<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Aras Chois Fharrage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000382</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Pairc, An Spidéal, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 553 194</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:araschoisfharraige@gmail.com">araschoisfharraige@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Aidan &amp; Henrietta McGrath Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Aidan McGrath</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Patricia Folan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Nan Savage</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>42</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
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 judgements 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 14 May 2014 17:00  To: 14 May 2014 23:00

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

<table>
<thead>
<tr>
<th>Outcome 06: Safeguarding and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 08: Medication Management</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This single specific issue inspection was carried out following receipt of unsolicited information by the Authority. The inspection focused on staffing, notification of incidents and management of abuse allegations. As part of the inspection, inspectors met with residents, the provider, the person in charge and staff members. Inspectors observed practices and reviewed documentation such as staff rosters and policies and procedures. Unsolicited information which had been received by the Authority had also been brought independently to the attention of the provider. Inspectors found that the provider had commenced action in response to this information in line with the centre's relevant policy.

The inspectors were concerned that the staffing levels and skill mix were not consistently allocated to ensure that there were sufficient staff on duty to meet the needs of residents and that staff were not suitably supervised. In addition, the staffing rota did not clearly indicate the planned daily work hours of staff. Following the inspection an immediate action was issued to the provider in respect of some aspects of staffing and supervision. The inspectors were further concerned that some residents did not have ready access to their call bells and also issued an immediate action plan in respect of this. The provider responded promptly to the immediate action plan requests and outlined measures which had been implemented to address these risks.

Improvement to the notification of specified events to the Authority required improvement, as some notifiable had not been notified within the required time frames as required by the Regulations.
Some aspects of medication management were reviewed during the inspection and some improvement to administration of PRN (as required) medication was required.

In addition, the elder abuse policy required some further development to provide guidance to staff and management on the management of all aspects of abuse.

The issues identified during the inspection were discussed with the provider at the close of inspection and by telephone the following day.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: 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.

Theme:
Safe Care and Support

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

Findings:
During this inspection, the inspectors reviewed some, but not all, aspects of the systems in place to protect residents from harm or suffering abuse. The inspectors did not review the management of residents' finances and property on this inspection.

There was a policy on the management of abuse which provided clear guidance on investigating allegations of abuse against staff members. However, the policy required some further development as it did not provide any information on managing allegations or suspicions of abuse made against other people, such as visitors or residents.

The provider had arranged training in detecting and reporting elder abuse and staff had received this training. Staff who spoke with the inspectors knew what constituted abuse and were aware of their responsibility to report any suspicion of abuse. Some staff members stated that they had witnessed abuse, which had been brought to the attention of the provider. The allegations were being investigated in accordance with the centre's policy.

Judgement:
Non Compliant - Minor
**Outcome 08: Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

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

**Findings:**
The inspectors did not carry out a full review of the medication management system, but looked at some aspects of medication administration and were concerned about one issue viewed.

In a sample of prescription and administration charts viewed, the inspectors noted that required times and doses of prescribed medications were recorded and verified by the general practitioner (GP). However, on one prescription chart there were additional unverified instructions added to the chart to guide the nurses. The GP had prescribed a medication to be administered as required (PRN) and had indicated the maximum dosage to be administered each day. There was additional hand written information added to the prescription chart specifying specific dosages to be administered at set times daily, which was contrary to the GP's prescription to administer the medication as required. The origin of this instruction was not indicated as it had not been signed or dated. The inspectors discussed this with the nurse on duty and the provider, neither of whom knew where it had originated. Nurses administered medication in accordance with this unverified instruction.

**Judgement:**
Non Compliant - Moderate

**Outcome 09: 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:**
No actions were required from the previous inspection.

**Findings:**
The inspectors were concerned that the person in charge had failed to notify some serious events that had occurred in the centre to the Authority as required. Allegations
of elder abuse and staff misconduct, that had been brought to the attention of the provider, had not been notified to the Authority within the required time frame. These notifications had subsequently been formally submitted. While the Regulations identify the person in charge as having responsibility for the notification of incidents, the provider told the inspectors that he takes on the responsibility for notifications concerning allegations of abuse.

The notification of another notifiable event had recently been made to the Authority by a nurse on behalf of the person in charge. The notification of this event considerably exceeded the time frame required in the Regulations. In addition, the information supplied was inadequate and the person in charge was requested to furnish additional information relating to the event.

**Judgement:**
Non Compliant - Major

---

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Care and Support

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

**Findings:**
The inspectors were concerned that some residents did not have free access to their call bells to alert staff if they needed assistance or support. A new call bell system had recently been introduced throughout the centre in February 2014. The call bell alert units were clearly marked and could be hand held or wall mounted. During the inspection the inspectors noted that many of the units were wall mounted in bedrooms in positions that were out of reach of residents who were seated or in bed. Although they were portable, the call units were not placed so as to be readily accessible to the residents. Some residents told the inspectors that they no longer had call bells, although there were wall mounted units in their rooms which were not within their reach or line of sight.

