

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mhathair Phoil
Centre ID:	OSV-0000652
Centre address:	Castlerea, Roscommon.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 February 2015 10:30	16 February 2015 18:00
17 February 2015 10:00	17 February 2015 16:00

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

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

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (the Authority) to renew registration of this centre. The current registration of this centre is due to expire in June 2015. This was the eighth inspection of this centre undertaken by the Authority. The Authority had received information with regard to an incident in the centre. The inspector requested that a comprehensive review be completed by the provider of this incident. The provider has confirmed by email that this is being undertaken. Seven residents and five relatives completed a pre-inspection questionnaire. On review of these the inspector found that residents and in the main relatives were positive in their feedback and expressed satisfaction about the facilities, services and care provided. Concern was expressed with regard to a lack of activities in some

relative questionnaires and inadequate storage space by one relative. Residents spoken with on the day of inspection told the inspector that they were 'well cared for'. Comments included "I love it here, staff are great, they look after us all well". Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview on previous inspections and will continue to be determined by ongoing regulatory work, including further inspections of the centre and level of compliance with actions arising from all inspections.

The inspector reviewed documentation submitted by the provider and person in charge since the last inspection, met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector found that overall residents' health care needs were well supported with good access allied health professionals. Medication management practices were found to be compliant and mandatory training was up to date for most staff.

An unannounced thematic inspection reviewing nutritional care and end of life care had previously been carried out by the Authority in September 2014. The areas which required review from the previous inspection related to production of an annual review report of the quality and safety of care delivered to residents and ensuring accurate recording of intake of food and fluids. While these actions had been addressed, the action with regard to the annual review requires further work to ensure compliance.

Overall, substantial compliance was found in the many outcomes. However, improvements were required as follows:

Outcome 1 – Review of the Statement of Purpose

Outcome 2 - Consultation with residents and relative with regard to review of practices and procedures at the centre

Outcome 10– Complete a comprehensive review of an incident

Outcome 11 – Review of care plan records

Outcome 16 - Review of meaningful activity provision

Outcome 12 – Compliance with the national standards with regard to the premises post July 2015

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the providers' and person in charges' response.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider had submitted a revised statement of purpose as part of the application to register. The inspector reviewed the statement of purpose and found that it did not comply with all the requirements of the Regulations. The statement of purpose requires review to detail supervision of specific therapeutic techniques and to state that no day care services are provided at the centre.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There is a clearly defined management structure that identifies the lines of authority and accountability. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services. The quality of care and experience of the residents was monitored on an ongoing basis and improvements were brought

about as a result of the learning from the monitoring reviews for example with regard to consultation with residents regarding the running of the centre. The residents had stated that they would prefer small frequent informal meetings to discuss their views rather than quarterly large meetings. Small informal meetings were now occurring.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that such care was in accordance with relevant standards set by the Authority under section 8 of the Health Act. A copy of this review is required to be made available to residents. An overall report of the annual review of the quality and safety of care delivered to residents was available but there was no evidence of consultation with residents and their families throughout this report.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A resident's guide detailing a summary of the service provided was available. The inspector viewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided to the resident, however, not all contracts included the fees to be paid. The person in charge explained that this was because the centre had not received the letter of confirmation of fees from the relevant Authority. No additional fees were payable for social care, physiotherapy or occupational therapy.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been no change to the role of person in charge since the previous inspection. She has been in post as person in charge since 2009. She is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and works full-time in the centre.

She demonstrated good clinical knowledge and understanding of her legal responsibilities under the Regulations and Standards. She had engaged in continuous professional development in the previous 12 months and had completed courses in 'Cardio pulmonary resuscitation, leadership for service improvement, nutritional care and final journeys'.

Her mandatory training in adult protection, safe moving and handling and fire safety and her registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a range of documents, including residents' and staff records and the directory of residents. The inspector found that generally records were maintained in a manner so as to ensure completeness accuracy and ease of retrieval however, some improvements were required. These included Schedule 2 records – documents to be held in respect of each member of staff were not complete. Omissions included evidence of the person's identity, including a recent photograph, a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and two written references, including a reference from a person's most recent employer (if any). Schedule 3 records were also found to be incomplete as the nursing progress notes need to ensure they give an accurate and complete account of how the resident spent their day to include social care and mental well-being.

In respect of residents nursing care plans, they did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months and a record of consultation with the resident and their significant other if appropriate.

