

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Ui Dhomhnaill Nursing Home
Centre ID:	OSV-0000313
Centre address:	Loughnakey, Milford, Donegal.
Telephone number:	074 916 3288
Email address:	info@sheephavenhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sheephaven Investments Limited
Provider Nominee:	Philip O'Donnell
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	4

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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: 22 November 2016 09:30 To: 22 November 2016 19:30

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	Substantially 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	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	Substantially 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	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

Aras Ui Dhomhnaill Nursing Home is a modern purpose built one storey residential care facility that can accommodate 48 residents who need long-term, respite, convalescent or end of life care. It is situated in a countryside location a short drive

from the town of Millford in north Donegal. Accommodation for residents is provided in 44 single rooms and two double rooms. All rooms have ensuite facilities of shower, wash hand basin and toilet. The centre provides a comfortable and spacious environment for residents. A large dining room, reception area and foyer are located at the front of the building. There are several communal sitting areas that give residents a choice of where to spend their time. Residents have access to several areas where they can meet visitors in private. A safe garden area is available and it is attractively cultivated and provided with seating so that residents can use the outdoors safely. The premises were noted to be clean, warm and maintained in good decorative condition. There were dementia friendly design features that contributed to quality of life and improved accessibility for people with dementia. These included large wide hallways that were unobstructed, good contrast in colour schemes so that walls, floors and handrails were easy to distinguish and murals on walls to prompt interest and conversation.

The person in charge fulfilled the criteria required by the regulations in terms of her qualifications and experience. Throughout the inspection she demonstrated that she was familiar with residents, their care needs and day to day lifestyle patterns. Standards of personal and nursing care reflected good practice. Residents confirmed that they were well cared for and that staff were kind, considerate and available when they needed assistance. There was a varied activity programme that included exercise sessions, art, newspaper discussions and quizzes. It was reviewed and changed in response to the views of residents. The standard of catering was noted to be good and was described by residents in very positive terms. The home baking and attention to their personal food preferences were aspects that were particularly valued.

The person in charge or her deputy completed assessments prior to residents' admissions to ensure the centre could meet each person's needs adequately and prospective residents were offered the opportunity to visit the centre prior to admission. Residents and relatives confirmed that they had been given information that helped them make the decision to move and some described how this had eased the transition for them.

Residents and relatives provided feedback on the service during conversations with the inspector and in feedback questionnaires. The inspector found that residents could exercise choice in a meaningful way. Residents described how they got up and went to bed when they wished and how they spent their day. They also said that they were encouraged to go out on trips and to have meals with family and friends and to keep in contact with their local communities. Residents told the inspector that being able to do this contributed greatly to their well being. Staff could describe residents' daily routines, the activities they preferred and their likes and dislikes. Residents and relatives said that staff were accessible and attended to their needs promptly. They also said that any concerns or worries they had were addressed by staff when brought to their attention.

Residents had good access to general practitioner and to allied health professionals that included speech and language therapists, dieticians and physiotherapists. The pharmacist provided advice and guidance on medication matters when required as

well as supplying medication. A good working relationship had been established with other specialists such as staff from the team for old age psychiatry.

The last inspection of the centre was an unannounced thematic inspection that focused on dementia care. It took place on 19 April 2016. Standards of care were found to reflect good practice and there was a varied programme of social activities. There were four action plans identified for attention and these related to care plans, the availability of an advocacy service and the layout of furniture in one of the sitting areas. These were reviewed under the related outcomes and found to have been addressed.

The action plan at the end of this report identifies non compliances noted during this inspection and where improvements need be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The areas where improvements were required include changes to some policies and procedures to ensure that they provide adequate guidance for staff. For example the nutrition policy required review to describe risk factors that should prompt referral to specialist services. Fire safety training required review as it did not include guidance for staff on what to do if a residents clothing caught fire and the audit and review process did not include an annual review of the quality and safety of care as described in regulation 23- Governance and Management.

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 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 Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations. It was kept up to date and the inspector found that the way services were delivered reflected the aims and objectives that were outlined in the statement of purpose.

