products and the correct cleaning products to be used in the event of an outbreak.
- Staff did not follow the correct procedures when bringing the dirty linen to

the designated storage area, and the inspectors saw that laundry trolleys were not used for transporting dirty linen. This posed a risk of cross-contamination.
- Hoist slings were stored in communal areas, and it appeared that the slings were shared between residents, posing a cross contamination risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Significant actions were required by the provider to ensure adequate precautions were in place to protect residents and others from risk of fire. for example:

- Some staff could not clearly demonstrate awareness about the centre's fire procedure to be followed in the event of a fire emergency.
- Staff wee unclear about the fire compartmentation in the centre.
- Personal evacuation plans (PEEPs) were not kept up-to-date for several residents, and PEEPs were not available for two residents.
- There were concerns in relation to fire containment in the event of fire or smoke. For example, cross corridor fire doors had significant gaps between the floors and under surface of the door; There was a significant gap between the under surface of the fire door and the floor in one dining room and one kitchenette;Fire doors in the sluice room and laundry room were not closing properly, and the inspectors observed that the door closure devices were damaged to the laundry and a kitchenette, which are high risk areas. Intumescent strips were missing from a number of fire doors, including the laundry fire door.
- Fire stopping measures were not adequate. Electrical cables were penetrating through the ceiling of the laundry room, which was not properly fire-sealed and had some gaps.
- There was a significant quantities of lint accumulated in the tumble dryer, which posed a risk of fire in the centre.
- Kitchenettes located on both sides of the centre have electrical equipment, such as a dishwasher, toaster, and microwave oven.
- No running man sign was available in one of the dining rooms.
- Large containers of oxygen were stored in large quantities in a treatment room, which posed a risk of fire.
- The fire evacuation procedures were not prominently displayed in the designated centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The documentation in relation to a resident's prescribed insulin dosage did not include clear instructions about what dose of insulin to administer in line with the resident's blood sugar results.This created the risk that the resident may not receive the appropriate levels of medication to stabilise their blood sugars.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A care plan reviewed by the inspectors did not contain up to date information in relation to what interventions were required to ensure that;

- The resident's blood sugars were monitored effectively
- Appropriate health promotion interventions such as chiropody, visual screening and HbA1c tests were made available to the resident.
- A number of care plans did not provide assurances that they were being completed in consultation with the residents and/or their representatives where appropriate.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors reviewed a sample of resident's health care records and found that the oversight of clincal care was not robust which was leading to poor outcomes for one resident with a chronic wound. This was evidenced by;

- An appropriate referral to specialist tissue viability team had not been facilitated for one resident with a chronic wound.
- The wound assessments were not carried out and managed in line with the evidence-based best practice guidelines. For example, nursing assessments, including photographs of wounds, were not maintained to inform an appropriate review of the wound healing process.
- The wound care products previously recommended by a specialist doctor including the prescribed dressing materials had been changed without consultation with the prescribing specialist.

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Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The restrictive practices used in this centre for residents were not in line with the requirements of the regulation and the national policy,Towards a Restraint Free Environment in Nursing Homes 2011. For example,

- Supporting documents such as appropriate assessments to recommend the use of bed rails were not maintained for three residents in this centre.
- In addition, a restraint release log was not maintained in this centre to ensure that the bed rails were used for the minimum duration and to monitor the residents' safety and response to the bed rails when they were being used.
- Some of the practices in the centre did not promote positive outcomes for the residents and did not ensure that restraints such as locks on the doors to the garden areas were used in the least restrictive manner and for the least amount of time.

Judgment: Not compliant

Regulation 8: Protection

The arrangements in the designated centre to protect residents' finances did not provide adequate protection for residents from financial abuse. For example:

- The current processes for those residents whose pension monies or social welfare payments were being managed by the provider did not ensure that these monies were lodged into a separate resident's account in line with the department of social protection guidance.
- Sufficient records, such as invoices for the petty cash that were managed on behalf of the residents by the provider, were not sufficiently maintained and audited in this centre.
- Several staff members were not up to date with their mandatory training had not completed appropriate training in safeguarding vulnerable adults. There was no record available that some new staff had attended safeguarding training.

