### Centre name:
Aras Chois Fharraige

### Centre ID:
ORG-0000382

### Centre address:
Pairc, An Spidéal, Galway.

### Telephone number:
091 553 194

### Email address:
araschoisfharraige@gmail.com

### Type of centre:
A Nursing Home as per Health (Nursing Homes) Act 1990

### Registered provider:
Aidan & Henrietta McGrath Partnership

### Provider Nominee:
Aidan McGrath

### Lead inspector:
Jackie Warren

### Support inspector(s):
Geraldine Jolley;

### Type of inspection:
Unannounced

### Number of residents on the date of inspection:
41

### Number of vacancies on the date of inspection:
1
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 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: 30 June 2014 12:30  To: 30 June 2014 20:00

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

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Summary of findings from this inspection
This focused inspection was carried out following receipt of additional unsolicited information by the Authority since the last inspection on 14 May 2014. Further information was also received between this inspection on the 30 June 2014 and drafting the report.

The inspection focused on governance and management, suitable staffing, health and social care needs and complaints procedures. As part of the inspection, inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as, staff rosters, residents' files and incident records and the complaint's log.

At the time of the inspection, there were 41 residents, one of whom was in hospital. Dependency levels had been assessed and recorded as - 13 maximum dependency, 10 high dependency, 15 medium dependency and four low dependency.

The inspectors found that sufficient staff levels with the appropriate skill mix were not consistently rostered on duty over the 24 hour period to ensure the assessed needs of residents were met and to their choice.

Suitable arrangements were not in place to cover the absence of the person in charge who was on leave at the time of the inspection. This is discussed under outcome 18 workforce.
The inspectors were not satisfied that all residents' health and social care needs were met. Improvement to social care and to the documentation of health care interventions was required. These matters are discussed further under Outcome 11.

Aspects of medication management were reviewed during the inspection and some improvement to the recording of information was required.

Improvement to the recording and investigation of complaints was required, as some complaints, which the Authority learned had been made to the management team, had not been suitably recorded and investigated as required by the Regulations.

An investigation initiated by the provider to investigate allegations of abuse and misconduct was in progress. The inspectors were told that the investigation was nearing its conclusion, but that the final report was not available. However, the inspectors were told that the allegations had not been upheld.

The issues raised on this inspection had been identified as non-compliances on previous inspections and included in action plans to those inspection reports which the provider had given assurances had been addressed.

Given the findings of continued moderate to major non-compliances in respect of staffing levels, health and social care needs, care planning assessments and documentation, medication management, and complaints management, the inspectors concluded that governance and management of the centre requires immediate and sustained response to ensure the safety and wellbeing of all residents in the centre.

The significant issues and continuous areas of non compliance to the regulations identified during the inspection and as set out in the action plan attached to this report were discussed with the nurse on duty and the administrator at the close of inspection.
Outcome 03: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The person in charge was not working in a full time capacity as person in charge. This had been raised on previous inspections which the provider had given an undertaking had been address. The person in charge was on leave from the centre with no suitable arrangements in place during this absence. Improvements were required to clinical governance and deputising arrangements for the person in charge.

At the time of inspection the person in charge was on annual leave for a period which did not require notification to the Authority. The inspectors found that adequate governance arrangements were not in place to cover this absence of the person in charge. Staff on duty explained to the inspectors that one of the nurses on duty covered the duties of the person in charge, in addition to their nursing responsibilities. On the morning of the inspection, there were two nurses on clinical duty, one of whom stated that she was also deputising for the person in charge. In the afternoon and evening there was one nurse on duty who held full responsibility for nursing care, governance, staff supervision and medication management. The inspectors were not assured that this arrangement provided sufficient clinical and managerial governance.

This issue had been included in action plans of previous inspection reports. While the provider had outlined the arrangements for deputising for the person in charge in his response to those required actions, these had not been implemented for this absence. The provider had stated in his action plan response to an inspection of the centre on 28 August 2013 that either of three nominated nurses would take on the dedicated role of person in her absence. On viewing the staff roster the inspectors found that no-one had been clearly delegated the responsibility to cover the role and duties of the person in charge nor had additional cover been provided for this absence.

