<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Arus Carolan Community Nursing Unit</th>
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<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000656</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Castle Street, Mohill, Leitrim.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>071 963 1152</td>
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<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:geraldine.mullarkey@hse.ie">geraldine.mullarkey@hse.ie</a></td>
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<td>The Health Service Executive</td>
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<td><strong>Registered provider:</strong></td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Geraldine Jolley</td>
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<td><strong>Support inspector(s):</strong></td>
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<td><strong>Type of inspection</strong></td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 September 2019 09:00
To: 25 September 2019 19:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
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<td>Outcome 05: Suitable Staffing</td>
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<td>Outcome 06: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, a provider self-assessment was completed where the service was compared with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused primarily on how care was provided to residents with dementia care needs. The inspection also reviewed the response to the action plan and findings from the last inspection carried out on 5 January 2018.
All actions had been addressed to a satisfactory standard. The inspector found that there was a sound governance structure in place and good oversight of the service.

The inspector met with residents, visitors, the person in charge and staff on duty during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and the interactions between staff and residents using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self-assessment questionnaire which were submitted prior to inspection.

At the time of inspection there were 36 residents residing in the centre and approximately half had a diagnosis of dementia or cognitive impairment. The inspector observed that many residents required substantial assistance and monitoring from staff but also observed that some residents were very independent. The inspector found the person in charge and staff team were committed to providing a high quality service for residents in an environment that had been upgraded to ensure it was accessible and meaningful for people with dementia. Staff had attended varied courses on dementia care and conveyed positive attitudes and a high level of knowledge in relation to their roles and responsibilities.

The inspector saw that residents’ healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of interesting social activities and an ethos of respect and dignity for residents was evident. There was a staff member allocated to social care daily and residents had a choice of varied interesting activities to do each day. The garden and outdoor space was used daily and had been cultivated to provide interest for residents. The inspector found that residents appeared to be very well cared for and residents the inspector talked with gave positive feedback regarding all aspects of life and care in the centre. Staff conveyed a high level of knowledge about residents’ likes, dislikes and personal preferences. Staff interacted with residents in a friendly, kind and warm manner. Residents told the inspector that they felt safe, content and well protected by staff.

The overall atmosphere in the centre was home-like, comfortable and in keeping with the assessed needs of the residents who lived there. Many bedrooms were seen to be very personalised. There was appropriate signage in place to guide residents around the centre and to support residents who had orientation difficulties become orientated to where they were. The implementation of dementia specific design principals to enable residents with dementia to flourish in the centre was ongoing and residents were consulted about colour schemes and proposed changes. These aspects are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre’s for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. There were improvements required to the fire safety measures as some fire doors did not close automatically when a fire alarm test was undertaken and some documentation that included the complaints procedure required review to meet legislative requirements.
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: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. There were 36 residents in the centre during the inspection. Five residents had been admitted for short term care. There was a formal assessment of dependency needs and this included an assessment of cognitive ability. These assessments were used in a meaningful way to guide staff in their day to day interactions with residents and staff interviewed were fully aware of the areas where residents had difficulties and needed support. The inspector observed residents being prompted to eat and drink at meal times, being orientated to the time of day, programmes on television and also being encouraged to mobilise throughout the day.

The inspector saw that residents had access to appropriate medical and primary care services. They could keep the service of their own general practitioner (GP) and a local GP visited the centre daily. Residents’ medical records conveyed that reviews of health conditions were completed regularly and also that medicine regimes were reviewed and altered to meet residents’ changing needs. Residents had access to allied health professionals. Physiotherapy and occupational therapy services were available. Residents were assessed on admission for risk factors such as poor nutrition, falls risk, responsive behaviours and other vulnerabilities such as inability to orientate to their surroundings associated with dementia. Dietician and speech and language services were available as required. Where residents required modified diets or supplements these were outlined in professional assessments and relayed to care and catering staff who were observed to follow the recommendations outlined.

The inspector saw that care plans were compiled within 48 hours of admission and were based on the assessments completed and information from residents and family members. Residents told the inspector that staff discussed all their care with them and explained their treatment and medicine regimes. The inspector found that the information in care plans provided good guidance for staff, were very person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.
The inspector found that care plans contained information to guide staff on how to address the needs of residents with sensory or cognitive impairments or a combination of factors. Care records were generally very informative and outlined the actions to be taken in a range of circumstances including the management of responsive behaviours. This aspect of care planning had required attention at the last inspection and had been addressed comprehensively. While there was a good overview of residents’ dependency the inspector found that the quality of information on how dementia impacted on daily life could be improved. For example information on the activities residents can do for themselves, who they recognise and if they are orientated in time and place was not consistently recorded. Consent to treatment was documented. Nursing notes were completed on a daily basis.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. The inspector was told that staff had access to support from a tissue viability nurse if required.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents’ comments that their daily personal care needs were well met. Residents, where possible, were encouraged to be as independent as possible and the inspector observed residents moving freely around the corridors and communal areas and enjoying the activities going on throughout the centre. The inspector saw that residents had good access to social care activities and there was a wide range of activity material that ensured staff could motivate residents to take part in a variety of activities.