**Judgement:**
Non Compliant - Major
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.

Theme:
Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:
The inspectors were concerned about staff levels and responsibilities as staff were not responding appropriately to call bells. The inspectors reviewed records of staff response to residents' ringing call bells. While the records indicated that some of the bells had been answered promptly, in some cases there were considerable delays in responding to bells, with delays of in excess of 15 minutes being noted in several instances. Some residents also indicated to inspectors that their call bells were not always answered promptly and that they sometimes had to wait for attention.

Inspectors were also concerned around supervision of care staff to ensure the needs of residents were met in a timely manner, as there was no evidence that the failure to promptly respond to call bells and the reason why this was occurring had been addressed by the person in charge.

Inspectors viewed the planned staff rota and found that it did not clearly reflect the hours that staff worked each day. Work shifts were identified on the rota by codes, but the interpretation of the codes was inconsistent and the provider explained that they could represent different hours for different staff.

In addition, the inspectors found that the staffing and skill mix allocation was not consistently sufficient to meet the needs of residents, having regard for the dependency of residents and the layout of the building. For example, on the day of inspection, no additional staff had been allocated to replace a staff member who was absent. This put additional pressure on existing staff to meet residents' needs. Staff also indicated to inspectors that they were very busy in the evenings when residents were going to bed and some staff stated that they were too busy to spent time interacting with residents.

Judgement:
Non Compliant - Major
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Aras Chois Fharraige</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000382</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27/06/2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on the management of abuse did not provide any information on managing allegations or suspicions of abuse made against other people, such as visitors or residents.

Action Required:
Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
The Abuse Policy is currently under review and will be updated by end June, to include information on managing allegations or suspicions of abuse made against other people, such as visitors or residents.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Outcome 08: Medication Management**

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Nurses administered some prescribed PRN medication in accordance with unverified instructions of unknown origin.

**Action Required:**
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

**Please state the actions you have taken or are planning to take:**
The Registered Provider has instructed nursing staff not to append hand written guidance notes to the prescription charts in future.

**Proposed Timescale:** 30/06/2014

---

**Outcome 09: Notification of Incidents**

**Theme:**
Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The notification of a notifiable event considerably exceeded the time frame required in the Regulations. In addition, the information supplied was inadequate.

**Action Required:**
Under Regulation 36 (2) (c) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.

**Please state the actions you have taken or are planning to take:**
Senior nursing staff have been instructed that in future they are to submit an NF03 in all cases where they admit a resident from hospital or the community with a pre-existing pressure sore grade 2+.

**Proposed Timescale:** 15/07/2014
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Allegations of elder abuse had not been notified to the Authority within the required time frame.

**Action Required:**
Under Regulation 36 (2) (e) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed abuse of any resident.

**Please state the actions you have taken or are planning to take:**
The allegations of abuse in question were notified 14th May 2014. Future allegations of abuse will be reported within notification time frames.

**Proposed Timescale:** 14/05/2014

**Theme:**
Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Allegations of staff misconduct had not been notified to the Authority within the required time frame.

**Action Required:**
Under Regulation 36 (2) (f) you are required to: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation of misconduct by the registered provider or any person who works in the designated centre.

**Please state the actions you have taken or are planning to take:**
The allegations of misconduct in question were notified on the 15th May 2014. Future allegations of misconduct will be reported within notification time frames.

**Proposed Timescale:** 15/05/2014

**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:
Some residents did not have free access to their call bells to alert staff if they needed assistance or support, as call units were not placed so as to be readily accessible to the residents.

**Action Required:**
Under Regulation 19 (3) (n) you are required to: Make suitable adaptations, and provide such support, equipment and facilities, including passenger lifts for residents, as may be required.

Please state the actions you have taken or are planning to take:
On Saturday morning, 17th May 2014, the following action was taken in response to concerns of the inspection team. An assessment was carried out on all residents as to their use of and access to call bells. Further to the assessment, extension leads or pendants were provided or bells were repositioned in accordance with individual resident's requirements. Assessment of access to and use of bells is now being carried out on a weekly basis and records kept. Additional pendants will be ordered.

Proposed Timescale: 17/05/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not responding appropriately to call bells.

The supervision of care staff did not ensure that the needs of residents were met in a timely manner.

The staffing and skill mix allocation was not consistently sufficient to meet the needs of residents, having regard for the dependency of residents and the layout of the building.

Action Required:
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
This is a new call bell system commissioned in Feb 2014. It was installed as a quality initiative to support patient care and welfare. It is a more complicated system than the one it replaced and some staff are still uncertain in its use and indeed in some cases they fail or forget to cancel the call function giving rise to misleading readings.
To address concerns of the inspection team we commenced training sessions in use of the system at 10pm on the 19th May 2014 (training of night staff being facilitated while they are on duty). All staff will receive 3 individual sessions - 2 before end May with a further follow up session during June to test competence/familiarity with the system. A training log will be maintained. Any member of staff finding difficulty with the system will receive further instruction as required.

Proposed Timescale: 30/06/2014
Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The planned staff rota did not clearly reflect the hours that staff worked each day.

Action Required:
Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
A new staff rota is being developed to reflect more clearly the hours worked. It is envisaged that the new rota will be in place from week commencing 30th June 2014

Proposed Timescale: 30/06/2014