

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Áras Mhic Dara Community Nursing Unit
<b>Centre ID:</b>	OSV-0000626
<b>Centre address:</b>	An Cheathrú Rua, Co na Gaillimhe, Galway.
<b>Telephone number:</b>	091 869 010
<b>Email address:</b>	mary.curran2@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Catherine Cunningham
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	34
<b>Number of vacancies on the date of inspection:</b>	0

## **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 decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
11 May 2015 10:00	11 May 2015 17:30
12 May 2015 10:00	12 May 2015 17:30

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

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

**Summary of findings from this inspection**

During the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, risk management documentation, accident records, complaint logs and medication charts. The inspector also read questionnaires which had been completed by residents and relatives and these indicated a high level of satisfaction with the service.

Evidence of good practice was found throughout the service. Residents had good access to general practitioners (GP) and health care services. Residents were supported to practice their religious beliefs and had the opportunity to vote if they wished to. There was a good standard of catering and residents were offered choices

at mealtimes and snacks and drinks were available at all other times. The provider had measures in place to promote the safety of residents however, risk management required some further development..

Improvement was also required to care planning, assessment of end of life needs, restraint assessment, staff supervision and allocation and medication management.

The building was warm, clean, comfortably furnished and well maintained and the provider had commenced a building programme to upgrade the building. However, the garden area was not suitably laid out or safe and therefore residents had no access to a safe and secure outdoor area.

The non compliances with regulations are set out in the action plan at the end of this report.

**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 statement of purpose, which was informative and described the aims, objectives and ethos of the centre. The statement set out the services and facilities provided in the centre and contained the majority of the requirements of the Regulations. However, the statement required some further development to accurately reflect changes in staffing levels and the management structure.

The person in charge stated that the statement of purpose would be reviewed and an up to date copy supplied to the Authority in the near future.

Copies of the statement of purpose were available in the reception area to residents, visitors and staff.

**Judgment:**

Substantially Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a suitable management structure in place to ensure the effective governance of the service. The provider is the Health Service Executive (HSE), represented by the general manager for the Galway and Roscommon area. The provider had delegated management responsibility to the manager of older peoples' services who worked in close liaison with the person in charge and reported to the general manager. The manager of older peoples' services held monthly accountability meetings with a group of directors of nursing which were attended by the person in charge and sometimes by the general manager.

There was a staff team consisting of clinical nurse managers, nurses, multi-task attendants, catering, maintenance and administration staff. The person in charge worked in the centre each weekday and staff confirmed that she was available and approachable. There were, however, some issues around the organisation and allocation of staff which is discussed in Outcome 18.

The provider had developed plans for an extensive upgrade of the building to improve the quality of accommodation for residents and building work to address this had commenced.

There were systems in place to review and monitor the quality and safety of care and the quality of life of residents. Improvements were brought about as a result of the learning from this monitoring. For example, the inspector read the falls audit for 2014, which identified trends in the occurrence of falls. Improvements were introduced to help reduce the incidence of falls and resulting injury. These included introduction of crash mattresses, improved staff supervision of residents and additional use of sensory mats. These measures had resulted in a significant reduction in the number of falls and injury to residents.

There had been a food satisfaction survey carried out at the end of 2014, which indicated a high level of satisfaction with the catering service. The person in charge also carried out informal reviews of complaints and there was evidence that improvement had been made accordingly. Views of residents and their representatives were sought through the operation of a residents' committee and this is discussed in Outcome 16. There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.