The centre had policies on medicine management and these described the ordering, receipt, administration, storage and disposal of medicines. Medicines were stored securely and observed to be administered safely in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. The inspector reviewed a number of medication prescription charts and noted that all included the resident’s photo, date of birth, general practitioner (GP) and details of any allergy. There was a system in place for reviewing medicines on a three monthly basis by the GP and pharmacist and this was documented in residents’ notes.

The inspector found that there were suitable arrangements in place to meet residents’ end of life needs including the needs of residents with dementia. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia. Families were facilitated to be with residents at end of life and facilities were provided to ensure their comfort. Overall the inspector found that care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate nutrition and hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were complimentary about the food provided. Mealtimes in the dining rooms was observed by the inspector to be a social occasion. Staff sat with
residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident’s weight, they would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy service (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

The provider self-assessment judged the centre to be substantially compliant and the inspector made a similar judgment.

**Judgment:**
Substantially Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to residents. The inspector saw that safeguarding training was on-going and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on safeguarding which defined the various types of abuse and outlined the process for the investigation of abuse incidents or concerns should they arise. The inspector observed that staff were sensitive and appropriate in their approaches to residents. All interactions were noted to be respectful, courteous and helpful. Residents told the inspector they felt safe, secure and well cared for by staff.

There was a policy on responsive behaviour and staff were provided with training on dementia care and how to manage responsive behaviours and behaviours associated with dementia. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to specialist services for review and follow up as required. Records of behaviours were recorded and included possible triggers to these behaviours and the interventions that successfully resolved the episodes.

There was an up to date policy on restraint. The inspector saw that there was a comprehensive assessment in place for the use of bedrails, which clearly identified the alternatives that had been tried to ensure bed rails were the least restrictive method in
use. The inspector was assured by the practices in place and saw that alternative measures such as low profiling beds and alarm mats were being used to reduce the use of bed rails and there has been a significant reduction in bed rail usage since the last inspection. Staff were well informed about restraint practices and an action plan in the last report that identified where staff did not have up to date knowledge on this topic had been addressed. There was a low use of restraint noted with five residents using bedrails on the day of the inspection. Where bedrails were required the inspector saw evidence that there were regular checks completed and their use was discussed with residents and families.

In the self-assessment the centre was judged to be substantially compliant as training on positive behavior support and dementia awareness was scheduled. This had been completed and the inspector judged the centre’s arrangements for safeguarding and safety to be compliant.

**Judgment:**
Compliant

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**Outcome 03: Residents' Rights, Dignity and Consultation**

**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:**
Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents’ choice was respected and that they had control over all aspects of their daily life in terms of times of getting up, returning to bed, remaining in their rooms or spending time with others in the communal areas. Residents were free to spend time wherever they wished and the inspector saw residents walking freely in the corridors, sitting in varied areas and enjoying the outdoor garden. The inspector found that the centre had been organised to ensure that it was accessible to residents and there were several “dementia friendly” features that contributed positively to residents’ quality of life. For example the garden was readily accessible and other outdoor areas had been made inviting through the use of art work and murals of the town’s streetscape which residents said provided interest and prompted memories for them.

Respect for privacy and dignity was evidenced throughout the inspection day. Staff were observed to knock on doors before they entered and privacy was further protected by appropriate screens in shared rooms. Staff were observed communicating appropriately with residents and took into account where residents had communication difficulties or sensory deficits. Good communication techniques were documented in care plans reviewed. Residents said they were treated with respect and said that staff made efforts
to get to know them from the time of their admission. The inspector heard staff addressing residents by their preferred names and speaking in a respectful and courteous way. Staff paid good attention to residents’ appearance, dress and personal hygiene and were observed to be very caring towards the residents. Residents could choose what they liked to wear and there was adequate storage in bedrooms which enabled residents to keep a good quantity of clothing in the centre. The hairdresser visited weekly and some residents told the inspectors how important this was to them. The hair salon had been decorated and the inspector saw it was an attractive area for residents to have their hair done.

Residents said they voted in local and national elections and were kept up to date with local news and events by staff and by reading local and national papers. Residents had access to daily newspapers and were observed to enjoy reading the paper and talking about the news. Residents had radios and televisions in communal areas and in their bedrooms. A display board and folder in the reception area provided information on local events, places of interest to visit and health care advice. There was also information on how to make a complaint and how to contact the confidential recipient readily available.

