



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

## Issued by the Chief Inspector

Name of designated centre:	Aras Ui Dhomhnaill Nursing Home
Name of provider:	Sheephaven Investments Limited
Address of centre:	Milford, Donegal
Type of inspection:	Unannounced
Date of inspection:	16 December 2020
Centre ID:	OSV-0000313
Fieldwork ID:	MON-0031200

## About the designated centre

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

The centre is a modern purpose built one storey residential care facility that provides a comfortable and spacious environment for residents. Bedroom accommodation for residents is provided in 44 single rooms and two twin rooms. All rooms have en suite facilities of shower, wash hand basin and toilet which promotes privacy and prevention of infection. The philosophy of care is to provide high quality care to the 48 residents who need long-term, respite, convalescent or end of life care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	43
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 16 December 2020	09:00hrs to 17:00hrs	Ann Wallace	Lead
Wednesday 16 December 2020	09:00hrs to 17:00hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The two day unannounced inspection was carried out over one afternoon and one morning on consecutive days. It was evident from what residents told the inspectors and what inspectors observed that the residents were enjoying a good quality of life where they were supported to maintain their independence and to spend their days as they chose.

The centre had remained free of Covid-19 and had not experienced an outbreak at the time of the inspection. Two recently admitted residents were being accommodated in an isolation unit where they were completing their 14 days restricted movements in line with the Health Protection and Surveillance Centre guidance (Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance.) A third resident who had had a short hospital admission was being cared for in their own single en-suite bedroom with enhanced infection prevention and control precautions.

Inspectors spoke with seven residents individually and with a number of other residents who were happy to chat with the inspectors in small friendship groups. Residents told the inspectors that they were "perfectly comfortable" and that they felt safe in the centre. One resident explained how they suffered with chronic pain and how empathetic staff were on their "bad days". Staff ensured that the resident's daily routine allowed them to rest on these days and that the resident was given adequate pain relief whilst encouraging them to mobilise gently to prevent further deterioration in their independence.

Inspectors spent some time in the afternoon of the first day chatting with residents in the main lounge/foyer area. Seating was arranged in small groups. There was enough space for residents to maintain their social distance whilst still feeling that they were included in the community of other residents around them. Residents were happily chatting with those around them and with staff who were available in the area and who sat and chatted with residents in the various groups. One resident was doing a jigsaw with a member of staff. The member of staff knew the resident well and explained how the resident had recently recovered from a fall and had poor safety awareness so was at risk of further falls. The resident had a care plan in place which allocated a member of care staff to provide one to one care because if the resident was not supervised and engaged in activities that they enjoyed, they were likely to attempt to mobilise by themselves which might lead to another fall. The resident was engaged with the puzzle for short periods and then chose to stand up and walk a short distance. The carer was with the resident at all times and walked alongside them using a soft voice to distract the resident and encourage them to return to their seat and do some more of the puzzle. No restraint was used and the resident was able to mobilise short distances safely. Other staff were on hand if the resident needed to sit down quickly ensuring that a seat was brought to

the resident promptly.

Throughout the two days of the inspection there was a sense of festivity as residents and staff prepared for Christmas and the Christmas concert that was planned for afternoon of the second day. The provider had built a performance area in the entrance hall. The perspex shield allowed a small group of musicians to perform a live music session which could be heard and enjoyed by the residents in the foyer/lounge whilst keeping the musicians in a separate compartment. Residents told the inspectors that they were really looking forward to the concert. A group of ladies were chatting with staff about what they were going to wear to the concert and were looking forward to dressing up and having their hair done by staff. The person in charge showed the inspectors a large collection of early Christmas presents that families had dropped off for the residents. Many of these contained new Christmas outfits which the residents were planning to wear the following day for the concert. This was a tradition in the centre and although family visiting was restricted in line with national guidance, staff had worked hard to liaise with families to ensure that this tradition could continue this year.