**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
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The person in charge had ensured that information was supplied to residents. There was an informative guide for residents that included the required information. This guide, the statement of purpose and the complaints procedure in both Irish and English language were readily accessible to residents in the central reception area close to the day room.</p> <p>The inspector viewed a sample of contracts and found that they were suitably agreed and signed. They included the required information such as the fee to be charged and the services included in the fee. There were no additional services which required a mandatory additional payment.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 04: Suitable Person in Charge</i></b> <b><i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></b></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was qualified and experienced. She demonstrated good clinical knowledge and was knowledgeable regarding the Regulations, Standards and her statutory responsibilities. The person in charge had maintained her continuous professional development and explained that she kept her knowledge up to date by sourcing and studying professional journals, linking with other directors of nursing and attending conferences and training.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 05: Documentation to be kept at a designated centre</i></b> <b><i>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</i></b></p>
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***2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a range of documents both before and during the inspection, such as the residents guide, directory of residents, insurance policy, accident and incident log, medical and nursing records, operational policies, staff records and residents' files and found that they were generally maintained to a high standard and suitably stored. However, improvement to the documentation of medication management and the directory of visitors was required.

There was some improvement required to the documentation of medication management. In a sample of prescription sheets viewed, the information relating to the maximum allowable doses of PRN (as required) medication within a 24-hour period were unclear and did not provide adequate guidance to staff. In addition, the routes of administration were not clearly recorded on some of the prescribing charts viewed. This presented a risk that medication could be incorrectly administered to a resident.

A sign-in book was provided in the entrance area to record visitors entering and leaving the building. This book was not up to date and all visitors to the centre had not been consistently recorded.

**Judgment:**

Non Compliant - Moderate

***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 the proposed absence of the person in charge. There were suitable deputising arrangements in place whereby a clinical nurse manager deputised for the person in charge in her absence.

**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 the provider and person in charge had measures in place to protect residents from being harmed or suffering abuse.

Staff told the inspector that they had received training on identifying and responding to elder abuse and they had a clear understanding about the action to take in the case of alleged or suspected abuse. This was also confirmed by training records. Staff confirmed that they were satisfied that the management team supported them to report allegations of abuse. There was a policy on the prevention, detection and response to abuse of vulnerable adults. The person in charge confirmed that there had been no allegations of abuse at the centre.

Residents' personal finances continued to be managed in a safe and transparent manner. The management team retained some residents' cash for safekeeping and this was securely managed, stored and recorded. Secure lockable spaces were available to all residents and there was a policy relating to residents' personal property and possessions. Records were maintained of other valuables brought to the centre by residents.

Feedback from residents indicated that they felt safe in the centre.

**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):**

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

**Findings:**

The inspector found good practice in relation to health and safety and risk management. The provider and person in charge had put measures in place to protect the safety of residents, staff and visitors to the centre however, there were some improvement to risk management policy and fire safety checks required.

There was a health and safety statement, a risk register and a risk management policy in place. The policy included a range of risks in the centre, including the precautions in place to control the specified risks as required by the Regulations such as control of aggression and violence and accidental injury. The person in charge demonstrated that the control measures for some risks, such as self harm and the unexplained absence of a resident, were included in separate policies which were used in conjunction with the risk management policy. However, the arrangements for identification, recording, investigation and learning from serious incidents were not included in the policy. The person in charge had recently updated the risk register to reflect the risks associated with the building work which was in progress.

There were safety measures in place to safeguard residents in to event of a fire. Staff had received training in fire safety and evacuation and this was confirmed by staff and in the training records. Two staff who had recently commenced working in the centre were awaiting attendance at fire safety training which they were scheduled to attend in July 2015. In the interim, the person in charge ensured that they were not rostered for night duty and always worked with staff who were trained in fire safety and evacuation. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices, which were displayed throughout the building, provided instructions on evacuating the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction.

The inspector viewed up to date fire records which showed that equipment, including fire extinguishers, fire alarms and emergency lighting, had been regularly serviced. Fire extinguishers were serviced annually and all fire alarms were serviced quarterly. There were records to indicate that monthly checks of emergency lighting and furniture were being carried out by the manager. While there was a detailed plan for weekly checks of fire extinguishers, escape routes, fire notices and electrical hazards, there was no person identified to take responsibility for this and consequently these checks were not up to date.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency and included details of emergency accommodation and emergency transport arrangements.

The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, safe floor covering and handrails on both sides of corridors to promote independence.

