



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

## Issued by the Chief Inspector

Name of designated centre:	Áras Ronáin Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Manister, Kilronan, Inishmore, Aran Islands, Galway
Type of inspection:	Unannounced
Date of inspection:	24 May 2023
Centre ID:	OSV-0000628
Fieldwork ID:	MON-0040244

## About the designated centre

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

Aras Ronain Community Nursing Unit is a designated centre on the Aran Islands providing care for male and female residents over the age of 18 years. Residents are accommodated in six single and two multi-occupancy (occupancy greater than two people) rooms. Appropriate communal sitting and dining space is available in the centre, as well as safe and suitable outdoor space. The centre is currently registered to accommodate 12 people, and each resident's dependency needs are regularly reviewed to ensure their care needs are met.

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

Number of residents on the date of inspection:	10
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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 24 May 2023	11:30hrs to 16:00hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents living in Aras Ronain Community Nursing Unit were very happy living in the centre, and told the inspector that the care was "thar barr", meaning excellent. Residents had a high level of praise for the staff as individuals, and as a group. When chatting about the care received, and the staff, multiple residents told the inspector "you couldn't get better". Multiple residents are from the island and there was a real sense that this centre is embedded into the community. Multiple residents visit their homes on the island on a regular basis. The centre had its own bus to facilitate the visits.

On arrival to the centre, the inspector observed that the front door was open and there was no restriction in place. A scented candle was burning, multiple doors were open, allowing an abundance of fresh sea air to circulate in the reception area. There was a welcoming feel to the centre. The inspector met with multiple residents that were sitting in the large communal day room. The room was supervised by a member of staff who was giving out drinks and snacks. The main communal room was occupied by residents throughout the day. The atmosphere in the centre was very calm. The inspector spoke with residents as a group and also individually. Conversation flowed easily. In chatting with a group of residents, the inspector was told "we are very lucky to be here". The inspector observed an environment that was personable.

The social activities calendar in the centre was very important to the residents. All residents spoken with told the inspector that they are satisfied with the activities in place. The social side of the care delivered is viewed as the responsibility of all staff. The staff ensured that the communal day room was supervised at all times. The centre had recently purchased an interactive activity table. This table accommodated the residents to sit together in a circle and complete games as a group. The inspector observed the staff actively partaking in a game, which was of high entertainment to the residents in the group. The laughter and conversation could be heard drifting down the corridors.

Staff were observed knocking on bedroom doors before entering and introducing themselves. There was social interaction when personal care was delivered, and staff were seen to take time to ensure residents were satisfied with their appearance. The inspector observed that residents were well dressed, and residents confirmed that staff assisted them in a kind and patient way.

The centre had a residents council. Meetings were held and agenda items discussed. The requests and concerns are then reported to the person in charge. The inspector found that, the residents voice and lived experience was given high priority and always considered. For example; at one resident meeting, the residents had requested a take-away meal. Due to the timing of the request, this could not be facilitated as there was no take away open on the island. Despite this obvious challenge, the staff purchased take away food containers, allowing the residents to

have the experience of a take-away meal.

In summary, the residents in the centre received a high quality service from a team of staff that were committed to supporting the residents to have a good quality of life. The care was person-centered.

## Capacity and capability

The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. Staff were committed to ongoing quality improvement that enhanced the daily lives of the residents. While the inspector found substantial compliance with Regulation 17: Premises and Regulation 5: Individual assessment and care plan, this finding had not impacted negatively on the care received by the residents.

The Health Services Executive is the registered provider of Aras Ronain Community Nursing Unit. This was an unannounced risk inspection, carried out over one day, by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in August 2022. While all actions from the previous inspection had been completed, the finding of this inspection, was that the premises remained substantially compliant due to the requirement to paint the main corridor walls.

The centre was appropriately resourced to ensure effective delivery of good quality care and support to residents. The person in charge held responsibility and was accountable for the service delivered to the residents. The team providing the direct care consisted of a registered nurse and a team of multi-task attendants. While the centre utilises a high number of agency staff, the staff were regularised and displayed excellent knowledge of the residents. This ensured that residents benefited from continuity of care from staff who knew their individual needs. There was a system in place to ensure clear and effective communication between the management and staff.

A sample of staff files were reviewed. All nurse registration documentation was available. Vetting disclosure in accordance with the National Vetting Bureau (children and Vulnerable Persons) Act 2021 were in place. Staff files were maintained in line with Schedule 2 of the regulation. There was a comprehensive training and development programme in place for all grades of staff. Records showed that staff had completed mandatory training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training, with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. Staff responses on what action to take in the event of the fire alarm sounding were consistent and comprehensive in the detail. Staff stated they

felt confident on what action to take in the unlikely event of a fire in the centre.