The inspectors completed a walk about of the designated centre with the person in charge and found that the premises was well laid out to meet the needs of the residents. The centre was a purpose built ground floor building which provided a range of communal spaces for the residents as well as their personal bedrooms which had full en-suite facilities. The twin rooms were being used for single occupancy at the time of the inspection in order to reduce the footfall in each bedroom. There were also a number of communal bath and shower rooms. Residents said that they were warm and comfortable in the centre. Residents were observed sitting in small groups in the foyer or mobilising around the centre by themselves or with staff. The layout and the signage in the centre helped to orientate residents so that they could move around the building independently. There was a garden and car parking at the front of the building and two secure courtyard gardens to the side of the premises which could be accessed from several points in the building. The courtyards were nicely laid out with seating, safe pathways and planting for interest in the warmer weather. Photographs on display showed that the residents made good use of the garden areas during the warmer months.

Residents told the inspectors that they enjoyed their food. They said that meals were nicely cooked and that they had a choice. Inspectors observed that a range of hot and cold drinks were served throughout both days of the inspection. Staff informed the inspectors that the kitchen was always open and that snacks and drinks were available for residents throughout the day and night. The inspectors observed lunch time on the second day of the inspection. There was a choice of two main meals and alternatives were also available. Special nutritional requirements were catered for with soft diets available as prescribed by the resident's speech and language therapist (SALT) or dietitian. There were enough staff available to ensure that the meals were served promptly and that they were hot. Staff offered discreet support and encouragement for those residents who needed help or supervision at meal times. The table seating was arranged to ensure that social distancing was maintained. Residents were chatting with each other whilst eating and were

enjoying a social interlude in their day.

The centre was clean and well maintained although one sluice and one housekeeping room did not meet the required infection prevention and control standards. The provider was aware of the need to improve the housekeeping room and it was included in the centre's improvement plan for 2021. The issues in relation to hand cleanser and paper towels in the sluice was addressed on the first day of the inspection. Residents were very positive about the way the housekeeping team looked after their personal space and told the inspectors that their bedrooms were cleaned thoroughly every day and that any spillages or marks were dealt with straight away. Residents said that if they felt tired or unwell they could choose not to be disturbed and their bedroom would be cleaned the next day.

The person in charge had ensured that all staff were up to date with their infection prevention and control training. The training included hand hygiene, breaking the chain of transmission and the use of personal protective equipment (PPE). Staff who spoke with the inspectors were clear about the standards of infection and prevention control that were required for their roles. Staff demonstrated good hand hygiene practices and were observed donning and doffing PPE correctly. However some improvements were required in relation to segregation of clean and dirty items and the cleaning and storage of hoist slings following use. In addition inspectors were not assured that items such as hair dressing equipment and manicure equipment were for single use only. This was addressed by the person in charge on the first day of the inspection and inspectors were satisfied that all such items had been removed from use.

Housekeeping staff who spoke with the inspectors were clear about the enhanced cleaning processes that were required during the pandemic and demonstrated a good knowledge of infection prevention and control practices relevant to their work.

Staff were seen encouraging residents to wash their hands regularly and thoroughly. Residents were up to date with national and local news about the COVID-19 pandemic and a number of residents told the inspectors about their anxieties for members of their own families whilst community transmission was so high in the local area. Residents also expressed concern for the staff living locally but they were confident that staff were taking the necessary precautions to keep the virus out and to keep them safe. Both residents and staff said how proud and relieved they were that they had not had an outbreak in the centre. They were excited about receiving the vaccinations over the next few weeks.

Residents who spoke with the inspectors said that they were well looked after and that they saw their general practitioner (GP) regularly. Residents could choose to keep their GP from the community as long as the GP agreed to travel to the centre. Residents' care plans and medical records showed that they had access to a GP and to specialist health care in line with their needs. However at the time of the inspection some GPs were taking referrals over the telephone. Out of hours GP services were available at weekend and after 6pm. One resident told the inspectors that they were very grateful to nursing and care staff in the centre who had helped them to regain their confidence after a fall at home. This was one of several

residents who reported that their health and well-being had improved since their admission to the designated centre.