**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):**

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

**Findings:**

While the inspector had found areas of good practice in relation to medication management, there were some improvements required in the discontinuation of medication, disposal of medication and control of medication requiring strict control.

There was a medication management policy to guide staff.

The inspector reviewed the administration of medication. Since the last inspection the person in charge had arranged for all residents' medication to be supplied in individual pre-packed blister-packs which were prepared and delivered by the pharmacist. This change was introduced to reduce the risk of medication error. A copy of each resident's prescription which had been issued and signed by the GP was attached to each administration sheet and nurses administered medication from this. There were colour photographs of residents on both the medication packs and the prescription sheets, which the nurses could check to verify identification if required. There was an up to date nurses' signature sheet available.

The procedures for the handling and disposal of unused and out of date medicines were not appropriate or secure. Medication which was no longer required was not recorded

and was not securely stored while awaiting disposal.

The inspector read some of the medication administration charts and found that they were clear and legible. They included most of the required information such as the dose and time of medication administration. However, on some of the charts viewed the routes of medications were not recorded and this is discussed in Outcome 5. In addition, some discontinued medications had not been signed by the GP on the administration charts to verify this action.

Medications requiring strict controls were appropriately stored. Records indicated that they were counted and signed by two nurses at the evening change of each shift but not at each change of shift in accordance with professional guidelines. Secure refrigerated storage was provided for medication that required specific temperature control and its temperature was monitored daily.

At the time of inspection none of the residents self administered their medications. Some residents required their medication to be administered crushed and these were individually prescribed as such.

**Judgment:**

Non Compliant - Moderate

***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 person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector reviewed the incident log and saw that all relevant details of each incident were recorded together with actions taken. All quarterly notifications had been suitably submitted to the Chief Inspector.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of***

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

**Theme:**

Effective care and support

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

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

**Findings:**

The inspector found that residents' health needs were generally well met. However, there was improvement required to the assessment of residents' health care needs and the development of suitable care plans.

All residents had access to GP services and out of hours medical cover was available as required. The inspector viewed a sample of medical files and found that GP's reviewed residents regularly. Residents had access to a range of health care services, including speech and language therapy, chiropody, physiotherapy, optical, dietetic, dental and psychiatry services. Recommendations from health care professionals were recorded in residents' files and their recommendations were incorporated into care plans.

The inspector read a sample of residents' files and found that the assessment and care planning required improvement and did not consistently guide practice.

For example,

- end of life assessments had not been completed for some residents
- a suitable communication assessment and care plan had not been developed for a resident with communication issues
- body weight assessments were not being carried out for a resident at four-monthly intervals as required
- activity care plans for some residents included little information about what the residents were interested in or enjoyed doing. In addition, there were no activity or exercise plans.

Residents' nutritional needs had been assessed using a recognised assessment tool and there was a nutritional policy in place to guide staff. While it was policy in the centre to monitor residents' weights each month, documentary evidence indicated that some residents were weighed less frequently than this. For example, there were gaps of two, three and four month gaps in some of the records viewed.

The person in charge had undertaken considerable work on reducing the use of bed rails and this had been decreased to a minimal level. To achieve this she had ensured that residents had low beds, crash mattresses, alarm pads and increased supervision as required. However, there was improvement to the assessment required. A small number of residents used bed rails while in bed. The inspector found that while this was

generally managed in line with the national policy, there was some improvement to the risk assessment of bed rail use required. Risks to residents for the use and non-use of the bed rails were evaluated prior to their use. However, risk assessments investigating the risks associated with the use of bed rails for individual residents had not been formally undertaken. There was a policy to guide staff on the use of restraint.

Some residents presented with behaviour that challenges. However, individual plans were not specific enough to consistently guide practice in the management of behaviours that challenge. For example, there was no behavioural care plan for a resident with behaviour that challenged, while for another the care plan lacked details around behavioural triggers.