Judgment:
Non Compliant - Minor

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Appropriate arrangements were in place for the management of the centre in the absence of the PIC. An experienced clinical nurse manager who worked full-time deputised in the absence of the person in charge. She had engaged in continuous professional development and had completed the following courses in 2014, 'Cardio pulmonary resuscitation, supra pubic re-catheterisation, national medicines management programme, final journeys – end of life care programme and nutritional care. She was familiar with the legal responsibilities of the person in charge including requirements in relation to the submission of notifications to the Chief Inspector.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff had received training in adult protection to safeguard residents so as to protect them from harm and abuse. Staff could tell the inspector what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse. There were no active incidents, allegations, or suspicions of abuse under investigation. There was a visitors' record located by the nurses' station on entry to the unit to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras at entrance and exit points. Residents spoken with and those who had completed questionnaires reported that they felt safe in the centre and related this to the availability of staff and the premises being kept secure.

The centre had adapted the national policy on a restraint free environment to ensure residents were prevented from potential harm. Before implementing a restraint measure, an assessment was completed to determine the suitability of the restraint for the specific resident and alternatives to the use of restraint had been trialled prior to the enactment of the restraint measure. Lo-lo beds and bed alarms were utilised for some residents as alternatives to restraint measures. The person in charge informed the inspector that there was one resident who was displaying behaviour that challenged. Training had been provided for staff. Behaviour monitoring logs and an accompanying care plans were in place. The clinical nurse manager had completed an audit of the incidence of the behaviours pre and post the training for staff and found that the incidents of the behaviour episodes decreased post staff training. There was good evidence of access to mental health services from talking with staff and as documented in resident files. A policy, which gave guidance to staff on how to manage behaviours that challenge, was also available.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a centre-specific signed health and safety statement available which contained an assessment of risk and control measures to be implemented. This had been reviewed in February 2015.

Fire safety procedures were satisfactory with the fire alarm and emergency lighting serviced quarterly and other equipment serviced annually as required. The evacuation procedure was displayed at strategic points throughout the centre and staff were able to explain lateral evacuation and emergency response should a fire occur. Most staff had up to date fire training, however, staff recently recruited did not have fire safety training completed specific to this centre. They had completed fire safety training in their previous posts and the person in charge confirmed that she had spoken with them with regard to fire safety at the centre as part of their induction. She stated that she was in the process of organising fire safety training for the recently appointed staff. Regular fire drills were completed including a drill with the least amount of staff that would be available to ensure safe evacuation at all times.

Risk minimisation features included non-slip flooring and a clutter free environment. Hand-rails and call-bells were installed. Assistive devices such as tactile mats and monitoring devices were available to assist residents. Training records demonstrated that staff had undergone specific training in safe moving and handling and safe use of the hoist. However, the inspector observed poor manual handling practice by staff when moving a resident from a stationary chair to a wheelchair.

A risk management policy to include items set out in regulation 26(1) had not been developed. The risk management policy does not refer you to the abuse policy, missing person's policy, accidental injury to residents, visitors or staff or arrangements for the identification recording investigation or learning from serious incidents or adverse events involving residents. Risk management was supported by individual risk assessments for residents linked to their assessed needs.

An emergency plan was in place to guide staff as to how to respond to serious untoward incidents and included the location of emergency interim accommodation in the event of the residents having to be evacuated. There was evidence that specific infection control measures had been implemented including the provision and use of hand sanitising agents by staff and staff training in hand hygiene.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Medication was prescribed administered and stored in accordance with safe practice. The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which included the management of pro-re-nata medication (PRN) medication.

Evidence was available that MDA drugs were checked twice daily by two nurses. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. If medication was refused this was recorded on the medication administration record. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum doses of PRN (as required medication) was recorded.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The Authority had received information with regard to an incident in the centre. The inspector requested that a comprehensive review be completed by the provider of this

incident. The provider has confirmed by email that this is being undertaken.

The inspector reviewed records of accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adhered to the requirement to submit relevant notifications to the Chief Inspector.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that while all residents had care plans improvements were required in this area. On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. The inspector noted that the assessments did not inform the care plans, therefore care plans were not person centred for example if someone was assessed as at a high risk on nutritional deficit on assessment this was not reflected in the care plan.

Additionally care plans were not linked together to give a global view of the residents care. For example, skin integrity, nutrition, mobility and pressure area care were not linked. While care plans were reviewed, there was poor evidence of a meaningful consultative process with the resident and their significant other with the resident's consent. A narrative record was recorded for residents each day, and while this gave an overall clinical picture of the resident but did not convey the full range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being.

However, the inspector found from talking with the staff and residents that residents' overall health care needs were met. Staff could describe changes to the identified needs of residents and delivery of care in line with contemporary evidence based practice. The interventions described by the staff reflected the needs of the residents even though not always documented in the care plans.