Residents said that they felt safe in the centre. Those residents who discussed this with the inspectors said that staff were approachable and that they would be listened to if they were worried about anything. Residents said that even when staff were busy they would always take the time to sit and talk with them if they were feeling low in mood or anxious. More than one resident told the inspectors that "nothing is too much trouble for them." Residents had particularly valued being listened to during the pandemic when they had been anxious about COVID-19 for themselves and their families. A number of residents told the inspectors how kind staff had been during the visiting restrictions and the measures that staff had put into place to enable them to stay in touch with their families and friends. One lady was particularly keen that the inspectors saw the new visiting booth that had been installed in the oratory. She was delighted with the facility that had enabled her to meet with her family.

Overall complaints were well managed in line with the centre's own policy. There was one ongoing formal complaint at the time of the inspection. Records showed that the complaint had been investigated in line with the centres complaints procedure.

Overall inspectors found that this was a well managed centre for the benefit of the residents who lived there. Managers and staff worked hard to ensure that care was person centred and that residents could keep in touch with their families and communities. There was a warm and welcoming atmosphere in the centre and it was evident that residents felt safe and comfortable.

The next section of the report sets out the findings and judgments of the inspection. These are summarised under each pillar and then discussed under the relevant regulation.

## Capacity and capability

This was an unannounced inspection which took place over two days. The purpose of this inspection was to follow up on unsolicited information received by the Authority. The inspectors followed up on the information that had been received and found that improvements were required in relation to notifying the Authority when there had been an alleged concern in relation to potential abuse of a resident. However the inspectors found that the provider had followed up the concern in line with centre's own safeguarding policy and procedures and had taken appropriate steps to ensure that the residents were safe. In addition inspectors found that

improvements were required in relation to the daily care records for one resident.

This was a well-managed centre with effective leadership and management in place which ensured the residents received high quality, person centred care and support to meet their assessed needs. There was a clearly defined management structure with explicit lines of accountability identified.

The person in charge demonstrated a clear understanding of her role and responsibility. She had a comprehensive knowledge of the residents, their health and their social care needs. The person in charge was supported in her role by the clinical nurse manager who deputized in her absence. There was an on call out-of-hours system in place that provided management advice if required.

There were sufficient resources available to ensure safe and effective care was provided to the residents. Staffing and skill mix were appropriate to meet the needs of the residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Most staff were up to date with the mandatory training required by the regulations. The person in charge had identified dates for any outstanding training to be completed. Staff reported that they had good access to training and that they attended regular updates in infection prevention and control guidance. There was clear evidence of regular staff meetings including updates in relation to the current pandemic.

Residents were consulted about the care and services that they received. Resident meetings were held and where suggestions were made these were followed up by staff. Residents said that they knew how to make a complaint and that if they were worried about anything they could talk to a member of staff. Residents told the inspectors they could make decisions about their daily life in the centre and could choose how and where to spend their time. Routines were flexible and timetables such as activities and meal times could be altered to fit in with the residents. Menus and activities programmes were reviewed regularly with the residents and feedback was shared with the relevant staff.

## Regulation 15: Staffing

The centre had sufficient staff with an appropriate skill mix on duty to meet the assessed needs of the residents and the design and layout of the centre. Staffing levels reflected the staffing levels described in the centre's statement of purpose. There was a registered nurse on duty at all times. There were no staff shortages and any shifts that were vacant as a result of sickness were covered by the centre's own staff. The person in charge had arrangements in place to ensure there was dedicated staff to care for any resident who required isolation either as a result of returning room hospital or with suspected COVID-19 symptoms. There were

additional hours in the housekeeping department to provide enhanced cleaning in the centre.

Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way. Residents spoke positively about the staff. Call bells were observed to be attended to in a timely manner.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate mandatory training. The training matrix reviewed by the inspectors confirmed that all staff had received training in Safeguarding Vulnerable Adults and Infection Prevention and Control. Infection Prevention and Control training included Breaking the Chain of Infection, Donning and Doffing of personal protective equipment and Hand Hygiene. The person in charge confirmed that there were dates scheduled for those staff who had yet to complete up to date training in Manual Handling and Fire safety. All registered nurses had completed End of Life Care training.