Judgment: Not compliant

Regulation 9: Residents' rights

Opportunities to engage in meaningful activities were limited in this centre. No

activity schedule was available in the centre, and there was no social care programme on offer for residents on the day of the inspection. Several residents were found to have spent their time in day rooms and in their rooms, with extended stretches of little to do in this centre.

Inspectors observed that the residents' access to religious services in the centre had not fully resumed since the start of the COVID-19 pandemic. While the centre had an oratory, the residents were not assisted in attending mass in the oratory in the presence of a priest. Instead, they were assisted in attending television mass, which was insufficient.

The inspectors observed that the residents' meetings had not been held in this centre since the start of the COVID-19 pandemic. In addition, residents' satisfaction with the service provided to them was not obtained in this centre. As a result, there was little or no consultation with the residents using the service.

Judgment: Not 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aras Ghaoth Dobhair OSV-0000311

Inspection ID: MON-0039529

Date of inspection: 20/04/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Dementia specific training arranged through Skillnet for all staff for 27th/28th of July and 3rd/4th of August • Additional follow-up Specific plus care skills training being provided by a course co-ordinator/tutor from ETB. • Training Matrix regularly reviewed and updated. • Safeguarding /Patient Advocacy dates to be confirmed with social worker lead CHO1. Two Activities Co-Ordinators in place, commenced -27/06/23 • Deficit of 8.7 WTE in HCAs compliment- 2 HCAs for interview this week Ongoing recruitment with INDEED and NHI	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Training needs analysis updated. • Training highlighted: o Fire Safety Awareness - ongoing o Fire Warden - ongoing o CPR - ongoing o Dementia Specific – 27th and 28th of July and 3rd or 4th of August. o Falls Fragility Training – awaiting confirmation of available dates from Nurse specialist. o Continence promotion – awaiting confirmation of available dates from Nurse specialist.	

o Dietitian & Tissue Viability – awaiting confirmation of available date to proceed with remote reviews.
• Induction process to be revised by Registered Provider, DON, and new PIC.
• Staff supervision being addressed by Registered Provider and PIC.
• Communication re inspection findings – communication with staff at meetings and minutes of meetings thereafter.
• Any changes to current practices are being communicated to all staff in Aras via inhouse WhatsApp group messaging.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
• All staff files are being reviewed for references, full CV's, contracts of employment, relevant Visa documentation & Garda Vetting, and updated where required. Completion date 31st of August.
• CNM to conduct regular Auditing to check compliance with maintenance of Staff records and will report to PIC

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Clinical Audits: Training to be sourced for same.
• Fire safety: Training has been completed for all staff other than those on AL or LTS. Training for same is ongoing.
• Donegal Fire Service Officer for Donegal County Council has agreed to provide an assessment for fire fighters and assist in developing a specific fire plan for Aras
• Fire wardens have been identified and training has taken place for same.

• 6 Fire Wardens trained and 6 to be trained.
• Simulated evacuations including night-time, largest compartment, and compartment suggested by HIQA Fire Officer have taken place – ongoing.
• Staff files are being reviewed and system in place noting training completed by all staff. Same system identifies those who have yet to complete training, be that online (HSELand) or onsite/in person training.
• CNM to be responsible for Auditing compliance with Staff records and will report to PIC.
• Finance management: Petty Cash/Pension/cash payments – Ongoing process to

implement a cashless office and to invoice residents for services such as hairdressing, chiropody, and other clinical services. • Patients Private Property Account to be setup by Deputy Administrator which will be a stand-alone account for residents and not associated with any Aras Account.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: • Contracts of Care are undergoing review by Incoming PIC and expected to be completed by October 2023, and will define ETF payments only to be paid - moving forward. • Room occupancy of the rooms revised. • Access to additional services reviewed.