Residents had access to appropriate medical and allied health care professionals. General practitioner (GP) services and out-of-hours cover was also available.

Where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. There were no residents with pressure ulcers on the days of inspection.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre was comfortably warm, clean and odour free. This centre has multi occupancy rooms and the provider has met with the Authority to discuss proposals to ensure that this centre will be in compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. A final plan is required to be submitted to the Authority with regard to compliance in this area post July 2015. This plan must include a commencement and completion date and assurance that finance has been agreed and sanctioned. A plan was available in the centre and the person in charge assured the inspector that the safety and comfort of the residents would be protected while refurbishment was occurring.

There was appropriate equipment for use by residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment, and equipment was stored appropriately.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents spoken with by the inspector and from completed residents questionnaires identified who they would speak to if they had any issues or wished to make a complaint. The complaints procedure was displayed at the entrance area and clearly described the steps to follow when making a complaint and how the complainant can appeal the outcome of a complaints investigation if not satisfied.

The inspector reviewed the complaints log. Seven complaints were documented for 2014. All of these complaints had been investigated and were deemed resolved at the time of inspection.

A system to monitor complaints was in place which provides an opportunity for learning and improvement, for example two complaints related to the food and dining, three related to provision of care, one related to the premises and one related to issues between two residents.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

This outcome was inspected in September 2014 as part of the thematic inspection. The inspector reviewed a sample of residents' records and end-of-life preferences had been documented for all residents. A policy on end of life care was available. A pain assessment and monitoring chart was in place to ensure analgesia was administered as required and monitored for its effectiveness.

The centre had established good links with the local palliative care team and was complimentary of the service provided to their residents. Overnight facilities and refreshments were available to residents' family members and friends during end-of-life care.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

This outcome was inspected in September 2014 as part of the thematic inspection. The inspector found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. The person in charge informed the inspector that a new four week rolling menu had been reviewed by the dietician and was ready for implementation. This menu provided more choice for residents on modified diets. Residents were offered snacks and refreshments at various times throughout the day.

Residents' weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' General Practitioners, a dietician and SALT (speech and language therapy) when required and recommendations were recorded in residents' files but not always reflected in the care plans. (action under outcome 11 with regard to care plans). Staff had attended training on nutritional care.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

Findings:

The centre has a policy on communication. Residents told the inspector they had choice in their basic routines such as getting up and going to bed. Also resident's preferences, for example, remaining in their room were respected and staff were found displayed a good knowledge of individual resident's routines and preferences.

Staff were observed being respectful of resident's privacy when providing care, entering their rooms or discussing their care needs. Residents informed the inspector that they could on an individual basis make suggestions to the staff. Staff were observed engaging and communicating in a pleasant respectful manner with residents. Adequate arrangements were in place for consultation with residents on the running of the service. Following the outcome of a resident's survey the person in charge had started a process where there were frequent small informal meetings. Minutes of these meeting, dated 11 December 2014 and 23 January 2015 were available.

Residents confirmed that their religious and civil rights were supported. Mass was celebrated weekly and religious ministers and the priest could be contacted at any time. Mass is held each November for any resident who have passed away during the year. Residents were facilitated to exercise their political rights and could vote.

While residents had some opportunities to participate in activities that were meaningful and purposeful to them this was an area that required review. No timetable of activities was available so that residents knew what activities were available and could make a choice as to whether they wished to partake in the activity on offer. In some relative questionnaires comments were made with regard to the inadequacy of and unstructured approach to activity provision. There was no specific activity co-ordinator to organise, plan and co-ordinate the activity schedule.

Some bedrooms were multi occupancy and opportunity to meet relatives/visitors in private was available to residents in the visitors' room or dining room.

Residents had access to the television and/or radio and to daily national newspapers and local newspapers. Some residents had their own mobile phone and a cordless phone was also available so that residents and could receive or make telephone calls in private.

Many staff lived locally and could relay the local news to the residents.
Judgment: Substantially Compliant

