

**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:	amcgrath@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):	Shane Grogan
Type of inspection	Announced
Number of residents on the date of inspection:	39
Number of vacancies on the date of inspection:	3

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 1 day(s).

The inspection took place over the following dates and times

From: 12 September 2016 11:00 To: 12 September 2016 20:00

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

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

Summary of findings from this inspection

This was the eighth inspection of this centre. This announced registration renewal inspection was carried out in response to an application by the provider to the Health Information and Quality Authority (HIQA) to renew registration of this centre. An unannounced monitoring inspection had previously been carried out by HIQA on the 21 March 2016. The areas which required review post this inspection related to use of correction fluid in records, medication management, wound care documentation

and completion of end-of-life care plans. All actions had been addressed. Five residents and nineteen relatives completed a pre-inspection questionnaire. On review of these inspectors found that residents and relatives were positive in their feedback and expressed satisfaction about the facilities, services and care provided. Residents, relatives, and advocacy staff spoken with throughout the inspection were positive in their feedback regarding all aspects of the service delivered.

Aras Cois Ferraige Nursing Home is a purpose-built residential care facility. It is registered with HIQA to provide residential care to 42 residents. Aras Cois Ferraige is situated in close proximity to the village of Spiddal, Connemara, Co. Galway. There are 34 single rooms and 4 twin rooms. All bedrooms have en-suite facilities. There are additional toilets, a bathroom, smoking room, kitchen, kitchenette, and a dining room on each floor. There is also a sitting room upstairs and two day/rest rooms and a viewing corridor downstairs. A hairdressing room, visitors' room, clinical room, storage area, laundry and board room complete the structural layout. A secure enclosed outdoor garden and balcony areas are also available. The external grounds are well manicured and provided a pleasant area to walk for residents. To the front there are views of the sea.

Inspectors observed practices and reviewed documentation such as care plans, accident and incident records, medical records, policies and procedures and staff files. Inspectors found that overall residents' health care needs were well supported with good access to medical services and allied health professionals. Activities provided were meaningful, varied and most residents were engaged in the activities provided. Residents told the inspectors they enjoyed the activities and some spoke with great interest in the hens, ducks and pygmy goats which they enjoyed watching in the garden. Other residents enjoyed the card playing. Staff were knowledgeable with regard to the care to be provided to residents to meet their needs and described person-centred care provision. Unsolicited information had been received by HIQA regarding management of an accidental injury to a resident. This was reviewed as part of the inspection. Inspectors noted that medical care was accessible post accidental injuries and centre staff were guided by the advice of medical staff.

Areas for review include ensuring that behaviour support plans contain person-centred reactive strategy plans, ensuring that neurological observations are recorded post un-witnessed falls to assess any neurological deficit and ensuring that mandatory documentation as described in current legislation is available for volunteers working in the centre. These are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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:

There was a written statement of purpose available that accurately described the service provided in the centre and was demonstrated in practice. An updated statement of purpose and function was available and a copy was forwarded to HIQA. This was found to contain all of the information as required by Schedule 1 of the regulations.

The statement of purpose and function accurately described the range of needs that the designated centre accommodates and the services provided.

Judgment:

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:

The provider was available on a daily basis in the centre. Inspectors observed good communication between the provider and person in charge and staff team. Lines of accountability and authority were evident in the centre. Staff were aware of who was in

charge and what the reporting structure was. The provider regularly met with the person in charge and regular management meetings were held. Systems were in place to ensure that the service provided was safe and effectively monitored. For example, regular falls audits were completed, fire safety was found to be of a good standard, staff had received training in infection control and the centre was clean, well maintained and clutter free.

There was an annual review of the quality and safety of care delivered to residents. A copy of this review was freely available. Inspectors noted that improvements are brought about as a result of the learning from the monitoring review. For example where an incident occurred that involved a resident, a detailed analysis was completed by the person in charge to try and ensure that this did not reoccur. Falls audits were regularly completed. Adequate resources were available to meet the needs of residents regarding facilities, staffing, staff training and sufficient assistive equipment to ensure appropriate care to residents in accordance with their needs.