The person in charge informed inspectors that there is an induction system in place for all newly appointed staff which covered all aspects of the service requirements.

The person in charge and assistant director of nursing provided clinical supervision and support to all the staff.

Judgment: Compliant

### Regulation 21: Records

The inspectors found that over a number of days the daily record of fluid and nutritional intake for one resident had not been completed by care staff and had not been signed by nursing staff. The resident had been identified with nutritional risks and had a history of weight loss.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The centre had a clearly defined management structure in place with identified lines of authority and accountability. The management team had systems in place to monitor and evaluate the effectiveness of the service. Audits were carried out in areas such as medication management, dementia care, incidents (falls), infection control and wound management. Documents reviewed by the inspectors provided evidence that improvement plans were developed and completed following these audits. However, some improvements were required in the oversight of daily care records completed by care staff.

The person in charge carried out an annual review of the quality and safety of care in 2019 which was available to staff and residents. This review included customer satisfaction survey which provided positive feedback about the centre.

Regular staff meetings were held where staff were kept up to date on COVID-19 issues. Minutes of these meetings also showed that the person in charge provided regular reassurance to the staff in light of the current pandemic including thanking staff and discussing the option of accessing counselling services by staff if required. Staff said that they were well supported in their work and that they were kept informed about any changes in relation to work practices relevant to their role. As a result staff were clear about the standards that were expected of them and demonstrated accountability for their work.

The person in charge informed the inspectors that there were weekly management meetings to discuss all operational issues in the centre. However, there were no recorded minutes of such meetings.

There were regular resident committee meetings where the residents discussed issues in relation to COVID-19 including visiting restrictions. The person in charge was a visible presence in the centre, she was known to residents and staff and was available to meet with residents if they had any concerns.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

The inspectors examined four contracts for the provision of services in the centre. The contracts were signed by the resident or their representative. These documents contained the required information about the services provided and associated costs. This was an action identified at the last inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was an up to date Statement of Purpose at the centre which contained all the information required as set out in schedule 1 of the regulations. This information accurately reflected the facilities and services provided at the centre. This document was available to the residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained. However, the inspectors found two incidents that were not notified to the Chief Inspector as per the regulatory requirements. Notifications in relation suspected cases of COVID-19 were also not submitted. In addition, the inspectors informed the person in charge that a number of recent notifications received by the Authority were not submitted within the required time frame.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was an up to date complaints policy and procedure in place in the centre. This procedure was on display in the reception area. There was a recording system in place where all complaints were logged. The inspectors found evidence that most complaints were investigated, resolved and complainants communicated with. Investigations included looking at any learning from the incidents and steps to prevent such complaints in future. An appeal process was available.

Judgment: Compliant

## Quality and safety

Residents received a good standard of care and services in line with their assessed needs. Inspectors found that care was person centred and that residents' rights were upheld. Managers and staff created a culture of respect and empathy towards the residents and their families in which residents felt that they were listened to. Overall there were effective systems in place to ensure that residents received safe and appropriate care. However some improvements were required in relation to infection prevention and control, learning from incidents and the records of daily care given.

Resident meetings were held regularly and records showed that suggestions and feedback were acted on. The person in charge and senior staff were known to residents who said that they were easy to talk to were available to them. Throughout the inspection the inspectors observed that staff offered residents choice in what they would like to eat and drink, where they wanted to sit and with whom, and what activities they wanted to take part in. Throughout both days of the inspection there were a range of activities on offer which included one to one activities with staff and small group activities preparing for the upcoming concert.