The provider and person in charge intend to provide a day care service for up to eight people when required. The inspector found there was adequate space and facilities available for this purpose. Additional staff would be deployed to address this aspect of the service dependent on the number of people that availed of the service and their particular needs the inspector was told. This proposed aspect of the service was outlined in the statement of purpose.

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 governance arrangements in place reflected the information available in the Statement of Purpose and the evidence collated during this inspection indicated that the centre was managed effectively and was appropriately resourced to meet the needs of residents. There was a formal management structure in place and the lines of accountability and authority were adhered to in day to day practice. Staff were aware of who was in charge each day and knew how to report through the management structure.

Systems were in place to ensure that the service provided met residents' needs, was safe, effectively managed and monitored. The health and safety arrangements were generally satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be appropriate for the size of the building and staff were observed to work in a safe manner. High risk practice areas such as moving and handling and infection control were noted to be undertaken safely.

There were regular reviews of aspects of the service and care delivered to residents. Arrangements were in place to consult with residents about their experience of the service. There was a residents committee that met regularly and five residents told the inspector that the regular meetings gave them a forum to express their views and they said that changes were made as a result of their opinions. An annual report on the quality and safety of care as described in regulation 23-Governance and Management had not been compiled but the information from audits and consultations with residents already available would according to the provider and person in charge enable them to complete such as report.

There were adequate resources deployed to meet the needs of residents in relation to staff, training opportunities, equipment and ancillary services to ensure appropriate care was delivered to residents. There was a plan for ongoing refurbishment and maintenance to ensure the building remained in good condition. During 2016 resources had been invested in the garden area to make it a safe and stimulating space for residents.

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:

There was a residents' guide available and this contained the information required by the regulations. The arrangements for visits, the terms and conditions of occupancy, the services provided and the complaints procedure were outlined. Residents confirmed to the inspectors that they had received a copy of the guide at the time of admission.

All residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. Services not covered by the overall fee that may be incurred by residents for example, chiropody and hairdressing were identified with the associated costs.

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 person in charge has been in this role several years. She was previously the person in charge of another designated centre and has a range of experience in the care of older people. She has maintained her professional development by acquiring training qualifications in moving and handling and in adult protection and provides training on this topic for the staff team. Her training on the mandatory topics required by the regulations was up to date. She works in the centre full time.

The person in charge demonstrated that she had appropriate knowledge of the regulations and standards that govern designated centres and the care and welfare of residents. Residents knew the person in charge and said that she was approachable and available to talk to them as needed. Both relatives and residents confirmed that they had been able to have a good discussion with the person in charge and her deputy before and after admission and all said that they had been well informed about the services and facilities of the centre.

The person in charge facilitated the inspection and ensured that all the documentation required was available. She was assisted by her deputy who takes charge in her absence and oversees the delivery of care and supports the nursing and care staff. Varied aspects of care practice were discussed with her during the inspection including care

planning, wound care and nutrition. She conveyed that she had good knowledge of all residents care and had developed good systems to guide and support the staff team. For example there were two nurses on duty until 21.30 hours so that medication could be given in a timely way and to ensure an effective handover to night staff.

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 administrative systems for the centre were well organised. The records, policies and procedures required by the regulations and associated schedules were in place. Medical records and other records, relating to residents and staff, were maintained in a secure manner and information was accessible and easily retrievable.

The required operational policies as described in Schedule 5 were available. The nutrition policy required review as it did not provide information and guidance to staff on when to refer to specialist services when fluctuations in weight were evident.

Records required by Schedule 4 of the regulations were maintained and included a record of visitors, staff records, fire safety documents, details of complaints, food records and charges incurred by residents. The directory of residents' contained all information required by Schedule 3 of the regulations and was up to date.

The inspector examined a sample of staff records and found that the schedule 2 documents required for staff employed were available. The person in charge and provider confirmed that vetting disclosures were in place for all staff.

Appropriate public and employers liability insurance cover was in place.

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:
The provider and person in charge were aware of the requirement to notify the Chief Inspector of proposed absence (s) of the person in charge that exceed 28 days. No notifications of this type had been required since the last registration.