The person who fulfilled the role of person in charge was not employed in this role in a full-time capacity as her hours of duty were divided between governance and clinical nursing shifts. Some of her rostered duty was to provide nursing care to residents which impacted on fulfilling her regulatory responsibilities as person in charge.
On reviewing three recent staff rosters the inspectors found that the person in charge was rostered for two days clinical governance in one week, and 28.5 hours the following week, while on another week there were no governance hours identified. As the person in charge was committing a significant portion of time to filling nursing shifts she had not allocate sufficient time to attend to her clinical governance and regulatory responsibilities. The inspector was not satisfied that there was enough protected time allocated for the person in charge to fulfil all areas of clinical governance such as staff supervision and supervision of resident care provision.

The provider has failed to ensure that this issue was addressed despite having given assurances previously that it would be. This had been brought to the attention of the provider during an inspection in January 2012 and in his response had stated that the person in charge would in future be rostered to cover a minimum of 36 hours each week with effect from 09 March 2012. The issue of the person in charge's hours was raised again at an inspection on 28 August 2013 and the provider in his response stated that a revised roster would commence on Monday 21st October to reflect 36hrs dedicated to management by the person in charge.

**Judgement:**
Non Compliant - Major

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**Outcome 07: 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:**

**Findings:**
The inspectors did not review health and safety and the management of risk on this inspection, however, one risk was identified by inspectors during the course of the inspection.

The inspectors noted a long trailing cable across the floor of a bedroom. This presented a trip hazard to the resident, relatives, staff or other residents visiting the room.

No risk had been identified and no control measure was in place for this hazard.

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

**Theme:**
Safe Care and Support

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<th>Outstanding requirement(s) from previous inspection:</th>
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<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
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**Findings:**
Inspectors did not examine all aspects of medication management during this inspection. Some good practice was noted in that there were colour photographs of residents on the administration charts to verify identification if required. The medications listed on administration sheets were individually signed by the GPs on the charts viewed. The nurses recorded and signed to confirm each medication administered. However, improvements were required to medication documentation.

An inspector did review a sample of medication prescribing and administration charts and found gaps in the documentation. The medication prescription charts contained most of the required information, such as residents’ names, addresses and dates of birth, however, the names of residents’ general practitioners (GPs) were not indicated in some charts.

This failing had previously been highlighted in the report of the inspection carried out on 28 August 2013 and the provider had indicated in his response that this had been addressed.

Furthermore, the practice for verifying transcribed prescriptions was found to be inconsistent. Some transcribed entries were signed only by the transcribing nurse, others were signed by the transcribing nurse and a witness and other entries were not signed by any nurse but were verified by the GP.

The inspectors were concerned that these issues which posed a risk to residents had not been identified by the person in charge.

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**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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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:**

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

**Findings:**

The inspectors found that improvement to the evaluation and documentation of residents' care plans was required. The care plans did not provide a comprehensive overview of residents' health and social care needs. Residents were found to be spending long periods in bed which was not documented in care plans as an identified need or choice of the residents.

The standard of care planning and assessment had been identified as requiring improvements on previous inspections. The provider had engaged the service of an external consultant to audit the care planning system and to train staff in its implementation in response to previous action required. An additional audit of the care planning system had recently been undertaken by the external consultant which reported a good level of compliance. However, the inspectors found that further improvement was required particularly in the area of adequately assessing the needs of the residents, and reviewing and documenting care interventions.

The inspectors reviewed a sample of residents’ files and found that comprehensive assessments had been carried out on residents’ mobility, skin integrity, risk of falls and nutritional risks and had developed associated care plans. However, some care plans were not comprehensive and were not sufficiently developed to guide staff.

Some of the care plans viewed were inadequate in addressing issues such as behaviour that is challenging and specific social and health care needs of residents who spend long daily periods in bed. In addition, some care plans had not been updated to reflect changes in assessed needs, such as changes in nutritional status and falls risk. The inspectors were particularly concerned that there was no falls risk care plan in place for a resident who had been assessed as having a high risk of falls and had recently sustained a fall.

Furthermore, a nutritional care plan for a resident who had been losing weight was not sufficiently detailed and did not include any dietary plan, such as use of fortification, supplementation and food likes, dislikes and preferences. In addition, there had been no
recent referral to a relevant health care professional.