The management structure was found to be effective. There was effective oversight of the quality of care provided to residents. An auditing schedule was in place. While audits had been completed in a number of key areas including care plan audits, and falls audit, the information was not clear. There was no evidence of analyses of information gathered. There was no quality improvement recommendations identified. The documentation reviewed was incomplete.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required.

### Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

There was a high level of agency staff working in the centre. The staff were regularised and so the use of agency was not negatively impacting on the delivery of person-centered care.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, and mandatory training was up-to-date. Staff were appropriately supervised in their roles to ensure residents received safe and quality care. Staff demonstrated a good awareness of individual residents' needs.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were appropriate governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was monitored. An annual review of the service was completed.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the Chief Inspector.

Judgment: Compliant

### Quality and safety

The inspector found that residents living in this centre received a high standard of care and support. The residents felt safe. There was a person-centred approach to care, and residents' well-being, choice and independence was actively promoted by a dedicated team of staff.

The inspector found that the staff delivering the direct care were knowledgeable regarding the care needs of the residents. Each resident had an assessment of their health and social care needs carried out prior to admission to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. In the main, the outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of four residents' files and found that care plans were sufficiently detailed to guide care. Care plans were reviewed every four months or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of residents' care needs. However, the inspector found that some residents did not have their care plan developed within 48 hours of admission, as required by regulations.

Residents were reviewed by their general practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to allied health and social care professionals for additional professional expertise.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Staff demonstrated an appropriate awareness of their safeguarding training, and detailed their responsibility in recognising and responding to allegations of abuse.

The rights of residents were promoted in the centre. Residents were supported to



express their feedback on the quality of the service. Staff engaged with residents to ensure the service residents received was based on their preferences and choice. The activities seen on inspection were engaging, enthusiastic and fun. Good communication was in place with families. Residents' satisfaction surveys were completed. Residents had access to an independent advocacy service.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Safety checks were in place to ensure means of escape were unobstructed. Staff were knowledgeable with regard to safe and timely evacuation of residents in the event of a fire emergency. Residents take part in simulated fire drills. The personal emergency evacuation plans for residents contained sufficient information to ensure the safe and timely evacuation of residents from the centre, in line with their assessed needs. The information was readily accessible to staff in the event of a fire emergency.

Action had been taken with regard to the maintenance of the premises following the previous inspection in August 2022. The provider had completed the installation of temperature controlled valves on all hand wash basins. All multi-occupancy bedrooms had a functioning call bell that enabled residents to call for assistance when required. The walls along the main corridor between the communal day room and dining room were unsightly and in need of painting. Resident bedrooms were personalised.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place, and were not restricted.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to adequate personal storage space in their bedrooms.

Laundry services were on-site, and there were no issues raised by residents regarding laundry.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example;

- action was required with regard to paintwork along the main corridors. The walls were in a poor state.
- newly installed hand hygiene sinks, were not appropriately cleaned. The stickers identifying the sink code were still visible despite daily cleaning in place.
- in one resident bedroom, the wall light was faulty and not providing light into the bedroom space.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed the file of a newly admitted resident and found that a care plan to reflect their care needs based on their assessment had not been developed for seventeen days after their initial admission date.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care. There was good evidence that advice was followed that ensured positive outcomes for residents. Comprehensive oversight was maintained of residents progress and timely interventions were seen in the sample documentation reviewed.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

### Regulation 8: Protection

Staff had up-to-date training in safeguarding residents in their care. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any resident living in the centre. Systems were in place ensured that residents could access their monies when requested.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation, and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents has the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in a resident feedback survey.

Residents told the inspector that they had a choice about how they spent their day.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially 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 Áras Ronáin Community Nursing Unit OSV-0000628

Inspection ID: MON-0040244

Date of inspection: 24/05/2023

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Actions: Funding is allocated to complete this work. Our maintenance department have agreed to expedite the work and have completed by end of September. Timeline: 30th September 2023	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Staff Nurse meeting is scheduled for the 5th July to discuss care planning. All nursing staff have already been made aware of the Aras Ronan CNU Care Plan Policy. A resident's care plan will be initiated within 24hours of admission to Aras Ronan CNU as per local policy. Timeline: 5th July 2023	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
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	05/07/2023