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:
The inspector found that measures were in place to protect residents from harm and from abuse. All staff had been provided with training on the prevention and detection of abuse and staff told the inspector they were confident that they would recognise an abuse situation. They described their roles and responsibilities in relation to reports of abuse or suspected abuse. Staff could describe possible signs and symptoms of abuse such as unexplained bruising, anxiety or unease.

The inspector discussed the needs of the current residents with staff. Staff told the inspector that responsive behaviours were rare and said that when problems arose these were assessed fully so that any underlying medication conditions or infections that could contribute to behaviour changes were treated. Staff confirmed that they had attended training in dementia care and were aware of ways to manage behaviours

associated with dementia. Records confirmed that changes in behaviour patterns were described in care records.

During conversations residents told inspectors that they felt safe in the centre and described staff as "dedicated and kind". Four residents interviewed said that they would have no hesitation in alerting staff if they had concerns or complaints. Another said that "staff take time to talk to us and if we are unhappy about anything we tell them so the matter can be dealt with".

The promotion of a restraint free environment was a priority for staff. Eleven residents had bedrails to prevent falls or because they expressed a view that they felt more secure with a bedrail in place. Evidence of the alternative measures considered or put in place was available and there was a clear strategy for the use of bed rails when other measures failed to provide an appropriate level of safety. Some bedrails were used as enablers and were in place for the purpose of positioning or enhancing the residents' function. The nurses said that a review of bedrails is undertaken regularly to ensure that the measures continue to be needed and are appropriate.

There was a record of visitors' maintained and this was located at the entrance to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe and contributed this to the security measures in place and the view that "staff are here all the time".

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:
The health and safety of residents, visitors and staff was generally promoted well in this centre. There was an up to date health and safety statement. Clinical risk assessments were undertaken for a variety of risks that included vulnerability to falls, compromised nutrition, skin and pressure area risks. There were measures in place to prevent complications from the risks identified. For example, there were position change measures in place to reduce the risk of pressure area problems and enhanced nutrition in the form of fortified diets or supplements to diets was provided to prevent weight loss. Residents who had falls were observed and monitored closely including maintaining neurological observations to detect further deterioration and monitor neurological function.

The inspector reviewed the health and safety procedures including the organisation of fire safety measures, infection control procedures, moving and handling assessments and manoeuvres to determine how health and safety was addressed in practice. The inspector noted good practice in relation to infection control. Staff were observed to handle laundry safely and to use hand gels regularly as they moved around the centre. Staff had attended training in infection control and hand hygiene. There were moving and handling assessments available for all residents. All staff had up to date training in moving and handling and in the use of the hoists. They were observed to undertake transfers safely and to adhere to safe practice when wheel chairs and hoists were in use.

All accidents and incidents were recorded and the information available was noted to be factual and substantiated. The accident/incident was described, the date the event occurred, the name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. Evidence of prevention strategies for example a review of moving and handling needs and the provision of additional equipment such as sensor alarms was available.

The inspector viewed the fire safety measures and found that with the exception of training on what to do if a resident's clothing caught fire which had not been included in the training programme that the arrangements in place met legislative requirements. The training records confirmed that all staff had received fire safety training and this was confirmed by staff. Staff that the inspector talked to knew what to do in the event of a fire. The fire training was supplemented by periodic fire drills that were arranged at different times of the day including when night staff were on duty. Four fire drills took place in 2016 at 15.30, 15.45, 07.20 and 14.00. Fire drill records indicated that varied fire safety actions were rehearsed and included checking the fire panel, evacuation of residents and the use of ski sheets. New staff attended a fire drill during their first week on duty as part of their induction programme. There were fire safety action signs on display with route maps to indicate the nearest fire exit. The fire policy had been introduced in 2015 and was due for review in 2017.

Fire and maintenance records showed that fire equipment had been regularly serviced. The fire alarm was serviced quarterly as required and emergency lights and extinguishers were serviced on a contract basis. The inspector found that all internal fire exits were clear and unobstructed during the inspection. There were procedures to undertake and record safety checks of fire extinguishers, the fire panel and the fire escape routes. The records indicated that checks were up to date for example, the daily check of fire exits was up to date and the weekly fire alarm check had been completed for 21 October, 28 October and 4 November.