Some care plans for managing behaviour that is challenging did not provide sufficient guidance on specific techniques which could be used to calm residents or identify the triggers which could start it so that preventive measures could be put in place. The inspectors noted that a behavioural record chart which had been in place for a resident with behaviour that is challenging had been discontinued.

The management of nutritional issues and behaviour that is challenging were identified as areas requiring improvement at the inspection in August 2013.

While care plans were documented as having been reviewed every three months, the inspectors found that in many of the files viewed there were no documented updates or changes to the care plans to take account of assessment of changing needs or review of appropriateness of care plans in place. In some instances the same care plans had been in place for two years. There was no evidence of consultation with residents in regard to these care plans. The inspectors were not satisfied that some of these care plans were reflective of residents' most up to date health and social care needs.

The inspectors were concerned that there was no planned programme of care for dependant residents who spent prolonged periods in their bedrooms or in bed and this impacted on these residents' abilities to make healthy living choices. While the inspection took place on a lovely sunny summer day, the inspectors found that a third of the residents were in bed shortly after lunch and over half had gone to bed for the night by 18:30 in the evening. Staff confirmed that some of the residents who went to bed after lunch were not assisted to get up again until the following morning. In a sample of files viewed by the inspectors there was no information or assessment to indicate why such long periods of bed rest was required or the expressed wish of the resident. Some relatives had advised the Authority that they were dissatisfied that their relatives were going to bed so early and spending such long periods in bed. Following the inspection the provider explained that many residents had been outdoors on the morning of the inspection and provided evidence of other outdoor activity which had taken place on fine days.

The provider employed an administrator who was also a part-time activities organiser. She developed and coordinated a monthly recreation programme was reported to be based on wishes expressed by the residents. The schedule included bingo, music sessions with staff and visiting musicians, prayers, card playing and knitting. The activities organiser explained that all residents were encouraged to participate in the organised activities and they had the choice not to attend if they preferred. However, there was no plan to engage in outdoor activity on the day of inspection, even though the weather was suitable.

On review of another care plan of a resident who had been discharged from the centre, an inspector found that adequate, relevant and appropriate information about the care and treatment of that resident was not documented as having been transferred with the resident to ensure a safe transfer.
The failings identified indicate training needs of staff to ensure care plans are appropriate to the needs of the residents to sufficiently and consistently guide staff on appropriate care and that quality care is provided. An action is included under Outcome 18: Suitable Staffing.

The number of concerns expressed to the Authority about the care in the centre indicates that residents or their representatives and staff are not fully consulted with in regard to the development of comprehensive care plans or in relation to reviewing and improving the quality and safety of care, and the quality of life of residents.

**Judgement:**
Non Compliant - Major

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

**Findings:**
The focus of the inspection under this outcome was the call bell system as this was an issue of concern found during the last inspection. Inspectors were concerned that some residents did not have free access to their call bells to alert staff if they needed assistance or support. Since the last inspection, the provider had arranged for the accessibility and usage of call bells to be reviewed and additional training in the new call bell system had been provided to staff.

The inspectors were supplied with a copy of a review which identified the best placement of call bells for each resident. Staff on duty stated that this would be reviewed regularly in line with residents' changing needs. During this inspection, accessibility to call bells was found to have improved Some residents had been supplied with handsets which were placed nearby and others were on a cable. One resident with a wall mounted call bell told an inspector that he could access it whenever he wanted to call for assistance. There was no dissatisfaction expressed by residents or relatives in regard to delays in responding to call bells.

During this inspection the resident's toilet adjacent to the dining and sitting rooms on the first floor was found to be locked throughout the day, and therefore, not available residents if required.
Judgement:
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

**Findings:**
There was a complaints procedure displayed in the reception area of the centre which contained guidance on how to make a complaint however, complaints expressed to the centre’s management team had not been suitably recorded in line with the requirements of the Regulations.

Prior to this inspection the Authority had received information that complaints made to staff and the management had not been suitably addressed. The inspectors reviewed the complaints ledger and found that these complaints had not been recorded and there were no records of them having been investigated. Inspectors were told during the inspection that all complaints were not recorded in the complaints ledger. Complaints that were resolved promptly were not recorded in the ledger which is not in line with the requirements of the regulations.