There was a well established staff team who knew the residents well. Staff were knowledgeable about residents' past lives and those people who were important in each resident's life. Families and friends were encouraged to remain involved in residents' daily lives and it was evident that in non COVID-19 times families and friends visited regularly. At the time of the inspection the provider had installed a visiting booth equipped with a perspex screen and telephone intercom. Visits were scheduled in line with the current restrictions and a member of staff was allocated to supervise visiting and to ensure that the visiting area was cleaned after each visitor. Staff were also using mobile phones and computer tablets to facilitate residents to have face time with their families.

Infection prevention and control (IPC) measures were in place. All staff had attended IPC training and those who spoke with the inspector were clear about what was expected of them in their work in order to keep residents safe. Staff were aware that there was a high incidence of COVID-19 in the local community and were able to tell the inspectors what measures were in place to reduce the risk of introducing the virus into the centre. However the inspectors observed three staff in the two person staff room on the second day of the inspection. This was followed up by the clinical nurse manager on the day and measures were introduced to ensure that all staff implemented the required social distancing rules at break times.

The centre was clean and tidy. There were sufficient wall mounted dispensers for hand sanitiser throughout the centre. Staff were observed performing good hand hygiene practices on both days of the inspection. The person in charge had

identified a suitable unit to isolate new residents following their admission to the centre and those residents who displayed signs and symptoms of potential Covid-19 infection. This unit was appropriately separated from the other units and had a dedicated staff team. The inspectors observed that there were donning and doffing stations on the unit and that staff donned and doffed personal protective equipment (PPE) correctly.

There were enhanced cleaning schedules in place and records showed that these were implemented. Cleaning staff were aware of the infection prevention and control procedures relevant to their role. Appropriate cleaning products were available and these were being used in line with the manufacturers guidance. Clean and dirty utility areas were available on each unit. One housekeeping room was not laid out with appropriate shelving and easy to clean surfaces and this was a potential source of transmission. This had been identified and the provider had a plan in place to upgrade this room when the current COVID-19 restrictions were lifted.

There was a dedicated laundry with clear segregation of clean and dirty items. Laundry staff were knowledgeable about their work and the infection prevention and control standards that they were required to follow. However some improvements were required to ensure that hoist slings were laundered between use with each resident and were clearly labeled after laundering so that staff knew they were clean and ready to be used.

The centre had an up to date comprehensive risk management policy in place and an up to date safety statement was also available. There was an up to date risk register which identified risks in the centre and the controls required to mitigate those risks. Overall the inspectors found that risk were being identified and that appropriate measures were put in place to mitigate risks and keep residents, visitors and staff safe. However improvements were required to ensure that any learning from incidents that occurred in the centre, for example falls, were communicated to staff and implemented in a timely manner.

A comprehensive COVID -19 risk assessment was completed and there was a robust contingency plan in place with controls identified. There was an identified isolation area in the centre and protocols for active monitoring of staff and residents for early signs and symptoms of the virus. the processes in place were in line with the Health Protection and Surveillance Centre guidance (HPSC) guidance.

Each resident had a care plan in place. The inspectors reviewed a sample of care plans and care records. Overall care plans were up to date and reflected each resident's needs. However there were a number of gaps in one resident's record of daily nutritional and fluid intake. This was a particular risk as the resident had additional nutritional needs and was being monitored to ensure that their daily intake was in line with what had been prescribed by the dietitian.

Residents had access to medical care and specialist care in line with their needs. Records showed that staff were vigilant in reporting changes in a resident's health or mood. Where required nursing staff contacted the resident's GP or the relevant

specialist practitioner. Records showed that residents had access to physiotherapy, dietitian, speech and language therapist, palliative care and consultant care when required. Staff also worked closely with the local public health team to ensure that any residents who showed signs and symptoms of COVID-19 were managed safely for themselves and to protect the other residents in the centre.

### Regulation 13: End of life

The person in charge ensured that those residents who were at end of life had appropriate care and support at the end of their life. A review of residents care plans showed that each person had an end of life care plan in place which recorded their preferences for care and place of care if they became seriously unwell.