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

Findings:
A residents' guide was available to all residents and was stored in each resident's room. A copy was also available to inspectors on the day of the inspection and was found to contain all of the information required by the regulations.

Inspectors reviewed a sample of residents' contracts of care. It was found that these had been agreed on admission, set out all fees being charged to the resident and all services to be provided. All additional fees applicable to residents were documented.

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:

The centre was managed by a suitably qualified registered nurse with experience in care of the elderly. She had been person in charge from April 2009 to October 2014 and worked as clinical nurse manager of the centre from October 2014 until June 2016. She displayed a good knowledge of the residents' needs, clinical care and her statutory responsibilities.

She was engaged in the governance and operational management of the centre alongside the provider. She was observed interacting with the residents and it was clear the residents knew her well and residents spoken with said they would speak with her if they had a concern.

Throughout 2015/16 she completed courses in care planning, health care associated infections, nutritional care, restraint management, movement disorders, end-of-life care, male catheterisation, administration of sub-cutaneous fluids, dementia training and nutrition and hydration. She has worked in this centre since 1992 in a full-time capacity. She is supported in her role by two clinical nurse managers who take charge in her absence.

Inspectors reviewed the duty rosters and found that two nurses were on duty in addition to the person in charge daily. The person in charge informed the inspectors that she had adequate time for governance supervision and management duties. Her registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland), was up to 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:

An action from the last inspection required that staff do not use correction fluids on records. This was complete. However a review of the residents' directory showed that not all of the information required by the regulations was present on every entry, for example the contact details for the GP were not complete in some records.

All of the written operational policies as required by Schedule 5 of the legislation were available. These policies were also available in the native language of staff members for whom English was not a first language.

Inspectors examined the documents to be held in respect of four persons working at the centre and found that all documents as required by current legislation were in place.

Overall records required by current legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre's insurance was up to date and provided adequate cover for accidents or injury to residents, staff and visitors.

While accident and incident records were completed inspectors noted on some occasions that surnames of staff and residents were omitted with first names only recorded.

Judgment:

Substantially Compliant

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 person in charge. Two experienced clinical nurse managers who work full-time were available to deputize for the person in charge. Both are registered nurses and have experience of working in elderly care. Mandatory training and registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland), was up to date for both clinical nurse managers.

Both had kept their clinical knowledge up to date and had recently completed courses

including behaviours that challenge, medication management, pressure ulcer prevention, nutritional care and end-of-life care.

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 were in place to safeguard and protect residents, however, the policy on the prevention, detection and response to abuse required review to ensure it reflected the revised procedure in place contained in the national policy on safeguarding vulnerable adults at risk of abuse.

Staff had received training in how to respond to allegations or suspected abuse and staff spoken with knew what to do if they suspected abuse or an allegation of abuse was reported to them. There was a visitor's log which recorded all visitors to the centre. A review of this of showed that there was no restriction on visiting times. On the day of the inspection relatives and residents spoke of visiting at different times of the day.

Residents told the inspectors they felt safe in the centre and were confident they could speak to any of the staff if they had any concerns. Staff had been provided with training on the prevention and reporting of adult protection concerns and staff spoken with were clear that the welfare of the residents was paramount, and stated they would report any suspicions or allegations of abuse. Senior staff were aware of how to conduct an investigation and advised how they would enact a robust protection plan, and were aware of what records were to be maintained.

A restraint register was maintained and this was reviewed regularly. Changes were made and documented as a result of these reviews, in an effort to reduce the numbers of restrictive practices in the centre.

Evidence of alternatives considered or trialled was available and a rationale for use of bed rails was referenced in a sample of care plans reviewed. From speaking with staff it was clear that some bedrails were used as enablers and were in place for the purpose of positioning or enhancing the residents' function, however there was no enabling

rationale contained in the care plans reviewed.

Arrangements in place with regard to residents' finances were transparent. Receipts were available for all monies spent.