Systems for consultation with residents were in place. The inspector evidenced minutes of residents' meetings which outlined how residents were consulted about how the centre was run. These meetings were held regularly, relevant issues were discussed and they were well attended. Feedback was also regularly sought from residents and relatives via surveys and there was evidence of actions taken as a result of issues identified in the residents meetings and from the surveys. During the inspection, it was evident that the centre was managed in a way that took into consideration residents' wishes and choices. Residents with dementia were represented and the centre had access to independent advocacy services. An independent advocate visited the centre and was contacted when support was required for residents.

There was an activity co-ordinator available to organize activities on a daily basis. She was supported by carers and it was evident to the inspector that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. A large range of activities were facilitated, for example, discussions of the local and national news, prayers/mass, music sessions, exercises, skittles, crosswords, art work, knitting, proverbs and outings. The activity coordinator said that while she organised a programme for each day this was flexible and altered to meet residents’ choices. The inspector saw a variety of activities taking place during the inspection. Residents and visitors were very complimentary about the social opportunities available.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observation tool (the quality of interactions schedule QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents. The observations took place during the morning and afternoon. The inspector found that interactions were positive and meaningful with very good examples of person-centred care in evidence. For example the inspector saw that residents with high care needs were included in conversations, supported with an activity that was suitable for them and that gave them pleasure.
Visitors were observed to come and go throughout the day. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they would raise them with the person in charge or staff and were confident they would be resolved.

**Judgment:**
Compliant

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**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

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

**Findings:**
There was a policy and procedure to guide anyone making a complaint about the service. This described how to raise an issue, the investigation and subsequent management of the complaint. The procedure was displayed in the main reception area and was also outlined in the statement of purpose and in the Residents’ Guide. The procedure conveyed that the office of the Chief Inspector had a role if complaints were not resolved. This required revision as the Chief Inspector’s office does not have a role in the management of individual complaints. Matters of concern can be relayed and are reviewed in the context of the welfare of all residents in the centre.

Staff interviewed had a good understanding of how to manage a complaint. Complaints and compliments were recorded. No complaints were in receipt of attention when the inspection was completed. The inspector viewed a selection of complaints where actions taken and outcomes were documented in accordance with best practice. A finding of the residents’ survey completed indicated that complaints were resolved in a satisfactory way.

**Judgment:**
Substantially Compliant

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**Outcome 05: Suitable Staffing**

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

Findings:
The staff rota maintained in the centre described accurately the numbers of staff deployed to varied roles. The person in charge was on duty Monday to Friday. The inspector found the number and skill-mix of staff was appropriate to meet the needs of the current residents. There was a minimum of two nurses on duty day and night. Residents spoke positively about the staff and described them as caring, responsive to their needs and always on hand to talk to them and help them out. The catering and activity staff were valued for the efforts they made to ensure that their personal preferences were respected and adhered to. Catering staff knew the way everyone liked their meals and the specialist diets that some residents required. Activity staff were highly regarded as they made efforts to ensure that there was something to do every day and also for the dedicated time they spent engaged with residents.

There were good communication arrangements in place to ensure staff were familiar with residents’ needs and changing health conditions. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had copies of the regulations and standards available to refer to if needed. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have excellent knowledge of residents' needs as well as their likes and dislikes.

Records viewed by the inspector confirmed that there was a varied training programme available to staff. Staff told the inspector they were encouraged to undertake training by the person in charge. Mandatory training was organised and all staff were up to date with training in fire safety, safe moving and handling and safeguarding vulnerable persons. Staff also attended training on managing responsive behaviours, dementia care, cardiopulmonary resuscitation, infection control and management of aggression and violence. Nursing staff confirmed they had also attended other clinical training including medicines management and person centred care approaches.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations. Vetting disclosures were available for all staff employed.

The self-assessment indicated the centre was in substantial compliance as some staff were due to attend training courses. The inspector judged the centre as complaint as statutory and specialist training on dementia and person centred care had been
Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
Arus Carolan is a single storey building that is registered to provide care to 36 residents who require long term or short term care. Accommodation for residents is provided in two bedrooms that accommodate three residents, three rooms that are doubles and the remaining rooms are single occupancy.

Residents’ bedrooms were noted to be personalized with ornaments, photographs and memorabilia belonging to residents. There were clocks that depicted the time and date in large font. Residents had good access to televisions, radios, papers, magazines and a well-stocked centrally located library area.

The dementia specific features that were in place had been well thought out and residents said that they found it easy to locate their bedrooms and toilets. The doors were all identified distinctively in varied colours with large numbers. Accessibility was further enhanced by signs that were two dimensional and could be easily seen by residents as they walked along the hallways. Access in and out of the centre was secure. The garden and outdoor areas had been organised to meet the needs of residents. Pathways were level and there were garden ornaments of interest as well as flower beds. One outdoor area had been painted with a streetscape of the town and residents said they recognised all the shops and had been customers in many of them through the years. Residents were observed to spend time in the garden during the day.