There were no pressure ulcers in the centre at the time of inspection.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective care and support

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

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

**Findings:**

The building was constructed and maintained to a high standard, was comfortably and tastefully furnished and was clean, bright and spacious with ample communal space for residents and visitors. Work to extend the building to meet the requirements of the Regulations and standards was in progress. However, residents did not have access to suitable outdoor space.

During previous inspections some deficits in the building were identified and the provider was taking action to address these issues. Work to refurbish and restructure the centre was in progress. The person in charge explained that on completion of the work most residents would be accommodated in single and two-bedded rooms. There would also be four three-bedded rooms with en suite facilities and suitable screening in the centre. This work will result in an overall reduction of bed numbers by eight, reducing the occupancy from 55 to 47. In preparation for the commencement of the building work, the occupancy has been reduced to 33, which will remain in effect until

the completion of the project. The building work is expected to be in progress for one year.

There were originally four four-bedded rooms in the centre, which had now become three-bedded rooms. These rooms were large and spacious and beds were suitably screened to provide maximum privacy for residents.

The centre was well maintained, clean, comfortable and well furnished throughout. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

Residents did not have access to a safe garden or other outdoor area. There was a secure outdoor area, which at the time of inspection was not well maintained or in good repair. It included a central lawn, with grass which was long and neglected on which residents could not safely walk. The lawn was surrounded by a path which was uneven and in places sloping which could present a trip hazard to residents. In addition, there was no furnishing or seating in the garden. The grounds surrounding the building consisted of a busy car park serving the centre and an adjacent health centre. There was no recreational space for residents in these grounds. The person in charge stated that there was a plan to refurbish the internal garden, but no date had been identified to undertake this work.

**Judgment:**

Non Compliant - Moderate

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found evidence of generally good complaints management. However, some improvement was required to the complaints policy.

There was a complaints policy in place and the complaints procedure, written in both Irish and English, was displayed in the reception area. However, the requirement of the Regulations in relation to independent monitoring of complaints had not been satisfactorily addressed. The person who was responsible for ensuring that all complaints were appropriately responded to was not identified in the complaints policy. In addition, the policy or procedure did not clearly explain the appeals process which any complainant could access if required.

The inspector viewed the complaints register and found that there had been a small number of complaints since the last inspection. The complaints which had been made were suitably recorded, investigated and resolved to the satisfaction of the complainants.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

The inspector was satisfied that caring for a resident at end-of-life was regarded as an important part of the care service provided. Since the last inspection staff had made improvement in the assessment and recording of resident's end of life wishes however, further improvement was required in this area.

During previous inspections and during a thematic inspection focusing on end of life care in June 2014, residents' end of life care needs were well met. On this inspection this standard was found to have been maintained.

There was access to a local palliative care team, who provided guidance to staff and support to families as required. Residents had good access to the GP at all times.

Residents' spiritual needs were well met at end of life. A priest visited the centre at least once a week and was available more frequently to support residents and their families at end of life. Arrangements could be made for residents to repose in the centre, where residents and members of the local community could come to pay their respects. Support from ministers of other faiths could be arranged if required.

There was an open visiting policy and sufficient communal and private for family and friends to be with a resident approaching end of life.

At the time of inspection there were no residents in the centre who were approaching end of life. The inspector viewed the end of life assessments in a sample of residents' records and found that, while the standard of assessment had improved, suitable assessment of residents' end of life wishes had not been undertaken for some residents.



Since the last inspection staff had been working on developing end of life assessment but this had not been completed for all residents. Informative assessments had been completed for some residents including their end of life wishes and preferences. No end of life assessments had been undertaken for some residents, while some residents had declined to discuss this. While it was not documented in care plans, the person in charge knew the residents and their wishes well and confirmed that she had discussions around end of life preferences with some next of kin.

No deficits were identified in relation to the numbers and skill mix of staff and their ability to meet the needs of residents at end of life.