The provider has contracts in place for the regular servicing of equipment and the inspector saw that the generator, hoists, slings, specialist beds, wheelchairs and clinical equipment such as nebulisers and the suction machines were regularly checked and serviced. The oxygen supply was checked daily by nurses and the temperature of hot water which was noted to be dispersed at 38.5 degrees was also checked to ensure that it did not present a scalds risk.

There were a sufficient number of cleaning staff available each day to ensure adequate

cleaning of rooms and communal areas. Staff were observed to work safely. They ensured that trolleys with hazardous substances and cleaning materials were not left unattended and also kept equipment and cables from causing trip hazards.

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):

No actions were required from the previous inspection.

Findings:

The medication management system in place met the requirements of legislation. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The nurses on duty were familiar with all residents' medication needs and any specialist requirements in relation to medication administration. The inspector observed that medication was administered safely in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

The medication administration records included the required information for safe practice such as the resident's name and address, date of birth, general practitioner and a photograph of the resident. There was a doctor's signature present for all medication prescribed and where nurses transcribed medication there were two signatures to indicate that a check of the prescription had been undertaken. The maximum doses of PRN (as required medication) to be given in 24 hours was recorded. The inspector saw that this was in place for critical medication such as medicines used in end of life care.

The medication administration sheets were observed to be signed by the nurse following administration of medication. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused or omitted on the administration sheet.

There was good evidence of pharmacy input to support medication management practice and there was a choice of pharmacist. There was regular blood screening undertaken for residents on particular medicines long term to ensure that prescriptions and dosages were at appropriate therapeutic levels.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs and the stock balance was checked by two

nurses at each shift change. Residents who were prescribed controlled medicines were monitored to ensure effectiveness and the inspector saw that care plans reflected this information.

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 inspector reviewed the record of incidents and accidents that had occurred against the notifications received from the centre. The inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

The quarterly notifications had been submitted to the Chief Inspector as required.

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

Findings:
There were 44 residents in the centre during the inspection. Residents were assessed according to a formal assessment tool that enabled staff to plan resources and implement care plans effectively. Sixteen residents were assessed as high dependency,

seventeen had medium level care needs and the remaining eleven were low dependency. There were seventeen residents with a diagnosis of dementia, cognitive impairment or Alzheimer's disease.

All residents had a care plan and the clinical nurse manager demonstrated to the inspector how assessments, care plans, reviews and evaluations of care were undertaken and recorded. The inspector found that the assessments completed prior to admission were recorded and used to plan the move to the centre and the care to be delivered. Comprehensive nursing assessments were carried out following admission and a range of evidenced based assessment tools were in use to inform practice.

Risk in relation to areas that included falls, vulnerability to the development of pressure sores and malnutrition was evaluated and appropriate care plans were found to be in place to ensure residents' well being. The inspector found that the information recorded reflected that a person-centred approach to care had been adopted. For example, residents who had acquired problems due to cardiovascular accidents or injury had care plans that reflected how their lives and abilities had changed and the measures staff put in place to help them cope with problems and frustrations that the change had caused. The strategies that helped residents in these situations were described and were noted to have good outcomes for residents.

Care plans were updated at the required four monthly intervals and there was evidence of consultation with residents in the majority of care plans reviewed. Relatives' feedback indicated that they had been informed about care plans at the time of admission and at intervals throughout the year.

There were preventative measures in place to ensure that areas of clinical risk were monitored. All residents had a monthly weight check as well as a check of blood pressure, temperature and respiratory function. The monthly records of weight were reviewed and there were arrangements in place to access specialist advice when weight changes were consistent and unplanned. The inspector noted that while interventions were in place to prevent deterioration when unintentional weight loss was an issue the policy to guide staff on nutrition management required review as it did not provide explicit guidance to staff on when to refer to allied health professionals for specialist advice.