Some relatives and staff had indicated to the Authority that they had no confidence in the complaints process.

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:
All aspects under this outcome were not reviewed on this inspection. However, from the aspects reviewed, the inspectors found that there were insufficient levels of staff and skill mix of staff on duty on the afternoon of inspection to provide suitable health and social care to all residents.

Residents’ dependency levels were assessed using a validated tool. The inspectors were not satisfied that the person in charge had used this information to decide on appropriate staffing levels, having regard to the dependency of the residents and the layout of the building. At the time of inspection there were two nurses on duty in the morning, one of whom was also covering the role of the person in charge. There was one nurse on duty in the afternoon and evening who had responsibility for the nursing care of the 40 residents in the centre, many of whom were highly dependent and spent long periods in bed. This nurse also had responsibility for the overall supervision of care staff while deputising for the person in charge. There were six care assistants on duty in the morning, four in the afternoon and two from 19:30 to 7:30. Rosters reviewed indicated that the staffing levels had been decreased since the registration inspection carried out in August 2013.

An investigation into allegations of abuse and misconduct was in progress as instigated by the provider. The provider had informed an inspector of the preliminary findings in advance of the investigation being completed and the report by the external consultant being finalised which indicated that the allegations were not upheld.

During the previous inspection it was identified that staff working hours were not accurately reflected on the planned and actual staff roster. This had not yet been resolved although the provider had indicated in his response that the new staff roster would be in place from week commencing 30th June 2014. A staff member showed the inspectors a draft of a revised staff roster sheet which was due to be introduced in the near future. In addition, although the person in charge was absent at the time of inspection, the deputising arrangements for her absence were not identified on the staff roster.

The failings identified under Outcome 11: Health and social care indicate training needs of staff to ensure care plans are appropriate to the needs of the residents to sufficiently and consistently guide staff on appropriate care and that quality care is provided.

The number of repeated failings identified on this inspection and in previous inspections shows a lack of awareness on the part of the provider and the person in charge, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of 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
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

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<td>Date of inspection:</td>
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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 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 03: Suitable Person in Charge

Theme:
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The post of person in charge was not filled in a full time capacity.

The person in charge was absent from the centre with no suitable arrangements in place during this absence.

Action Required:
Under Regulation 15 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge is a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years.

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:
There is a ‘person in charge’ in a full time capacity in the home for the past 17 years who has a Higher Diploma in Gerontology and who is a nurse with over 30 years’ experience in the care of the elderly. However, to address any concerns HIQA may lawfully have, we are arranging a full legal review of the Person-in-Charge’s contract of employment to ensure that HIQA are satisfied her position is fully compliant with all relevant statutory requirements including the 2013 Regulations.

The Person-in-Charge and the registered providers are very happy to ensure that her contract of employment will expressly reflect a requirement that 36 hours weekly must be devoted to ‘governance’ duties. We confirm that our staff roster reflects this currently and will reflect same in the future.

Proposed Timescale: 31/08/2014

Outcome 07: 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:
No risk had been identified and no control measure was in place for the risk posed by a loose cable on the floor of a resident's bedroom.

Action Required:
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
A risk assessment was actually carried out to assess the tripping danger posed by the tube and we are satisfied that we are in compliance on this matter by reference to the 2013 Regulations. We confirm that the nominated Safety Officer completed the assessment of the risk at the time of the agreement with the resident in question and no interview was done on the day of your inspection with the Safety Officer who was retained on site until 5 pm on the day of the inspection pending an interview with you should one be required.

A warning sign was posted to alert anyone entering the door.

Proposed Timescale: Completed
Outcome 08: Medication Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some gaps were evident in the maintenance of medication prescribing and administration documentation. On some medication prescription charts the names of residents’ general practitioners (GPs) were not indicated.

The practice around verifying transcribed prescriptions was inconsistent. Some transcribed entries were signed only by the transcribing nurse, others were signed by the transcribing nurse and a witness while some were not signed by any nurse but were verified by the GP.