The inspectors saw that when a resident was admitted to acute hospital the information about their wishes for end of life care were communicated to the receiving care facility.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk register maintained which identified risks in the centre and the controls required to mitigate those risks. The inspectors noted that the assessment of risks on the register was not carried out as per the centre's own policy and this needed to be reviewed and the processes realigned.

The person in charge completed an annual audit of incidents that had occurred in the centre and used this to identify any improvements that may be required as part of the annual improvement plan. However inspectors were not assured that following an incident, the analysis of how the incident had occurred was being used to identify specific learning and changes that may be required so that they could be implemented in a timely manner so as to reduce the risk of a re-occurrence.

Judgment: Substantially compliant

### Regulation 27: Infection control

On the first day of the inspection the inspectors observed that three hoist slings were being stored resting on hoists in the equipment area creating a risk of transmission of infection. In addition there was no evidence that slings were being laundered and labelled between use. This was addressed by the clinical nurse manager immediately and processes were put into place to ensure that slings were laundered, labelled and stored correctly.

Communal hair brushes and hair styling products were stored in the hairdressing room. These items were removed from use by the person in charge on the first day of the inspection.

Three members of staff were observed in the small staff rest room which did not facilitate appropriate social distancing at staff break times.

The wall mounted dispensers in the 2nd sluice room did not have hand soap and hand towels available.

A trolley being used by care staff did not have adequate segregation of clean and dirty items.

One housekeeping room was not laid out with easy to clean surfaces and storage areas. There were a number of disused wall dispensers along one wall which prevented adequate cleaning of the room.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Each resident received a comprehensive assessment of their needs which was used to develop a care plan with the residents and/or their relative. Care plans were developed within the first two days of the resident being admitted to the centre.

Residents and their families were involved in the care planning process and care plans were reviewed every four months or more often if the resident's needs changed. As a result each resident had an up to date care plan in place which reflected their current needs and preferences for care and support. However one resident's record of daily care was not up to date and the inspectors found a number of omissions in relation to observational checks of this resident at night and of their fluid and dietary intake. This is addressed as a non-compliance under Regulation 21 Records.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to appropriate medical and specialist care in line with their assessed needs. This included a high standard of evidence based nursing care and access to their general practitioner (GP).

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who might display responsive behaviours ( how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had a comprehensive assessment of their needs in relation to these behaviours. Residents had a care plan in place which identified potential triggers for behaviours and those actions and therapies that best supported the resident if they became anxious or agitated.

All staff had received training in managing residents who might display responsive behaviours. Inspectors observed that staff demonstrated knowledge and skills to respond and manage responsive behaviours in a manner that was not restrictive. This included allocating staff on a one to one basis if they were needed to supervise and support a resident who displayed responsive behaviours.

The centre was working towards becoming a restraint free environment however the number of restraints such as bed rails had not significantly reduced since the last inspection. Records showed that alternatives were trialled with some residents who used bed rails but these had not been successful with a number of residents particularly those who had become used to bed rails whilst in acute hospital settings.

Judgment: Compliant

### Regulation 8: Protection

A review of staff files showed that the provider ensured that all staff who were employed to work in the designated centre had up to date Garda vetting in place prior to commencing their roles. All staff had attended training on safeguarding vulnerable adults. Those staff who spoke with the inspectors were aware of what constituted abuse and the need to report any concerns to a senior member of staff.

The inspectors reviewed the records in relation to a recent concern. Records showed that the person in charge had investigated the concern and had taken appropriate measures to ensure that the resident was safe. However the concern had not been

notified to the Authority in line with the regulations. This is addressed under Regulation 31.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Staff knew the residents well and care and services were person centred.

The provider ensured that there were facilities for occupation and recreation for residents which took into account their preferences and their abilities. Residents had requested that the annual Christmas concert be held as usual in 2020 despite the COVID-19 restrictions. Managers and staff had worked hard to make this happen and residents were looking forward to the upcoming event.

Inspectors saw clear evidence that residents were able to spend their days as they chose and where a resident refused care and services this was respected by staff.