There were two residents with wound care problems. There were appropriate care plans in place. The wound care charts, measurements and evaluations indicated that staff were addressing these effectively. Pain management was noted to be a high priority and nurses had effective measures in place to ensure that residents were comfortable and pain free. A range of suitable equipment was provided to ensure appropriate pressure relief and to support residents' comfort. The inspector saw that where air mattress and specialist beds were in use these were set at pressures suitable to residents' weights. Pressure relieving cushions were available for residents' chairs during the day. Care staff repositioned residents who required assistance at suitable intervals to protect skin integrity. The inspector saw that where chairs were fitted with lap belts these were easy to open and staff demonstrated how they released these and helped residents to move around to prevent the occurrence of pressure area problems

The inspector found that where residents had mental health problems or dementia that

there was good detail that informed staff not only about their care needs but also their abilities so that staff could encourage them to maintain their levels of independence. An action plan in the last report described where care plans did not describe how dementia impacted on day to day life. This was found to have been addressed and nurses said that they had worked hard to ensure that meaningful information in relation to dementia was recorded. Care plans examined were noted to describe levels of orientation, particular activities that residents were observed to like and to take part in more than others and where confusion was periodic or varied according to the time of day. Residents' behaviours and the interventions that worked best when confusion was episodic were outlined and the interventions were noted to provide comfort for residents and enhance their well being. The inspector found that care plans were updated following periods of illness or when respiratory or other infections were present. There was appropriate guidance outlined where residents had communicable infections and staff were observed to adhere to the protocols.

There was a good emphasis on personal care and ensuring the physical care needs of residents were met. Staff knew how residents liked their personal care and routines to be carried out. They were knowledgeable about residents' likes and dislikes in relation to when they had showers/baths and where they preferred to spend their time. For example, some residents liked to sit in the reception area while others sat in the communal sitting areas and at times used the conservatories and prayer room when they wished to spend time quietly. There was a daily schedule of activity for residents and this was facilitated by care staff. The programme was noted to include active and passive activities. Exercise, discussions, singing, reminiscence and quiz games were regular past times. There was also a regular art activity which many residents said they had enjoyed as it was an activity that they had not thought they would be able to do and it had been interesting to do something new.

Residents had access to GP and primary care services. There was information that conveyed that medical reviews were completed shortly after admission to review medication and health needs. There was timely access when a resident became unwell and required prompt assessment. Allied health professionals that included speech and language therapists, dieticians and physiotherapists were available. The occupational therapy service from the Health Service Executive was also accessible and referrals for specialist seating and equipment were promptly addressed according to staff. There were procedures in place to ensure that when residents were admitted, transferred or discharged the relevant information about their care and treatment was exchanged to ensure continuity of care.

Where residents had specialist care needs such as mental health problems or learning disabilities the staff had established good working relationships with the mental health services for older people. Members of the team for old age psychiatry visit the centre when needed to review residents. Medication was reviewed to ensure optimum therapeutic levels to promote residents' well being.

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):

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

Findings:

The premises were comprehensively reviewed when the dementia thematic inspection was completed in April 2016. The centre is a modern building located in a country side setting and is a short distance from the town of Millford. The design and layout of the building met the needs of residents. It was warm, comfortable and varied aspects of the design contributed positively to care practice including dementia care practice. Hallways were wide and unobstructed and there was contrast in the colours used for floors, walls and handrails. Residents had a choice of places to spend time during the day. There was a conservatory and a small sitting room where residents could spend time quietly away from activities and television. There were fixtures and fittings that could aid and promote reminiscence in varied areas. One dining room was decorated with murals of a cottage garden scene and a country kitchen which were points of interest for residents. Sitting areas had bookcases and lamps that contributed to the home like environment. There was a call bell system in place in bedrooms and in ensuite areas and throughout the building so that residents could request help when required.

There are forty four single and two double rooms for residents use. All have ensuite facilities which were large enough to accommodate mobility equipment. Rooms had good levels of natural light and residents were able to see the outdoors when sitting by windows. Rooms were noted to have personal items on display and had adequate storage for clothing and personal belongings.

A large secure accessible garden enabled residents to spend time outdoors safely. This was an attractive space that residents told they inspector had looked lovely during the summer and was used well when the weather had been fine. Residents had contributed to the garden by making mosaics during the art groups that were displayed around the garden.

The entrance leads to an open plan area where many residents liked to sit during the day. The arrangements here were noted to compromise privacy and this was identified for attention during the last inspection. This problem had been resolved the inspector noted. While it was still a popular area for residents to sit in many residents were observed to use the other communal areas and privacy issues were not identified during this inspection.