The inspectors were concerned that these issues which posed a risk to residents had not been identified by the person in charge.

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:
We confirm that all charts have now been reviewed to ensure that the GP name is on all medication prescription charts. We are putting in place a practice for verifying prescriptions which aims to comply with the 2013 Regulations.

Proposed Timescale: Completed

Outcome 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no plan to engage in outdoor activity on the day of inspection, even though it was a nice summer day.

Action Required:
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:
The reason there were so few residents in the courtyard at the time of the inspection is because a prearranged physiotherapy session was taking place that afternoon in the air.
conditioned sitting room. Prior to the commencement of the inspection a group of 15 – 18 residents had been out in the courtyard enjoying dog therapy. They had come in for lunch by the time the inspectors arrived. Had the inspection taken place the following day the inspectors would have noted lunch being served in the courtyard with residents enjoying the benefit of dining alfresco. Due to the uncertainty of the weather it is not easy to pre plan outdoor activities for everyone. We use the courtyard, weather permitting, for all major occasions such as St Patrick’s Day, Easter Sunday, and we always have a bonfire, drinks and a sing along at Halloween. We were able to plan a very enjoyable Barbecue for Saturday 26th July. At other times we will arrange for ice cream or drinks to be served. Those residents who have specific outdoor interests are facilitated all year round and we have a small vegetable garden, a hen enclosure and raised planted areas for gardening activities. Outdoor walking is encouraged and there are handrails all around the building to assist with mobility.

To underline our commitment to ensuring effective compliance with the relevant rules including Regulation 5 of the 2013 Regulations, we have engaged our legal adviser to provide in-house focused education and training on the 2013 Regulations (including Regulation 5) in our nursing home before 10 August 2014 with a further follow up session before the end of August 2014. We have also engaged a specialist trainer to provide specialist care planning training to ensure our actual obligations under the 2013 Regulations post 1 July 2014.

Training will be completed by end of August 2014 but we view the relevant obligations as ongoing given that what is appropriate changes with each resident’s development.

We are dedicated to providing opportunities for each resident to participate in activities which are appropriate to his/her interests and capacities.

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

Some care plans were not comprehensive, were not sufficiently specific to guide care and did not provide a comprehensive overview of residents' health and social care needs.

Care plans were not sufficiently developed to guide staff and staff in turn did not refer to care plans when carrying out supported care as reported by those expressing concerns.

Residents were found to be spending long periods in bed. There was no planned programme of care for dependant residents who spent prolonged periods in their bedrooms or in bed.
Some care plans for managing behaviour that is challenging did not provide sufficient guidance on specific techniques which could be used to calm residents or identify the triggers which could start it so that preventive measures could be put in place. The inspectors noted that a behavioural record chart which had been in place for a resident with behaviour that is challenging had been discontinued.

**Action Required:**
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

**Please state the actions you have taken or are planning to take:**
As a first step, to ensure prompt and effective compliance with the 2013 Regulations, we have engaged our legal adviser to provide in-house focused education and training on the 2013 Regulations (including Regulation 5) in our nursing home before 10 August 2014 with a further follow up session before the end of August 2014. We have engaged a specialised and reputable nurse trainer in care planning to provide focused training in care planning and auditing (having regard to the 2013 Regulations) to all appropriate staff members (including our PIC) and we aim to have such training completed by the end of September 2014. This will follow on from training already provided by the same trainer over the last year and we will continue post that date to engage the trainer on an on-going basis until such time that HIQA is satisfied with our care planner.

In the meantime, all care plans are under review to ensure that they take account of changing needs. An audit will be undertaken to assess the appropriateness of interventions and residents/relatives, as appropriate, will be requested to sign off on all consultations with them. Additionally, care plans have already been assessed and revised to reflect the preferences of each individual resident with regard to getting up and going to bed times and other activities or daily living. This will also include a resident’s express choice with regard to participating in organised activities in the nursing home.

Care plans have been reviewed and revised and what is indicated here is that an audit of appropriateness of interventions and a signing off on these interventions by residents/relatives to show that they have been consulted. This will be carried out by the PIC in conjunction with the PPIMs and will be done 3 times a year.