**Judgment:**

Non Compliant - Moderate

***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 residents were provided with food and drinks adequate for their needs, although some improvement to the documentation of nutritional records was required and this is discussed in outcome 11 of this report. Food was suitably prepared, cooked and served. Residents were offered a varied diet that included choice at mealtimes and in a way that met their needs. The inspector noted that staff provided appropriate assistance to residents while dining. Residents who spoke with the inspector and feedback from residents and relatives questionnaires indicated that they were very satisfied with the standard of catering.

There were two meal choices each day, although alternatives would be arranged for residents who wanted something else to eat. The meal choices were displayed on a board in the dining room each day. Some residents required special diets or a modified consistency diet and this was provided for them. The chef adjusted meals with regard to health issues such as diabetes, high cholesterol and weight control. Staff were aware of residents' special dietary requirements and were knowledgeable of how these meals would be served to residents. The inspector noted that they had the same choices as other residents and the food was suitably presented. The inspector noted that residents were offered a variety of snacks throughout the day, including drinks, soup and baked products.

The inspector reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dietitians, dentists and speech and language therapists whose reports and recommendations were recorded in residents' files. At the time of inspection there were no residents with significant weight loss.

**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:**

The inspector found that residents' autonomy and civil and religious rights were supported.

A priest visited the centre at least once a week and was available more frequently to support residents as required. Support from ministers of other faiths could be arranged if required. Mass was celebrated in the centre each week and the sacrament of the sick was administered as required. In addition, residents could join in daily Mass and other religious celebrations from the local church by video-link and could view these events on the televisions in their bedrooms. The person in charge had made arrangements for residents to vote in local and national elections. She ensured that residents who wished to were registered to vote and a polling station was set up in the centre. Some residents were also brought out to vote at the local polling station if they preferred.

Some of the residents occupied single rooms and in rooms which were shared, screening curtains were provided, to give privacy around beds as required. Throughout the inspection the inspector observed staff interacting with residents in a courteous manner. However, some staff did not interact well with residents and this is addressed in Outcome 18.

The person in charge had measures in place to communicate with residents and to establish their views. The advocate came to the centre every week, met and chatted to

residents and held monthly residents meetings. At these meetings residents could discuss their views and suggestions and this information was conveyed to the person in charge.

The person in charge promoted links with the local community. For example, groups of residents had outings in the summer in the centre's bus, there was extensive visiting by community groups, artists and school children and numerous parties, music sessions and social events took place in the centre. In addition, residents often went for drives in the area, family visits and could attend local events in the centre's bus. Contact with family members was encouraged and residents could meet their visitors either in the communal areas, in their bedrooms or in a private meeting room.

Residents' independence was promoted by staff. Inspectors saw staff members assisting residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them.

**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:**

All residents had storage space for clothes and personal possessions and lockable storage space for valuables was also provided in their rooms.

At the time of inspection the in-house laundry service had been discontinued while the building work was in progress and the laundry service had been outsourced to an external provider. The inspector found that good care was taken of residents' clothes which were labelled discreetly to ensure that they were not mislaid in the laundry process. Feedback from residents and relatives indicated that there was a good system in place for managing residents' laundry and that clothing was not often mislaid.

If required the management team held some residents' property or valuables for safekeeping. There was a secure system for managing, storing and recording residents' property and transactions which the administrative staff explained to the inspector. There was a policy on residents' personal property and possessions.

**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):**

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

**Findings:**

The inspector found that there were sufficient suitably trained staff on duty to provide care to residents and recruitment practices were robust to ensure suitable staff were employed to provide care to residents. However, staff allocation was not consistently organised and supervised to meet the needs of residents and the level of social care provided to some residents required improvement.

There was no planned approach for staff supervising and integrating with residents in the communal areas. Therefore, suitable supervision and interaction with residents was not assured. On the day of inspection, the inspector observed care staff to be task oriented and there was very little social or recreational opportunities provided to residents other than that provided by the activity staff in the main sitting room.

Many residents attended the day service in the centre and joined in the various activities that were being provided there. However, a number of very dependent residents remained in another sitting room. The inspector noted several times throughout the inspection that residents were left unattended for periods in this sitting room, without supervision or social interaction. The inspector also observed that staff who entered this sitting room for various reasons did not interact or speak with residents and there was no meaningful engagement or activities observed during the inspection.