Inspectors discussed the needs of the current residents with staff. Staff stated that approximately two residents displayed responsive behaviour occasionally. Staff confirmed that they had attended training in behaviour management, and behaviour monitoring logs and behaviour management care plans were in place. However these required review to ensure that they contained a person-centred reactive strategy for the resident concerned.

Judgment:

Substantially 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:

A review of the centre's policies showed that there was an up-to-date health and safety statement. Policies in relation to the health and safety of residents, visitors and staff were up to date. The centre had a risk management policy that was compliant with relevant legislation. Arrangements were in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property, which included arrangements for responding to a missing resident and missing person drills were taking place regularly in the centre. A comprehensive missing person's box was available. The health and safety officer had devised a good system for completion of missing person drills. When a room was searched a sticker was put on the door to inform staff that that room had been checked.

Staff spoken with were knowledgeable in the procedures to follow in the event of a fire. A review of training records showed that all staff had up-to-date fire training in accordance with the requirements of legislation. On the day of the inspection the centre was in compliance with all of the requirements of the regulations. Suitable fire equipment was provided in the centre and records showed that all equipment had been serviced. The fire alarm and emergency lighting had been serviced and records were available to support this. Staff had received training in fire safety, prevention and evacuation. Fire drills were completed regularly and records were maintained.

There were adequate infection prevention and control safeguards in place. Hand hygiene gel dispensers were in use throughout the centre. There were adequate

arrangements in place for the laundry of residents' clothes.

Clinical risk assessments were undertaken, including skin integrity assessments, nutritional care assessments and falls risk assessments. Neurological observations were not completed post un-witnessed falls to rule out neurological involvement.

There were arrangements in place for recording and investigating of untoward incidents and accidents. Information recorded included factual details of the accident/incident, date the event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. All incidents were reported to the provider representative and the person in charge.

Contracts were in place for the regular servicing of all equipment and the inspectors viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up-to-date training in manual handling and in the use of the hoists.

Staff were knowledgeable in infection control procedures and training had been provided.

Judgment:

Substantially Compliant

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):

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

Findings:

The action arising from the last inspection had been remedied. There was a written policy relating to the ordering, prescribing, storing and administration of medicines.

One of the inspectors 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. A review of the training logs showed that staff members had completed medication management refresher training annually.

Medications that required strict control measures were stored in line with the requirements of the Misuse of Drugs (Safe Custody) Regulations. There was a register of controlled drugs that was checked and double signed by two nurses at the change of every shift.

The prescription sheet included the appropriate information such as the resident's name and address, date of birth, general practitioner and a photo of the resident. The general practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum doses of PRN (as required medication) were 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:
Notifications had been submitted to the Authority as required and the person in charge and provider were aware of their responsibilities in relation to submission of notifications.

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):
No actions were required from the previous inspection.

Findings:
An action with regard to monitoring the progression or regression of wounds was implemented since the last inspection. On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example dependency assessments, nutritional care assessments, skin integrity assessments a falls risk assessment to risk rate propensity to falling were available for

all residents. Assessments were linked to the care plans. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspectors.

Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. There was evidence available of consultation with the resident and their significant other. A narrative record was recorded for residents each day. These records described the range of care provided on a daily basis to ensure residents' wellbeing.

There were no residents with wounds at the time of inspection. 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. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. A review of residents' medical notes showed that GPs visited the centre regularly. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. Access to allied health professionals to include speech and language therapy, dietetic service, physiotherapy and psychiatry of later life was available.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
Aras Cois Farrage Nursing Home is a purpose-built residential care facility. It is registered with HIQA to provide residential care to 42 residents. Aras Cois Farrage is situated in close proximity to the village of Spiddal, Connemara, Co. Galway. There are 34 single rooms and 4 twin rooms. All bedrooms have en-suite facilities. There are additional toilets, a bathroom, smoking room, kitchen, kitchenette, and a dining room on each floor. There is also a sitting room upstairs and two day/rest rooms and a viewing corridor downstairs. A hairdressing room, visitors' room, clinical room, storage area,

laundry and board room complete the structural layout. A secure enclosed outdoor garden and balcony areas are also available. The external grounds were well manicured and provided a pleasant area to walk for residents. To the front there are views of the sea.