**Proposed Timescale:** 19/09/2014

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The three-monthly reviews of some care plans were not consistently reflective of residents’ most up to date care needs.
**Action Required:**
Under Regulation 8 (2) (b) you are required to: Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.

**Please state the actions you have taken or are planning to take:**
As a first step, to ensure prompt and effective compliance with the 2013 Regulations, we have engaged our legal adviser to provide in-house focused education and training on the 2013 Regulations (including Regulation 5) in our nursing home before 10 August 2014 with a further follow up session before the end of August 2014.

We have engaged a specialised and reputable nurse trainer in care planning to provide focused training in care planning and auditing (having regard to the 2013 Regulations) to all appropriate staff members (including our PIC) and we aim to have such training completed by the end of September 2014. This will follow on from training already provided by the same trainer over the last year and we will continue post August 2014 to engage the trainer on an on-going basis until such time that HIQA is satisfied with our care planner.

In the meantime, all care plans are under review to ensure that they take account of changing needs. An audit will be undertaken to assess the appropriateness of interventions and residents/relatives, as appropriate, will be requested to sign off on all consultations with them. Additionally, care plans have already been assessed and revised to reflect the preferences of each individual resident with regard to getting up and going to bed times and other activities or daily living. This will also include a resident’s express choice with regard to participating in organised activities in the nursing home.

Care plans have been reviewed and revised and what is indicated here is that an audit of appropriateness of interventions and a signing off on these interventions by residents/relatives to show that they have been consulted. This will be carried out by the PIC in conjunction with the PPIMs and will be done 3 times a year.

**Proposed Timescale:** 19/09/2014

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were no documented updates or changes to the care plans to take account of assessment of changing needs or review of appropriateness of care plans in place. In some instances the same care plans had been in place for two years.

There was no evidence of consultation with residents in regard to these care plans.

Care plans were not reflective of residents' most up to date health and social care needs.
**Action Required:**
Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

**Please state the actions you have taken or are planning to take:**
As a first step, to ensure prompt and effective compliance with the 2013 Regulations, we have engaged our legal adviser to provide in-house focused education and training on the 2013 Regulations (including Regulation 5) in our nursing home before 10 August 2014 with a further follow up session before the end of August 2014. HIQA will be aware of the definition of abuse which now applies since 1 July 2014 in the 2013 Regulations. We have engaged a specialised and reputable nurse trainer in care planning to provide focused training in care planning and auditing (having regard to the 2013 Regulations) to all appropriate staff members (including our PIC) and we aim to have such training completed by the end of September 2014. This will follow on from training already provided by the same trainer over the last year and we will continue post August 2014 to engage the trainer on an on-going basis.

Care plans are under review at all times to ensure that they take account of changing needs. An audit will be undertaken to assess the appropriateness of interventions and residents/relatives, as appropriate, will be requested to sign off on all consultations with them. Additionally, care plans have already been assessed and revised to reflect the preferences of each individual resident with regard to getting up and going to bed times and other activities or daily living. This also includes the resident’s express choice with regard to participating in organised activities in the nursing home if they should wish to do so.

Care plans have already been reviewed and revised since the inspection by us.

Going forward we will also carry out an audit of appropriateness of interventions and a signing off on these interventions by residents/relatives to show that they have been consulted and this audit will be conducted on an on going basis by the PIC in conjunction with the PPIMs and will be done 3 times a year

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**Proposed Timescale:** 19/09/2014

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some of the care plans viewed were inadequate in addressing issues such as behaviour that is challenging and specific social and health care needs of residents who spend long daily periods in bed.

**Action Required:**
Under Regulation 9 (1) you are required to: Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible
Please state the actions you have taken or are planning to take:
As a first step, to ensure prompt and effective compliance with the 2013 Regulations, we have engaged our legal adviser to provide in-house focused education and training on the 2013 Regulations (including Regulation 5) in our nursing home before 10 August 2014 with a further follow up session before the end of August 2014. HIQA will be aware of the definition of abuse which now applies since 1 July 2014 in the 2013 Regulations. We have engaged a specialised and reputable nurse trainer in care planning to provide focused training in care planning and auditing (having regard to the 2013 Regulations) to all appropriate staff members (including our PIC) and we aim to have such training completed by the end of August 2014. This will follow on from training already provided by the same trainer over the last year and we will continue post August 2014 to engage the trainer on an on-going basis until such time that HIQA is satisfied with our care planner.