On the day of inspection, there was an adequate number of staff on duty throughout the day and a review of staffing rosters indicated that this was the normal staffing level. The person in charge also confirmed that approval had been received to recruit additional nursing and care staff.

The provider and person in charge were committed to providing ongoing training to staff. Mandatory training such as moving and handling and elder abuse training were provided regularly.

In a sample of staff recruitment files viewed during the inspection the required information to verify the suitability of staff was available, including a full employment history, two references and photographic identification.

**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:***

Jackie Warren  
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 report<sup>1</sup>

<b>Centre name:</b>	Áras Mhic Dara Community Nursing Unit
<b>Centre ID:</b>	OSV-0000626
<b>Date of inspection:</b>	11/05/2015 and 12/05/2015
<b>Date of response:</b>	16/07/2015

### Requirements

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

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

#### Outcome 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

The statement required some further development to accurately reflect changes in staffing levels and the management structure.

**Action Required:**

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

<sup>1</sup> 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:**

The statement of Purpose has been updated to accurately reflect the changes in staffing levels and the management structure. The updated document was forwarded to the authority.

**Proposed Timescale:** 23/06/2015

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

The documentation of PRN (as required) medication did not provide adequate guidance to staff. The routes of administration of medication were not consistently recorded on prescribing charts.

The directory of visitors was not up to date.

**Action Required:**

Under Regulation 21(2) you are required to: Retain the records set out in Schedule 2 for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre.

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

Following on to discussions between the nursing staff and the General Medical Practitioners the maximum allowable doses within a 24 hour period of the PRN medication will be correctly documented

We Reviewed all medication administration charts. The route for the administration of medication is clearly recorded on all prescriptions.

We have placed a notice at the entrance with a gentle reminder for visitors to sign the Visitors book upon arrival and when leaving. Staff will also remind visitors of same and will monitor same.

**Proposed Timescale:** 23/06/2015

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

**Theme:**

Safe care and support

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

The arrangements for identification, recording, investigation and learning from serious incidents were not included in the risk management policy.

**Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The risk policy is amended to reflect the inclusion of arrangements for identification, recording, investigation and learning from serious incidents. This is also included in the agenda of the RGN meeting 14th of July for discussion to ensure inclusion of any control measures in an individual resident's care plan.

**Proposed Timescale:** 07/07/2015

**Theme:**

Safe care and support

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

There was no person identified to take responsibility for internal checks of fire extinguishers, escape routes, fire notices and electrical hazards and consequently these checks were not up to date.

**Action Required:**

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

A staff member is identified to take on the responsibility for all internal fire safety checks. All fire safety checks completed on 11/05/15. This will be kept under review by the Person in Charge.

**Proposed Timescale:** 11/05/2015

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

Procedures for the handling and disposal of unused and out of date medicines were not appropriate or secure. Medication which was no longer required was not recorded and was not securely stored while awaiting disposal.



**Action Required:**

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

We now have removed the medicine disposal containers that were in use during the inspection and replaced them with secure clinical waste containers with a purple lid which cannot cause danger to public health or risk to the environment. These containers are stored in a locked room away from visitors and residents. The containers are removed and collected when required by the medical waste company contracted by the HSE, thus disposal as per national legislation.

**Proposed Timescale:** 02/06/2015

**Theme:**

Safe care and support

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

Medications requiring strict controls were not counted and signed at each change of shift in accordance with professional guidelines.

**Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Medications that require strict control measures (MDA's) are now being counted by two nurses at each change of shift. This will be kept under review and audited monthly by CNM11 and quarterly by the Person in Charge.

**Proposed Timescale:** 11/05/2015

**Outcome 11: Health and Social Care Needs****Theme:**

Effective care and support

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

Care plans required improvement as they were not sufficiently detailed to consistently guide care delivered.