The premises met the needs of all residents and the design and layout promoted residents' dignity and wellbeing. There was a choice of communal areas for residents and all corridors had hand rails to support residents. A functioning call bell system was in place at each resident's bedside in both the single and twin rooms. Residents had access to a well maintained enclosed courtyard in the centre of the building containing flowers and plants. Hens, ducks and pygmy goats were available to residents. Some residents voiced how they enjoyed the animals.

Equipment was stored safely and securely in the centre. There were measures in place to control and prevent infection, and the centre was very clean and well maintained. Arrangements for the segregation and disposal of waste, including clinical waste, were in place. Hand gel dispensers were readily available throughout the centre. Car parking is available to the front of the building.

Judgment:
Compliant

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 the inspectors and from review of the pre-inspection questionnaires confirmed they could make a complaint if they wished and identified the person in charge or any of the staff as the person they would approach. An advocate was available if required to assist them in making a complaint. A second person was nominated to hold a monitoring role to ensure that all complaints are appropriately responded to, and records are kept.

A centre-specific complaints policy was available which identified and the complaints process was displayed. This process identified the nominated complaints officer and also included an independent appeals process as required by the legislation.

A summary of the complaints procedure was also provided in the statement of purpose and the Residents Guide. The residents guide was available in all residents' bedrooms.

Arrangements were in place for recording and investigating complaints including referral to a designated appeals person in the event that the complainant was not satisfied with the outcome of investigation.

Two complaints were recorded since the last inspection in March 2016. These had been investigated and responded to promptly and the complainant was informed of the outcome. Details of whether the complainant was satisfied with the outcome were recorded.

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

Findings:
The action from the last inspection regarding resident and relative input in to the end-of-life care plan was addressed. Inspectors found that care plans were in place detailing the views and wishes of residents regarding their preferences for end-of-life care.

Policies and procedures regarding end-of-life care were in place to ensure residents would receive a good standard of end-of-life care which was person-centred, respected the values and preferences of the individual, and resulted in positive outcomes for the resident. Staff had undertaken training in end-of-life care.

At the time of the inspection no residents were receiving end-of-life care. Staff told the inspectors that palliative care services were available for those who needed them, and they offered a prompt effective service when used in the past.

Relatives were welcome to stay with their relative and they had access to drinks and snacks.

Residents' cultural and religious needs were supported. Inspectors noted that religious wishes for end of life were documented in the care plans. Residents who wished to receive the Sacrament of the Sick could do so monthly.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that nutritional care was well managed. Residents' weights were recorded according to the clinical status of the resident. There was good monitoring of nutritional intake of residents at risk nutritionally. Residents' food likes and dislikes were recorded.

Residents were offered a variety of drinks and snacks throughout the day and fresh water was available through the centre. This was confirmed by residents and relatives in pre-inspection questionnaires.

Menus showed a variety of choices and meals. Staff offered assistance to residents in a discreet and sensitive manner. Residents confirmed their satisfaction with mealtimes and food provided. Care plans were in place regarding nutritional care. Where residents were on a modified diet, evidence was seen that professional advice was contained in the care plans and followed by nursing, care and catering staff.

There was a list of the residents who required a special diet, modified diet, or for their food to be fortified, or had preferences in their meals. Food and fluid balance charts were in place according to clinical need and were appropriately completed.

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):

No actions were required from the previous inspection.

Findings:

Inspectors observed positive interactions between residents and staff during the inspection. For example, staff were observed assisting residents who required help at mealtimes in a discreet and respectful manner. Residents' rooms were personalized and included pictures of family and other personal items. A review of minutes of residents meetings showed that issues raised by residents were addressed. The centre had facilitated an independent person to come into the centre for the purposes of chairing these meetings.