Thereafter, we aim to ensure (with all reasonable endeavours) that appropriate policies, procedures and practices are put in place and maintained to ensure on going effective compliance with the applicable relevant rules.

In the meantime, all care plans are under review to ensure that they take account of changing needs. An audit will be undertaken to assess the appropriateness of interventions and residents/relatives, as appropriate, will be requested to sign off on all consultations with them. Additionally, care plans have already been assessed and revised to reflect the preferences of each individual resident with regard to getting up and going to bed times and other activities or daily living. This will also include a resident’s express choice with regard to participating in organised activities in the nursing home.

Care plans have been reviewed and revised and what is indicated here is that an audit of appropriateness of interventions and a signing off on these interventions by residents/relatives to show that they have been consulted. This will be carried out by the person in charge in conjunction with the PPIMs and will be done 3 times a year.

**Proposed Timescale:** 19/09/2014

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There had been no recent referral to a relevant health care professional for a resident who had been recorded as losing weight.

The nutritional care plan was not sufficiently detailed and did not include any dietary plan, such as use of fortification, supplementation and food likes, dislikes and preferences.
**Action Required:**
Under Regulation 9 (2) (b) you are required to: Facilitate each residents access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

**Please state the actions you have taken or are planning to take:**
The resident in question has been referred to a dietician and the nutritional care plan has been revised to reflect the use of fortification, supplementation and food likes, dislikes and preferences.

**Proposed Timescale:** 01/07/2014

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Adequate, relevant and appropriate information about the care and treatment of the resident had not been supplied on the transfer of a resident to another centre.

**Action Required:**
Under Regulation 29 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre for treatment at another designated centre, hospital or other place, to the receiving designated centre, hospital or other place.

**Please state the actions you have taken or are planning to take:**
The relevant regulatory provisions for temporary absence and discharge are set out in the 2013 Regulations, and you will note that Regulation 25 (3) states that “The person in Charge shall ensure that, in so far as practicable, a resident is discharged from the designated centre concerned in a planned and safe manner”. I am satisfied that the person in charge always ensures a planned and safe discharge in so far as practicable and at all times provides the relevant and appropriate information in accordance with the above statutory provision.

**Proposed Timescale:** Completed and Ongoing

**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:**
The resident's toilet adjacent to the communal areas on the first floor was locked and not available to residents if required.
**Action Required:**
Under Regulation 19 (7) (b) part 2 you are required to: Provide a sufficient number of toilets which are designed to provide access for residents in wheelchairs, having regard to the number of residents using wheelchairs in the designated centre.

**Please state the actions you have taken or are planning to take:**
We underline that one toilet happened to be out of order on the day of the inspection and was closed temporarily on health and safety grounds. The toilet was out of service on the day of inspection because the tiles were bubbling on the wall. Repairs have been carried out and it is now back in use. However, should we have to take a toilet out of use in future we will ensure there is a sign affixed to the door stating “Out of Service pending Repairs” or similar.

We underline that there were 20 other wheelchair accessible toilets available to residents on this floor at the time of inspection.

**Proposed Timescale:** Completed

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**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:**
Complaints made to the management team had not been suitably recorded in line with the requirements of the Regulations.

**Action Required:**
Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
We are revisiting our complaints procedures and will dedicate significant resources (including external legal resources) to ensuring that an effective complaints procedure is put in place in the nursing home in compliance with the 2013 Regulations, which as you know entered into force on 1 July 2014 after your inspection on 30 June 2014.

In this regard, we assure HIQA that all formal substantial complaints brought to the attention of the Registered Provider are recorded and investigated promptly with outcome noted and in this regard we confirm that we are particularly conscious of our new obligations under Parts 8 and 10 of the 2013 Regulations. In addition to the above, we are commencing another recording book where informal verbal complaints/expressions of dissatisfaction will be recorded and the outcome noted.

