

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Chois Fharráige
Centre ID:	OSV-0000382
Centre address:	Pairc, An Spidéal, Galway.
Telephone number:	091 553 194
Email address:	care@thearas.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aidan & Henrietta McGrath Partnership
Provider Nominee:	Aidan McGrath
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	2

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 November 2015 12:30 To: 26 November 2015 16:00

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

Outcome	Our Judgment
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

A triggered unannounced inspection was undertaken on the 26 November 2015 in response to information received by the Authority with regards to nutritional care. The inspector found that the concern was not substantiated. While there were residents who had been assessed as requiring careful nutritional care, monitoring plans were in place to ensure these residents assessed needs were met. Nursing staff were aware of which residents required extra care with nutritional intake. A minority of residents due to their ailing health and advanced age required significant encouragement to try and ensure their nutritional care was adequate. Supplements and a fortified diet were available to these residents and they were regularly reviewed by their General Practitioner and by the dietician, with the exception of one resident who had not been reviewed by the dietitian to date.

The inspector met with the provider, both persons participating in the management of the centre, staff, residents, relatives and the chef. The inspector observed practices and reviewed documentation including resident files, medical records, special menu sheets, daily care records pertaining to food and fluid intake and output. The centre provides care to a resident group with a wide range of care and medical needs and health problems which included residents with confusion or dementia. Some residents had a past history of mental health problems.

On the day of inspection there were 40 residents accommodated in the centre. The centre is registered for 42 residents. Residents chatted to the inspector about the day to day service provided and all stated they enjoyed living in the centre and were well looked after. They described the staff as "caring, look after us great and lovely".

The inspector outlined the evidence found on inspection that supported her findings to the provider and both persons participating in the management of the centre

verbally at the end of the inspection. The action required 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 are detailed in the action plan at the end of this report. The action relates to completion of food and fluid charts.

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 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):

No actions were required from the previous inspection.

Findings:

Staff had put systems in place to monitor weight loss and to manage residents who had significant weight loss. Nutritional assessments using a validated nutritional screening tool were carried out on admission for all residents and regularly reviewed. All residents are weighed on admission to obtain a baseline assessment. Residents were weighed monthly or more regularly according to their assessed needs. Food and fluid intake and output charts were completed. On most occasions these were completed adequately however, on some occasions these required further input to ensure they provided sufficient detail to be of therapeutic value, for example, they did not detail if the food given to the resident was fortified with for example, sugar, cream or butter. These contained specific amounts on most occasions but the 24-hour intake/output was not totalled on all occasions. At feedback, staff stated they would address this at handover and continue to regularly remind and reiterate to staff the importance of this.

There was evidence that residents had been referred to a dietician and speech and language therapy services. When a resident was referred to the dietician, a three day food and fluid diary was completed by staff to assist the dietician with the assessment of the resident. From the sample of files reviewed, the inspector noted that one resident who is residing in the centre who had lost weight was prescribed oral nutritional supplements by their general practitioner and was on a fortified diet, but had not been seen by the dietician to date.

A physiotherapist was available in the centre. There was also evidence that the general practitioner regularly reviewed residents. For example, in one file reviewed the inspector noted that the resident had been seen ten times by the general practitioner over a 7 month period. In another, the resident had been seen 6 times over a three month period and another resident was seen 5 times in the previous two months. A sample of medication administration charts reviewed by the inspector indicated that nutritional supplements recommended by the dietician were prescribed by the general practitioner. Subcutaneous fluids were available for residents who were not able to partake of oral

fluids due to their clinical condition and upon review and instruction from the residents' general practitioner.

Where residents were on modified diets these had been reviewed by speech and language therapy services and a record of special diets was available to the chef and in the kitchenette upstairs. This was colour coded according to the grade of modification and detailed the residents' name and room number. There was emphasis on fortifying meals for those residents who had impaired intake. Residents who required dietary restrictions due to medical grounds were facilitated, such as diabetic diets. A care plan was in place to assist and direct staff with regard to specific medical problems that required specific diets.

The inspector visited the kitchen and spoke with the chef. From review of the roster, a chef was available daily from 08:00 to 18:00 hrs. This was also confirmed by the chef. The chef stated that if he had any questions he could ask any of the nursing staff and described good communication on his induction with staff regarding the specific needs of residents. There were plentiful supplies of food available. The chef had recently commenced working at the centre as the permanent chef was on leave. The inspector discussed the evening meal with the chef who described a number of options for food that were available to residents including ham, cheese or plain omelette, scrambled egg and beans with black and white pudding and scrambled egg, rice pudding, custard and sandwiches. There was a further snack served at 20:30 hrs. Night staff had access to the kitchenette to make hot drinks and a light snack for residents.

The inspector observed lunch in the first floor dining room and saw that lunch was a sociable occasion with assistance being offered in a discreet and respectful manner. Staff interacted and spoke with residents while offering assistance. Residents told the inspector that they were offered a varied diet, which included a choice of meals and regular snacks. Relatives also expressed this view. Gentle encouragement was given to residents who were reluctant to eat. Residents and relatives with whom the inspector spoke with were complimentary of the meals and snacks served. Residents were provided with adequate dining space with many residents choosing to attend the dining room for lunch and some having lunch in the sitting room and in their bedrooms.

In all files reviewed residents had care plans on nutritional care. These were person centred and contained adequate information to guide staff in the delivery of care to the resident. Evidence was available that care plans were reviewed at 4 monthly intervals and there was evidence of consultation with residents and relatives.

One file reviewed related to wound care issues that were now resolved. A healthy eating plan was in place to try and ensure that this resident did not gain any further weight. On some occasions where a resident had lost weight, a rationale for this was detailed, for example 'weight dropped 2.5 kgs, he had a chest infection, most likely cause of same, on supplements and fortified diet'.

Judgment:
Substantially 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:

A staff allocation sheet was available. Residents who required assistance with eating were allocated a specific staff member. On reviewing the staff roster and from observation on inspection, speaking with relatives, staff and residents, the inspector found that there were sufficient staff to meet the needs of residents during mealtimes.

Nursing staff spoken with stated that where any significant changes to a residents clinical condition to include weight loss, this was recorded in the daily records and brought to the attention of the senior staff on duty which was usually the person in charge.

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 Chois Fharraigne
Centre ID:	OSV-0000382
Date of inspection:	26/11/2015
Date of response:	10/12/2015

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 15: Food and Nutrition

Theme:

Person-centred care and support

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

Some food and fluid intake and output charts required further input to ensure they provided sufficient detail to be of therapeutic value, for example, they did not detail if the food given to the resident was fortified with for example sugar, cream or butter.

1. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by

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

health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

The person in charge and CNMs will ensure that all Health Care Assistants will be trained in the importance of recording fortified food such as butter or cream in the fluid and food balance charts. The charts will be revised to facilitate the inclusion of fortified foods. They will also be amended to include a notice to remind staff to provide this information to ensure that resident's dietary needs are met to the highest standards. Staff meetings have and will be held to inform and educate staff in this matter.

Proposed Timescale: 31/12/2015