Suitable care plans had not been consistently developed to guide on the care of

identified health care needs.

Suitable behavioural care plans had not been developed to consistently guide practice in the management of behaviours that challenge.

**Action Required:**

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

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

1. 75% of Care plans have been reviewed and completed since the inspection. The remaining care plans will be improved and will be sufficiently detailed to guide care delivered for all care needs by 07/08/15 .
2. A suitable care plan will be developed to consistently guide the care to be delivered for all care needs. The CNM2 will be checking care plans on an on-going basis to ensure treatment plans in place are currently valid and timely and gaps identified will be referred to our Multidisciplinary team to review and update.
3. A suitable behavioural care plan will be developed to consistently guide practice in the management of behaviours that challenge. To be reviewed and completed by 10/07/15

**Proposed Timescale:** 07/08/2015

**Theme:**

Effective care and support

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

Health care assessments required improvement as they were not sufficiently detailed to consistently guide care delivered.

Suitable risk assessments investigating the risks associated with the use of bed rails for individual residents had not been formally undertaken.

**Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

A new bedrail assessment tool has been sourced and we plan to use this to improve care planning to sufficiently detail and guide the care to be delivered. This assessment has been used to complete the risk assessment on the 3 bed rails in use, the assessment is documented and detailed to consistently guide the care delivered This assessment tool will be used for all future bedrail use assessments.

We have used this new bedrail assessment tool to investigate the risks associated with the use of one resident's bedrail. The outcome of the assessment is documented and

detailed to consistency guide the care delivered.

**Proposed Timescale:** 25/05/2015

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

**Theme:**

Effective care and support

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

Residents did not have access to a safe garden area.

**Action Required:**

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

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

This is part of the renovations which are currently underway. Renovations will be completed by mid 2016. In the interim residents now have access to another garden which was not previously available to them.

**Proposed Timescale:** 01/07/2015

### **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:**

The policy or procedure did not clearly explain the appeals process which any complainant could access if required.

**Action Required:**

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

An independent appeals person is now clearly identified in the complaints Policy and Procedure.

**Proposed Timescale:** 26/06/2015

**Theme:**

Person-centred care and support

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

The person who was responsible for ensuring that all complaints were appropriately responded to was not identified.

**Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

We have identified a Clinical Nurse Manager as Complaints Officer who will ensure that any complaint is recorded appropriately and that all necessary steps in the complaint resolving process are adhered to and recorded in the complaints book, including the satisfaction level of the complainant.

**Proposed Timescale:** 26/06/2015

**Outcome 14: End of Life Care**

**Theme:**

Person-centred care and support

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

Suitable assessment of residents' end of life wishes had not been undertaken for some residents.

**Action Required:**

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

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

We will ensure that all assessments and care plans accurately reflect the care required by the resident. These will be reviewed to reflect specific care needs, wishes and residents choice as they approach end of life. This will be done in as far as it is practicable in conjunction with the resident and family. Assessment and care plan review will be undertaken every four months or as indicated by a change in the residents condition/care needs.

**Proposed Timescale:** 07/08/2015

## Outcome 18: Suitable Staffing

### Theme:

Workforce

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

Staff allocation was not consistently organised and supervised to meet the needs of residents.

### Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

We had a discussion with residents, the next of kin and the Residents' Advocate to agree some changes in the organisation of care activities within the Unit. The plan in place is for closer interactions between residents throughout the house. There is a change in the dining room and the adjacent staff room. The plan is for residents to use these rooms for meaningful activities together with those attending the day service. The residents are agreeable to this change and are enjoying it.

This enables staff to ensure that all individual meaningful activities needs of residents be addressed as planned in the amended individual care plans. This also will ensure consistency and supervision throughout the day and evenings.

One instead of the previous two rosters will be implemented.

For those residents whose choice it is to remain in the small sitting room, supervision, personal and social & recreation care needs will be provided to them by the staff members assigned to their care. An emergency call bell is available in that room should immediate care assistance be required.

**Proposed Timescale:** 29/06/2015