**Proposed Timescale:** 31/08/2014
Theme:  
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Some relatives and staff had indicated to the Authority that they had no confidence in the complaints process and the inspectors found no evidence that some complaints which had been brought to the attention of the management team had been investigated.

Action Required:  
Under Regulation 39 (6) you are required to: Investigate all complaints promptly.

Please state the actions you have taken or are planning to take:  
All verbal or written complaints brought to the attention of the Registered Provider are, have been and will be investigated promptly, and in compliance with the 2013 Regulations.

Proposed Timescale: 31/08/2014

Outcome 18: Suitable Staffing

Theme:  
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
There were insufficient staff and skill mix on duty on the day of inspection to provide appropriate health and social care to all residents.

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:  
As immediate steps, we have already done the following:  
(a) we have changed the starting time of all shifts with a view to accommodating better the needs of the residents;  
(b) the staffing rota has been revised to reflect deputising arrangements in the absence of the nurse in charge; and  
(c) The staffing rota has been revised to reflect clearly hours worked by staff.

Additionally, the following steps will be taken promptly:  
(a) as stated above, a fresh contract of employment will be put in place with our PIC to reflect clearly a full time appointment and a provision of her contract of employment will reflect an obligation of 36 hours weekly to be devoted to governance issues;  
(b) with appropriate training, as stated above, all senior staff will be educated on the
provisions of applicable legislation and regulations including the 2013 Regulations before 10 August 2014 with a follow up session to be completed by the end of August 2014; and (c) Care planning will be undertaken as outlined by above before end September 2014 and will be on-going.

**Proposed Timescale:** 31/08/2014  
**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The person in charge was absent at the time of inspection and the deputising arrangements for her absence were not identified in the staff roster.

**Action Required:** Under Regulation 16 (2) you are required to: Ensure that an appropriately qualified registered nurse is on duty and in charge of the designated centre at all times, and maintain a record to this effect.

**Please state the actions you have taken or are planning to take:** As immediate steps, we have already done the following as per the samples provided already to you to include the staffing rota which has been revised to reflect deputising arrangements whereby one of the 3 senior nurses (PPIM) will supervise in the absence of the nurse in charge.

**Proposed Timescale:** Completed  
**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** The planned and actual 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:** As immediate steps, we have already done the after we raised the issue with you and per the samples provided already to you to include the staffing rota which has been revised to reflect hours worked by staff.
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The failings identified under Outcome 11: Health and Social Care, indicate training needs of staff to ensure care plans are appropriate to the needs of the residents to sufficiently and consistently guide staff on appropriate care and that quality care is provided.

**Action Required:**
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

**Please state the actions you have taken or are planning to take:**
As outlined in other actions above further training will be undertaken to ensure effective compliance. Initial specialist training by end of August 2014 with further follow up Care Plan training by 30 September 2014.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The failure to have a full time person in charge on duty and a delegated person in charge in her absence impacted on the supervision of staff.

**Action Required:**
Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

**Please state the actions you have taken or are planning to take:**
As stated above, a new contract of employment is being drawn up with the person in charge containing a clause clearly outlining the requirement that 36hrs weekly must be devoted to governance duties. One of the 3 senior nurses (PPIM) will supervise on days the Person in Charge is absent.

| Proposed Timescale: 30/08/2014 |
Theme: Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The number of repeated failings identified on this inspection and in previous inspections shows a lack of awareness on the part of the provider and the person in charge, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

**Action Required:**
Under Regulation 17 (3) you are required to: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

**Please state the actions you have taken or are planning to take:**
As a first step, to ensure prompt and effective compliance with the 2013 Regulations, we have engaged our legal adviser to provide in-house focused education and training on the 2013 Regulations (including Regulation 5) in our nursing home before 10 August 2014 with a further follow up session before the end of August 2014. HIQA will be aware of the definition of abuse which now applies since 1 July 2014 in the 2013 Regulations. We have engaged a specialised and reputable nurse trainer in care planning to provide focused training in care planning and auditing (having regard to the 2013 Regulations) to all appropriate staff members (including our PIC) and we aim to have such training completed by the end of September 2014. This will follow on from training already provided by the same trainer over the last year and we will continue post September 2014 to engage the trainer on an on-going basis.

**Proposed Timescale:** 30/09/2014