Regulation 30: Volunteers	Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers: • Garda Vetting updated for volunteer. • Updated Garda Vetting completed for Co-Ordinator Activity roles. • All the above persons had Garda Vetting in place, however as all had or will be moving roles, an updated GV completed for each.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: • Assistive equipment to be rehoused in a cordoned off specific room. • Architect details and quotations provided to registered provider – to be discussed with HSE. • External garden within AGD has been addressed – maintained by GO. - Paving levelled out and chips and pathways removed. - Nursing staff allocating staff to supervise residents when accessing the Internal Garden area

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Cleaning schedules revised.
• IPC Hand Hygiene Refresher Training to be revised for all staff.
• IPC Standard Precautions training.
• Colour coded trolleys in-situ to allow segregation at source.
• PIC accessing hoist slings (patient specific) and labelling.
• Addressing source of anti-chloric agent to use when sanitising surfaces.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Registered Provider and BOM responded on 23/6/23 to HIQA's Warning Letter ,by contacting the HSE Head of Service and highlighting same.
• Discussions with the HSE are ongoing.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• Insulin: PIC discussed with local GP and requested a sliding scale. This to be documented in care plans.
• Recent Audit of Storage and Disposal of Medicines undertaken by Local Pharmacist.

Regulation 5: Individual assessment	Substantially Compliant

and care plan	
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: • Blood sugars to be reviewed weekly (diet controlled) • Blood sugars to be reviewed daily (insulin dependent) • To be documented in Care Plans and PIC has discussed with nursing staff. • Interventions to be done/documented in Care Plans. • Care Plans to be reviewed and formulated with resident and family members. • PIC/ CNM to recommence Family/Resident Care Plan reviews.	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: • All wounds to be documented, photographed as best practice using wound assessment tool. • Wound dressing changes to be documented in chart and Care Plans and in Diary Notes. • Access to tissue viability.	
Regulation 7: Managing behaviour that is challenging	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: • Bed rail audit to be regularly maintained by CNM1. • Regular assessment of risk of falls and requirement for bedrails to be carried out. • Access to the garden has been reviewed and thumb turn locks installed.	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • Finance management: Petty Cash/Pension/cash payments – Ongoing process to implement a cashless office and to invoice residents for services such as hairdressing, chiropody, and other clinical services.	

• Patients Private Property Account to be setup by Deputy Administrator which will be a stand-alone account for residents and not associated with any Aras Account.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• New activities plans are being formalised and implemented, since 27/06/23 when two Activities Co-ordinators commenced their roles.
• Residents' satisfaction surveys will be captured in the AC's role, commenced by DON June 2023.
• Mass and spiritual services will commence under the role of the AC. Local clergy have been contacted and will work with the AC on days and recommencing of services in-house.
• Resident meetings will recommence under the umbrella of the AC role.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/09/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/08/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/08/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/08/2023

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/08/2023
Regulation 23(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	30/09/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/08/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Not Compliant	Orange	29/06/2023

	appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	30/09/2023
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	30/09/2023
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	31/10/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to	Substantially Compliant	Yellow	31/10/2023

	the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	28/04/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency	Substantially Compliant	Yellow	30/09/2023

	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.	Not Compliant	Orange	30/09/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	31/05/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	29/06/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Red	30/09/2023

Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/06/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	31/10/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Red	31/10/2023
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's	Substantially Compliant	Yellow	31/07/2023

	pharmacist regarding the appropriate use of the product.			
Regulation 30(c)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.	Substantially Compliant	Yellow	29/06/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	29/06/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/07/2023

Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	31/07/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	31/08/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access	Substantially Compliant	Yellow	31/08/2023

	to such treatment.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/08/2023
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/08/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	31/07/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/08/2023
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff	Substantially Compliant	Yellow	31/07/2023

	training in relation to the detection and prevention of and responses to abuse.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	31/07/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/07/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/07/2023
Regulation 9(3)(c)(iv)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to voluntary groups, community resources and events.	Not Compliant	Orange	31/07/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is	Not Compliant	Orange	31/07/2023

	reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	31/07/2023