Staff facilitates were provided and separate facilitates were available for care and

catering staff as required by environmental health legislation. All areas were noted to be visibly clean and well organised throughout the inspection day.

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:

There was a complaints procedure in place and a complaints record that described details of complaints was maintained as required by Regulation 34- Complaints procedures. The person in charge and deputy said that they had addressed issues of concern immediately and the record confirmed this. Staff were advised of complaints at staff meetings and shift handovers to ensure practice improved and that issues were not repeated.

Residents and relatives who provided feedback said they were aware of how to make a complaint and identified the person in charge as the person they would approach if they had an issue of serious concern but that most of the time they would tell any member of staff. The inspector saw that a range of matters that included the condition of clothing and response to call bells had been addressed.

This outcome was complaint in all aspects except where the complaints records did not indicate if the complainant was satisfied with the outcome which is required information.

Judgment:

Substantially 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:

Resident's end-of-life care preferences/wishes were identified and documented in care plans. The sample of records reviewed were noted to contain information to guide staff at this time and ensured that personal preferences were adhered to when residents became ill and were near end of life.

The policy of the centre is all residents are for resuscitation unless documented otherwise. A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team.

The inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre and that legislative requirements and good practice standards were met. There were no residents in receipt of end of life care during this inspection. Some residents, as described in outcome 12-Health care, had support from the palliative care team for pain management.

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:

The inspector found that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences were satisfactory. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake and residents that were at risk of nutrition shortfalls were identified and monitored. There was a food and nutrition policy in place however the inspector noted that this required review as it did not provide adequate information to guide staff on when to refer to specialist services when fluctuations in weight were evident. For example the inspector found that where weight loss was identified there was no indicators identified in relation to what weight fluctuations must be referred for advice and guidance. This is identified for action under outcome 5-Documentation.

There were some good practice examples in the area of nutrition noted and these included that snacks were provided when beverages were served during the day. The consistency of foods was determined carefully in accordance with professional guidelines

to ensure that residents could eat a normal diet for as long as possible. Residents were consulted about menus and food choices and their preferences were included in the menu choices and catering staff placed emphasis on home cooking and baking the results of which residents said they valued and enjoyed.

There was a planned menu that provided two choices of cooked meal at midday and in the evening. Nutritious snack options were available to ensure sufficient and adequate calorie intake particularly where residents were on fortified diets. The fortification of food was noted to include yoghurts, milk puddings and extra butter. Staff had access to food supplies to prepare snacks for residents during the night if needed.

Residents told the inspector that the food was varied and good quality. The inspector was told that meals were "always lovely", "as good as any hotel" and also said "we have a choice and can ask for something else at any time". Residents' food likes and dislikes were recorded and kept in the kitchen. Catering staff were found to be well informed and knowledgeable about specialist diets and worked with care staff to ensure appropriate foods were provided in accordance with assessed requirements.

The inspector observed that meals were well presented in appetising individual portions. Staff were seen to assist residents in a manner that protected their dignity during meal times. There were several staff available to serve meals so that no one had to wait for assistance. Staff sat beside residents who needed prompting or assistance to eat and ensured they knew what they were being offered and took time with meals. Staff interviewed could describe the different types of meals that were served and the textures that had to be adhered to for safe swallowing. Snacks, beverages and cold drinks were available throughout the day and staff were observed to remind residents to have a drink and to provide drinks where residents could not assist themselves.

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):

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

Findings:

This outcome was reviewed fully during the thematic dementia care inspection in April and was found to be substantially compliant. One action was identified for attention and this related to the provision of advocacy services. The provider had addressed this and had contacted one of the national advocacy groups to request support for residents

when needed. While an advocate was not available for the area there was an arrangement in place that would ensure an advocacy service would be provided if needed.

The inspector found that residents were treated with dignity and respect and that there were good relationships between residents and staff. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspector observed that staff engaged and acknowledged residents when they met, when they entered and left rooms and during times when care was in progress. Contacts were noted to be cheerful, pleasant and respectful with plenty of general conversation in evidence.

