



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:	03 June 2021
Centre ID:	OSV-0000628
Fieldwork ID:	MON-0033187

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:	8
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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
Thursday 3 June 2021	10:30hrs to 16:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Residents told the inspector that Aras Ronain was a nice place to live. The inspector observed that the interaction between staff and residents was good, being both individualised and person-centred in approach. On the day of the unannounced inspection, residents were well groomed and appeared content, and those who spoke with the inspector confirmed that they felt safe living in the centre. The inspector found that the residents received a good standard of care and support that met their assessed needs. With the exception of access to physiotherapy residents' medical and healthcare needs were being met.

On arrival the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included practising hand hygiene, wearing face coverings and taking temperature checks. Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the guidance on the COVID-19 pandemic.

The inspector found that a high level of importance was placed on information sharing and the need for staff and residents to take all measures to protect themselves from the COVID-19 virus. The management had completed hand hygiene training with the residents. The education session had been turned into a fun activity and residents were well informed on correct hand hygiene steps and the importance of same. The inspector was informed that the provider had rolled out and completed its vaccination programme with 100% take up from both residents and staff. A vaccination party was held in the centre. Photos on display on the wall in the communal sitting room showed that residents' had enjoyed the event. The staff had put together a mixture of photos and made signage with the words "Dochas" and "Sonas" meaning hope and happiness.

Despite the challenges of the COVID-19 pandemic, the management and staff had facilitated window visits throughout and residents were very grateful. In addition, in some instances following the completion of a risk assessment some residents had continued to go out for drives around the island with their families. On the day of inspection there was a designated area where visits could be accommodated.

The external gardens had been finished and were maintained to a high standard. The centre is high up on a hill and has panoramic sea views. The internal courtyard gardens were maintained to a high standard. For example; pots and plants. The gardens are wheelchair accessible. Residents told the inspector that the gardens are in regular use and greatly appreciated. Residents told the inspector about a recent birthday celebration that had occurred in the outdoor gardens.

Residents are accommodated in six single bedrooms and two three bedded multi occupancy rooms. Overall, the premises was visibly clean. Ongoing maintenance is in place. For example, painting of the multi occupancy bedrooms was happening on the day of inspection. Resident bedrooms were personalised with belongings of

value to the residents. Family photos were on display. The inspector found that many wardrobes were in a poor state of repair and in need of replacement. Minutes of meetings evidenced that replacements were ordered and due for delivery in July 2021.

Residents said they could talk to staff about any concerns they had and were confident that any issue raised would be resolved promptly. The atmosphere in the communal rooms was relaxed and welcoming. The majority of residents are bi lingual and staff were heard speaking in both English and Gaelic, depending on the resident choice.

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 on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that residents received a good standard of care that met their assessed needs. On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. Despite the high level of compliance with the regulations the inspector found that action was required with regard to the following areas;

- the temperature of the hot water from the hand hygiene sinks was not controlled. The inspector was unable to wash her hands using the hot tap as the temperature was too hot. This very hot supply of water posed a risk of scalding to any person using the sinks.
- a review of the recommencement of on site allied healthcare professional consultations. For example; access to physiotherapy.

The Health Services Executive (HSE) is the registered provider of Aras Ronain. This was an unannounced inspection to inform the registration renewal of the centre, to monitor compliance with the regulations and to review contingency arrangements including infection prevention and control measures in light of the COVID-19 pandemic. The person in charge was on leave on the day of inspection. The nurse in charge who facilitated the inspection had very good knowledge of the systems in place that monitor the service.

An auditing schedule was in place. Audits had been completed in a number of key areas including, care plan audits, nutritional management audit, hand hygiene audits, use of restraint audits and environmental audits. Audits completed were analysed and were used to drive and sustain quality improvements. The person in charge had completed the annual review for 2020.

The inspector found that staff displayed good knowledge of the national infection

prevention and HPSC guidance. The person in charge had completed HIQA's Self-assessment Tool, Preparedness planning and Infection prevention and control assurance framework for registered providers. The person in charge had a COVID-19 folder that contained all upto date guidance documents on the management of a COVID-19 outbreak. Due to the cyber attack on the IT systems the operational risk register was not available for review. There was however, a paper copy of the COVID-19 risk assessment in the COVID-19 folders. For each risk identified it was clearly documented what the hazard was, the level of risk, the controls in place and the person responsible. In addition, the risk associated with the recent IT cyber attack was clearly documented.