<i>Outcome 17: Residents' clothing and personal property and possessions</i> <i>Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</i>
Theme: Person-centred care and support
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: <p>There is a policy on the management and safeguarding of residents personal possession. The resident's bedrooms in the main had sufficient storage space for possessions and a lockable locker for personal possessions. Property lists were completed on admission and at regular intervals thereafter. Some rooms were personalised with personal photographs, pictures and other personal belongings.</p> <p>The laundry room was spacious and well equipped and minimised the risk of cross infection. Residents expressed satisfaction with the service provided and the safe return of their clothes to them.</p> <p>There were systems in place to safeguard residents' property and money. The inspector reviewed these procedures and found that the provider was compliant in this area. The person in charge stated that they followed the HSE's policies on resident's finances and residents received regular statements from the central accounts department.</p>
Judgment: Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. The centre had recently been allocated an additional two nurses and a multi task attendant. The person in charge had put a procedure in place where the sitting room was supervised at all times. In the morning there are generally three nurses and six care staff in addition to the person in charge. In the evenings there is generally there are two nurses and five carers. There is a qualified nurse and two care assistants on duty from 20:00 hrs up to 23:00 hrs. From 23:00hrs to 08:00 there is one nurse and one carer on duty. Those residents who could use the call-bell system stated that staff responded quickly to their call-bells at night. There was sufficient catering and household staff available at all times.

New staff recruited undertook an induction programme which included supernumerary time. Review of the training matrix indicated that mandatory training in manual handling and adult safeguarding had been undertaken for all staff and fire safety training had been undertaken for all staff with the exception of the new staff recruited. As part of the induction procedure new staff had been inducted in the local fire procedures. The person in charge explained that these staff would have formal fire safety training in the near future. Additional training in hand hygiene, continence, dementia training, nutritional care training and end of life care. Two staff were trained in Sonas (a group session involving stimulation of all five senses particularly useful for people with cognitive impairment). While a variety of training had been provided to staff findings in relation to outcome 8 with regard to safe moving and handling, outcome 11 care planning and outcome 16 meaningful activity indicated that despite this training some aspects of the delivery of care require improvements.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Mhathair Phoil
Centre ID:	OSV-0000652
Date of inspection:	16/02/2015
Date of response:	22/04/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose requires review to detail supervision of specific therapeutic techniques and to state that no day care services are provided at the centre.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

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

Statement of purpose will be updated to include all the information set out in Schedule 1 of the Health Act 2007

Proposed Timescale: 30/06/2015

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

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There was no evidence of consultation with residents and their families in the annual review of the quality and safety of care delivered to residents.

Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

The annual review of the quality and safety of care delivered to the residents will be prepared in consultation with residents and their families and a copy will be made available to residents.

Proposed Timescale: 30/08/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Schedule 2 records – documents to be held in respect of each member of staff were not complete.

Schedule 3 records were incomplete -The nursing progress notes did not give an accurate and complete account of how the resident spent their day to include social care and mental well-being.

Residents nursing care plans, did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months and a record of consultation with the resident and their significant other if appropriate.

Action Required:

Under Regulation 21(1) you are required to: 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.

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

1. Staff records will be updated to include all documents required under schedule 2
2. Nursing daily progress notes will include social care and mental well being of residents in addition to their overall clinical picture as required under schedule 3.
3. All care plans are reviewed and revised as necessary every 3 months and we have developed a form which the resident and/or their significant other can sign to confirm that they have been reviewed in consultation with them.

Proposed Timescale: 29/04/2015

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

The risk management policy does not refer to the arrangements for the identification recording investigation or learning from serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26(1)(d) you are required to: 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.

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

Proposed Timescale:

Theme:

Safe care and support

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

Staff recently recruited did not have fire safety training completed specific to this

centre.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Fire Safety training was held on the 5th and 18th March 2015 and we will continue to hold regular fire drills /training.

Proposed Timescale: 30/04/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector noted that the assessments did not inform the care plans.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Residents will be assessed and assessments will be used to inform individual care plans which will be developed in consultation with the resident and their significant other where appropriate within 48 hours of admission.

Proposed Timescale: 30/04/2015

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was poor evidence of a meaningful consultative process with the resident and their significant other with the resident's consent.

A narrative record was recorded for residents each day gave an overall clinical picture of the resident but did not convey the full range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All care plans are reviewed and revised as necessary every 3 months and we have developed a form which the resident and/or their significant other can sign to confirm that they have been reviewed in consultation with them.

Proposed Timescale: 29/04/2015

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

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

This centre has multi occupancy rooms and the provider has met with the Authority to discuss proposals to ensure that this centre will be in compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. A final plan is to be submitted to the Authority with regard to compliance in this area post July 2015. This plan must include a commencement and completion date and assurance that finance has been agreed and allocated.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Plans will be forwarded once dates for commencement and completion of work have been agreed.

Proposed Timescale: 10/06/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No timetable of activities was available so that residents knew what activities were available and could make a choice as to whether they wished to partake in the activity on offer. There was no specific activity co-ordinator to organise, plan and co-ordinate the activity schedule.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A timetable of activities will be reintroduced and activities will be carried out in consultation with the resident and the assigned co-ordinating staff member.

Proposed Timescale: 30/06/2015