Staff were seen to knock and wait for permission before entering a resident's bedroom and staff and resident interactions were found to be respectful and empathetic. Staff were aware of the need for confidentiality when discussing a resident with the inspectors.

Residents had access to radio, television and newspapers in line with their preferences. Residents were heard discussing local and national events with staff and each other. In addition residents had use of mobile phones and computer tablets to keep in touch with families and friends from their communities. Prior to the COVID-19 pandemic residents told the inspectors that staff organised regular outings to places of interest and to the shops. However these had been curtailed in 2020 and were not expected to resume until residents had had their COVID-19 vaccinations in the New Year.

Residents were able to provide feedback and suggestions for changes and improvements in care and services through the resident meetings and customer satisfaction surveys that were carried out throughout the year. Inspectors observed that residents were comfortable voicing their opinions and giving staff feedback, for example; at meal times and on the Christmas decorations that were still being put up in the centre in preparation for the upcoming concert.

Residents had access to independent advocacy in the centre. Information was available in the resident's guide and on the resident's information board. One resident was using the advocacy service at the time of the inspection.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Aras Ui Dhomhnaill Nursing Home OSV-0000313

Inspection ID: MON-0031200

Date of inspection: 17/12/2020

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"><li>1. The Nursing home Annual report is now on display in the foyer of the nursing home and accessible for everyone to read.</li><li>2. A system is now in place to ensure the daily supervision of notes. A designated person ensures all daily charts are up to date and completed, this system appears to be working well. This is also being reviewed as part of the documentation audit.</li><li>3. The price list for any excess items such as hairdressing, chiropody is on display on the wall next to the reception desk in the main foyer of the nursing home.</li><li>4. The resident guide is comprehensive and on display and fully up to date with all recent inspection reports.</li></ol>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"><li>1. Since the inspection the person in charge has notified HIQA of all residents returning from the hospital who are considered close contact of Covid-19 and all residents considered suspected cases of Covid-19.</li><li>2. All notifications which occur under schedule 4 are being sent to HIQA by the person in charge within the scheduled timeframe of 72 hours of the occurrence.</li></ol>	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ol style="list-style-type: none"> <li>1. The risk management policy states that there is a level of risk identified on the assessment of risk forms. The forms have now been redesigned to show the level of risk.</li> <li>2. The Incident forms are reviewed on site within the nursing team on a weekly basis. The GP reviews the residents and signs off the form and the resident's notes. The incidents are audited by the person in charge on a monthly basis and this information is fed back to the staff on the morning handovers to ensure that any changes in practice need to be updated for the safety of the resident. The person in charge is now redesigning the incident report forms to include follow up action that may be required to assist in the prevention or reoccurrence of similar incidence such as fall to the resident or staff.</li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. All residents have individually named slings for their use. These are now being stored with the residents at all times of their movement throughout the nursing home, on their chairs or in their rooms.</li> <li>2. All hair brushes in the hairdressing room are sterilized after single use in the hairdressing room. All personal items are individually named and left in the residents own rooms and all hair brushes are individually named and kept with the resident either in their handbags or their bedrooms. There is a sterilizing unit in place in the hairdressers.</li> <li>3. All staff are fully educated and aware of the policy on two meter distancing. There are additional areas designated within the nursing home for staff to take their breaks. Break times are staggered to facilitate safety during breaktimes.</li> <li>4. This was rectified on the day of the inspection by the cleaner on duty who was aware of the dispenser and hand towel having run out. All staff are trained in how to change the soap and towel dispenser to prevent this from happening going forward.</li> <li>5. There is a new system in place and there are now specific designated bins to coincide with the carer's clean trolley and all staff are aware of the new system.</li> <li>6. The housekeeper's room has been stripped of all unnecessary unused wall dispensers and will be upgraded with new washable surfaces to allow for easy cleaning and splash-back facilities in the sink areas.</li> </ol>	

## 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 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.	Substantially Compliant	Yellow	20/03/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	20/03/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Substantially Compliant	Yellow	31/03/2021

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	03/03/2021