Registration Regulation 4: Application for registration or renewal of registration

The application for the registration renewal of the centre had been submitted. Floor plans were not accurate. Additional information and clarity was required. For example, the centre premises is a section of a larger campus shared with community services. Clarity on the boundaries of the registered designated centre on the floor plans was required. This was submitted following the inspection.

Judgment: Not compliant

Registration Regulation 6: Changes to information supplied for registration purposes

On the day of inspection the inspector was informed that the current registered person participating in management (PPIM) of the centre had left the post and that there was a newly appointed PPIM. The office of the Chief Inspector was not informed of this change in the governance and management structure. The inspector was informed that the change had occurred recently. A NF31 notification was required to reflect the changes in the governance and management organisational structure.

Judgment: Not compliant

Regulation 15: Staffing

There was a registered nurse on duty 24 hours a day. The inspector reviewed the rotas, spoke with the residents and with the staff delivering the care. On the day of inspection the staffing levels and skill-mix were sufficient to meet the assessed needs of the current residents.

Judgment: Compliant

Regulation 16: Training and staff development

An up-to-date record of all training provided to staff was not available due to the IT systems being offline. The inspector reviewed the personnel files and training records of four staff and found full compliance with mandatory training requirements.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found the centre was delivering a high standard of care to the residents. The staff that interacted with the inspector throughout the day was familiar with the systems in place that monitor the care. Despite the challenges facing the staff from the cyber attack, the information that was available in paper outside of the electronic systems was made available in a timely manner and presented in an easily understood format. Care audits had been completed. An annual review of the service had been completed. In addition, the annual review had been prepared in consultation with residents.

Judgment: Compliant

Regulation 3: Statement of purpose

Prior to the day of inspection, the office of the Chief inspector had communicated to the registered provider that the Statement of Purpose required additional information. While there was a delay in the submission of the updated SOP it was as a result of the cyber attack.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with told the inspector that they would not hesitate to make a complaint. Feedback from residents was welcomed by the management team. There was a suggestion box in the reception area. The Inspector reviewed the complaints log and found that there was a total of two complaints logged in 2020. There was

good evidence in the documentation that appropriate actions were taken when a complaint was received.

Judgment: Compliant

Quality and safety

Residents wellbeing and welfare was maintained by a good standard of evidence-based care and support. The inspector found that the needs of residents were the priority. Dedicated staff in the centre had worked tirelessly to ensure resident care needs were met. Policies and procedures were available to all staff in the centre to inform and guide clinical care and service provision.

Residents had very good access to medical care. On site medical reviews and individual one to one consultations had been completed throughout the pandemic. In the main assessments from Allied Healthcare Professionals were completed remotely. However, access to physiotherapy was lacking since October 2020. Staff spoke with told the inspector that physiotherapy assessment and review was not available.

Appropriate monitoring and interventions were in place to ensure residents' nutrition and hydration needs were met. The inspector also reviewed wound management documentation and found evidence of good practice that ensured healing of wounds occurred. The resuscitation status of all residents was clearly documented.

The inspector observed that the centre was visibly clean. There was a color coded cloth cleaning system in place. Cloths were changed between rooms. Staff spoken too were knowledgeable on the system in place. For example; the need for increased cleaning on frequently touched surfaces like door handles. Resident bedrooms were cleaned daily and more often if required. Infection prevention and control measures in place included:

- Alcohol hand sanitizers were available throughout the building.
- Staff temperatures were monitored twice a day.
- Appropriate signage was in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate.
- There was sufficient supplies of cleaning products available.
- Wash hand basins were sufficiently stocked with hygiene products
- There was sufficient supplies of PPE available

There was evidence of weekly fire safety checks. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. While fire drills had been completed, further improvements were required to ensuring that records of fire drills undertaken provided assurances that residents could be evacuated safely and in a timely manner. This detail is outlined under Regulation 28:

Fire Precautions.