Some residents had a formal diagnosis of dementia and others had an element of cognitive impairment, while others had physical medical conditions associated with aging. During the day, residents were able to move around the centre freely.

Mass was celebrated regularly and all residents who wished to be registered for postal voting had been facilitated. Residents were seen using the outdoor facilities. The centre operated a flexible visiting policy and facilities were available for residents to meet visitors in private. Inspectors observed relatives and visitors freely coming and going.

A full-time activity therapist was on duty to facilitate meaningful activities for residents. Regular activities included beauty therapy, exercise, card games and bingo group, and individual Sonas (a therapeutic activity for residents who are cognitively impaired) was available for residents. Many residents also had an opportunity to engage in 'reminisance therapy'. Some residents chose to spend time in their own rooms and enjoyed reading and watching TV, private praying or relaxing.

Privacy and dignity was promoted through the availability of mostly single rooms (of which there were 34) and two twin bedrooms, all of which had en-suite toilet and shower facilities.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
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.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place covering residents' possessions which set out a process for recording residents' belongings, and also the arrangements for storing of valuables. Inspectors noted that there was sufficient storage space in the bedrooms for residents, which included a wardrobe and a bedside locker, and a set of drawers with a lockable

drawer. Residents had personalized their rooms with pictures and ornaments. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. No complaints were documented regarding missing clothes.

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:

A review of the roster showed that there was adequate staff on duty to provide care for the number of residents in the centre. Staff files were randomly selected and all were in compliance with the regulations.

A review of the activities in the centre showed that there were volunteers who participated in the activities for residents. Regulations require that all such volunteers are Garda vetted and have their responsibilities set out in writing. This is required to safeguard residents. Evidence of this was not available at the time of inspection.

Inspectors reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. This was the usual staff allocation. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times. A planned training schedule was available. Training records since the last inspection were reviewed by inspectors. All staff had attended mandatory training to include fire safety, moving and handling and adult protection. Additional training provided included nutritional care, dementia care and behaviours that challenge, movement disorders, catheter care and end-of-life care. A record was maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

Judgment:
Non Compliant - Moderate

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:	12/09/2016
Date of response:	20/10/2016

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 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:

The contact details for residents' GP were not complete in some records in the residents' directory.

1. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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:

A review of the directory of the residents was conducted post inspection to identify where GP contact details were missing. The Directory was updated accordingly and this action has now been completed.

Proposed Timescale: 08/10/2016

Theme:

Governance, Leadership and Management

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

While accident and incident records were completed inspectors noted on some occasions that surnames of staff and residents were omitted with only first names recorded.

2. 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:

All staff have been advised of the importance of maintaining records that are clear concise and complete. A note has been posted on the relevant files to remind staff that when filling in forms the full name of an individual is required for accuracy.

Proposed Timescale: 08/10/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Behaviour management care plans required review to ensure that they contained a person-centred reactive strategy for the resident concerned.

3. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

All residents whom have a behaviour management care plan are currently been reviewed and updated to ensure a person centred reactive strategy for each resident

Proposed Timescale: 14/11/2016

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:

Neurological observations were not completed following un-witnessed falls to rule out neurological involvement.

4. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

Staff have been asked to read policy number 10: falls management and to adhere to guidelines following a post-fall.

Glasgow coma scale to be carried out on all un-witnessed falls.

Proposed Timescale: 10/10/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The centre had not complied with the requirement that all volunteers have their responsibilities set out in writing.

5. Action Required:

Under Regulation 30(b) you are required to: Provide supervision and support for people involved on a voluntary basis with the designated centre.

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

The responsibilities of the individual volunteers have been set out in writing.

Proposed Timescale: 14/10/2016

Theme:

Workforce

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

Volunteers in the centre did not have confirmation of Garda vetting.

6. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

Garda vetting has been applied for the volunteer who has no confirmation of vetting on file. He will recommence his volunteer duties when confirmation issues.

Proposed Timescale: 10/11/2016