Communal accommodation included a large sitting room and other smaller quiet sitting areas as well as a dining room, an oratory and a hair salon.

The premises and grounds were well-maintained. Appropriate lighting and ventilation was in place. Since the previous inspection there had been a number of changes to the premises. The internal accessibility had been improved as described above and residents had contributed their views on the changes.

The centre was warm and comfortable and suitably decorated. Housekeeping and hygiene standards were high. The size and layout of the bedrooms occupied by the residents was suitable to meet the needs of residents. A sufficient number of toilets,
bathrooms and showers was available. Residents had access to appropriate equipment which promoted their independence and comfort. Specialised assistive equipment or furniture that residents required was provided. For example, assisted hoists with designated slings, wheelchairs, alarm mats and cushions, specialist beds and mattresses were available according to residents’ requirements. A call bell system was in place and call bells were appropriately located throughout the centre.

The centre had a separate main kitchen complete with cooking facilities, equipment, dry stores, cold rooms and shelving. Catering staff had designated changing and toilet facilities. The kitchen was due for a major refurbishment and alternative arrangements for cooking meals was organised as the work was scheduled for the week following the inspection.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
The inspector reviewed the health and safety arrangements including the fire safety arrangements. The risk areas identified during the last inspection had been addressed. The car park had been marked out more clearly and the evacuation path to the fire assembly point was clear of obstructions. A handrail had been fitted between room 13 and the shower area to provide more support to residents and the smoking area that was difficult for residents to access was no longer in use.

The inspector found that there was good attention to risk identification and matters that created risk were escalated to maintenance and estate staff for attention.

The inspector found that staff were familiar with the fire alert system and the actions they were expected to take when the fire alarm was activated however during a fire alarm test completed during the inspection the inspector noted that some fire doors did not close as expected. This was relevant in two corridor areas. The person in charge said this would be highlighted for attention immediately and confirmed to the inspector since the inspection that action on this was underway. Where residents do not wish to have fire doors closed specific closures that suit their needs and that will activate in response to the fire alarm should be put in place.

There were announced and unannounced fire drills completed and some of these were completed outside of regular hours. Staff had completed training on evacuation and
were aware of their responsibility to respond promptly to the fire alarm and to any instructions given however the reports of the fire drills did not indicate if a compartment was evacuated. The inspector concluded that the fire drill procedures required improvement to ensure staff were familiar with how to evacuate a complete fire compartment in an emergency.

**Judgment:**
Non Compliant - Moderate

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**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
Provider’s response to inspection report

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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: Health and Social Care Needs

Theme:
Safe care and support

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

While the majority of care plans were of a good standards some care plans and reviews of care did not describe how dementia or cognitive impairment impacted on the daily life of residents.

1. 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).

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
To ensure compliance with regulation 05(01) the Registered Provider Representative has requested the following:

• Person in Charge will carry out an audit of all care plans and reviews of care to ensure that all care plans and reviews describe how dementia or cognitive impairment impacts on the daily life of residents.

• The Person in Charge will arrange further training for all nursing staff to support them in ensuring that all care plans and reviews describe how dementia or cognitive impairment impacts on the daily life of resident to ensure compliance with the regulation 05(01).

• As part of this review the registered provider will arrange for an external peer review of care plans to ensure full compliance with regulation 05(01).

Proposed Timescale: 31/12/2019

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The complaints procedure required review to accurately describe the appeals process and the function of the office of the Chief Inspector.

2. 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:
To ensure compliance with regulation 34(1) the Registered Provider Representative has reviewed with the Person in Charge the complaints procedure to ensure it accurately describes the appeals process and no longer includes reference to the office of the Chief Inspector.

Proposed Timescale: 21/10/2019

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory
**requirement in the following respect:**
Fire drill procedures required review to ensure that the process for evacuating fully each fire compartment was included to inform staff actions in an emergency.

### 3. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
To ensure compliance with regulation 28(1)(e) the Registered Provider Representative with the Person in Charge has reviewed the designated centres Fire Drill Procedure. Following review the Person In Charge has implemented a process to facilitate fire drills at monthly intervals to ensure that residents and persons working in the designated centre are aware of the procedure to follow for evacuating fully each compartment in the case of a fire.

**Proposed Timescale:** 30/11/2019

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some fire doors did not close as expected when the fire alarm was activated and this required review to control the spread of fire in an emergency.

### 4. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
To ensure compliance with regulation 28(2)(i) the registered provider has arranged for a Fire Safety Walk around by an External Fire Safety Risk Assessor and the HSE Fire Safety Officer accompanied by the Person In Charge.

Funding has been provided to ensure all fire doors have been fitted with specific closures that suit the needs of the residents and close as expected when the fire alarm is activated to control the spread of fire in an emergency.

**Proposed Timescale:** 31/10/2019