Regulation 11: Visits

The current COVID-19 Guidance on visits to Long Term Residential Care Facilities was seen to be implemented.

Judgment: Compliant

Regulation 17: Premises

The inspector found that action was required to ensure that suitable anti-scalding protection devices were in place for sinks. The inspector was informed that the issue of the hot water temperatures had been reported and was logged on the risk register. The nurse in charge confirmed that there was an ongoing issue with the hot water supply and that it had been highlighted on the risk register. The inspector discussed the supply of hot water with the Registered Provider representative at the feedback meeting who committed to take action to resolve same. This will be addressed in the compliance plan response.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall the building was found to be clean. The cleaning schedule was detailed and identified when all areas of the centre were deep cleaned. Regular infection control reviews were carried out to ensure compliance with policies and best practice.

Protocols were in place for symptom monitoring and health checks for residents and staff. Residents' temperatures were monitored and recorded twice a day and staff temperatures were monitored to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. Appropriate infection control procedures were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Simulated fire evacuation drills of the largest compartment for night time conditions with night time staffing numbers had not been carried out.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were assessed on admission and at regular intervals thereafter. Staff used a variety of accredited assessment tools to complete an assessment of each resident's needs, including risk of falling, malnutrition, pressure related skin damage and mobility assessments. These assessments informed care plans to meet each resident's needs. The interventions needed to meet each resident's needs were described in person-centred terms to reflect their individual care preferences.

Judgment: Compliant

Regulation 6: Health care

A review of the reintroduction of on site access to physiotherapy services was required. For example; within a file reviewed the plan of care dated October 2020 outlined that a review from a physiotherapist was required in 2-3 weeks. This review had yet to be completed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were provided with national newspapers. There were televisions in communal rooms and in bedrooms. Residents had access to advocacy services and information regarding their rights. Information and contact details were displayed.

Residents were supported to engage in activities that aligned with their interests and capabilities. A number of residents told the inspector that the activities are important to them and they enjoyed the company of each other.

There are two, three bedded multi occupancy bedrooms in the centre. On the day of

inspection, one of the rooms was under renovation and was been painted. The second multi occupancy bedroom room size was laid out to meet the needs of current residents. There was appropriate screening in place to ensure privacy and dignity.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Not compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Áras Ronáin Community Nursing Unit OSV-0000628

Inspection ID: MON-0033187

Date of inspection: 03/06/2021

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
Registration Regulation 4: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: HSE Estates were informed regarding new floor plans as per HIQA requirements for the designated centre. They are currently working on these floor plans. Timeline: 31st August 2021. Once updated the new floor plans will be resubmitted.</p>	
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: The NF31 notification form was submitted to the Office of the Chief Inspector on the 18th June 2021. However, this form was returned to the RPR as an old format of form was used. We are waiting on internet access to return in order to get the new version and resubmit. Timeline: 31st July 2021.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 PIC liaising with maintenance department to install temperature control valves on all wash hand basins in the designated centre. Risk assessment in place and is reviewed regularly. At present the risk is low as those were conducted in the meantime. At present there is a low risk of a resident getting scalded from these taps as there is signage erected to warn about the hot water.
 Timeline: 31st August 2021.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Night time fire evacuation simulation had taken place on the 2nd June 2021. However Person in Charge did not clearly record this fire drill to reflect a night time simulation. Staff meeting held and all staff made aware of the correct format to record such drills.
 Timeline: 12th July 2021

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 We are taking all measures to a secure a physio onsite. PIC has a meeting arranged with the Community Physiotherapist Manager in CHO2 on the 8th July 2021 to discuss options in accessing this service on a continual basis for residents. In the interim the resident has been given the option to attend a physio on the mainland if they want.
 Timeline: 31st July 2021

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
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule 2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered	Not Compliant	Orange	31/08/2021

	provider.			
Registration Regulation 6 (3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	31/07/2021
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	31/08/2021
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	Substantially Compliant	Yellow	12/07/2021

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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 to such treatment.	Substantially Compliant	Yellow	31/07/2021