Residents who had dementia were noted to be particularly well supported and staff could describe to the inspector how they helped residents orientate to their environment and participate in day to day life to their maximum ability. They described giving residents simple choices, ensuring they had plenty of time to respond to questions, speaking slowly and clearly and encouraging them to participate in familiar activity and in reminiscence sessions that helped them obtain better knowledge about residents' capacity.

There were arrangements in place for consultation with residents on the operation of the service and the records of meetings confirmed that residents views were respected and their suggestions listened to and used when changes were made. There was a well established network with residents' families and they were regularly asked to provide feedback on the service during individual care plan reviews and as part of monitoring the service.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass weekly and have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing local news and they kept them up to date with community events.

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 were systems and procedures in place that ensured that residents' belongings were appropriately cared for and recorded. Residents said that their clothing and personal effects were laundered well and returned to them in good condition. A property record was completed there was a system in place to ensure all clothes were labelled to prevent loss.

The centre provided a laundry service and the inspector found that the laundry was suitably equipped and staffed adequately. Staff assigned to the laundry had safe systems in place to ensure that all laundry including soiled laundry was washed at appropriate temperatures. Personal clothing was ironed or steamed to ensure that it was crease free and in good condition before being returned to residents.

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 staffing levels and discussed the staff allocation with the provider, person in charge and the staff team. They described how they allocated workloads and determined staffing requirements. The inspector found that the staff allocation for day and night duty was appropriate to meet the needs of residents. There were three nurses on duty during the day in addition to the person in charge. Eight carers were on duty. This care staff team was supported by housekeeping, maintenance, catering and laundry staff. At night there was one nurse and two carers on duty from midnight. Prior to that there were two nurses available until 21.30 to ensure night medication was administered in a timely way and to ensure an appropriate handover between shifts. A third carer was available until midnight. From the information provided, the inspector concluded that there was sufficient staff to meet residents care needs as evidenced during the inspection.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported and that a good team spirit existed among staff. Nurses and carers worked well together the inspector was told. There were regular staff meetings for nurses and carers and these were used to discuss varied aspects of the operation of the service that included the need to complete documentation fully, residents' care needs and training.

The inspector was provided with details of the training that had been provided to staff during 2016. Training had been provided on a range of topics that included, elder abuse and the protection of vulnerable people, fire safety, infection control, food safety and hand hygiene and moving and handling. All staff had up to date training in the mandatory topics- fire safety, adult protection and moving and handling.

Evidence of professional registration for the seven nurses employed was available and current. The required schedule 2 documentation was available for staff and there was a formal recruitment process that included an interview for all new staff employed. A detailed induction programme was in place to ensure staff became familiar with the building, procedures and residents care requirements when they started work. Varied activities related to continence care, communication and personal hygiene were assessed by senior staff to ensure staff had appropriate skills during the induction period.

The inspector observed that call-bells were answered in a timely way, staff were available to assist residents and there was appropriate supervision in the dining rooms and sitting rooms throughout the inspection day.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Aras Ui Dhomhnaill Nursing Home
Centre ID:	OSV-0000313
Date of inspection:	22/11/2016
Date of response:	17/01/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

An annual report on the quality and safety of care as described in Regulation 23-Governance and Management was not available.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

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

of the Act and approved by the Minister under section 10 of the Act.

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

An annual report on the quality and safety of care as described in Regulation 23 – Governance and Management will be compiled by the 20.Feb.17.

Proposed Timescale: 20/02/2017

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 policy on the monitoring and documentation of nutritional intake required review to ensure staff were aware of when to refer to specialist services when there were concerns about nutrition or unintentional weight loss.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

This policy has now been reviewed and updated. It specifies the indications for referral to specialist services.

Proposed Timescale: 17/01/2017

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 programme for training in fire safety did not include what actions should be taken should residents' clothing catch fire.

3. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The fire training programme has been enhanced to include actions to be taken should

residents clothing catch fire. New fire blankets will be purchased and placed in suitable locations around the building.

Proposed Timescale: 17/01/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

Some complaints records did not indicate if the complainant was satisfied with the way their complaint had been addressed.

4. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Going forward all complaint records will be further enhanced to indicate if the complainant was satisfied with the way their complaint had been addressed.

Proposed Timescale: 17/01/2017