<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Arus Carolan Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000656</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Mohill, Leitrim.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>071 9631 152</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mary.ross@hse.ie">mary.ross@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Frank Morrison</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>32</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>5</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 judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 February 2015 09:30</td>
<td>25 February 2015 17:50</td>
</tr>
<tr>
<td>26 February 2015 08:45</td>
<td>26 February 2015 16:00</td>
</tr>
</tbody>
</table>

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

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

Summary of findings from this inspection

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

The inspector met with the provider, person in charge and staff members. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents and some relatives during the inspection. The overall feedback from the majority of residents and relatives was one of satisfaction with the service and care provided.
The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. The building is adapted to meet the needs of dependent older people and was comfortably warm.

There was evidence of individual residents’ needs being met. The inspector was satisfied that the residents were well cared for and that their nursing and care needs were being met. Residents had access to general practitioners (GP) and allied health professionals to include speech and language therapist, dietetic service and occupational therapy were available.

Some improvements were identified to further enhance the service provided. The inspector found there was an insufficient number of care assistants were rostered to meet all residents’ needs. Adequate resources to implement and undertake rehabilitative programs and ensure therapeutic activity for residents unable to get up from bed routinely are not in place. Further work is required in exploring alternative options to promote a restraint free environment in line with national policy.

There are three triple bedrooms with en-suite facilities. The provider at the time of this inspection did not have in place a plan to reconfigure multiple occupancy bedroom accommodation. This is required in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.</td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose set out the services and facilities provided in the designated centre. It contained all the requirements of Schedule 1 of the Regulations. The statement of purpose is kept under review by the provider and had been updated in March 2014.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.</td>
</tr>
</tbody>
</table>

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector found that the management structure was appropriate to the size, ethos,
and purpose and function of the centre. There was an organisational structure in place to support the person in charge. The provider met with the inspector and discussed the governance and operational overview required by his role.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. Clinical data was collected monthly to include the number of bedrails and lap belts in use, any incidents of pressure wounds, any resident experiencing pain and any fall or serious injury sustained.

The information collated in relation to the use of psychotropic medication was reviewed in detail for a period between October 2014 and January 2015. An audit in relation to monitoring weight loss or gain by residents was completed for a similar period.

A range of clinical data was being collected routinely. However, a pro active auditing program was not established with key areas identified for review during 2015, with the aim to develop improvement plans to ensure enhanced individual outcomes for residents.

An annual report on the quality and safety of care was not compiled for 2014 with copies made available to the residents or their representative for their information as required by the Regulations.

**Judgment:**
Substantially Compliant

---

**Outcome 03: Information for residents**

* A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector found that all residents accommodated had an agreed written contract. The contract included details of the services to be provided and the fees payable by the residents. The inspector reviewed a sample of three contracts of care. All contracts were signed by relevant parties.

There is a residents’ guide available containing the information required by the Regulation.

The complaints procedure, certificate of registration and Statement of Purpose was
displayed in the entrance lobby for visitors to view.

**Judgment:**
Compliant

---

**Outcome 04: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs. The person in charge could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

**Judgment:**
Compliant

---

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

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector found that there were systems in place to maintain complete and accurate records. However, the storage of records requires review to ensure their security. A number of locked filing cabinets were located in an alcove along the rear public corridor.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

Appropriate insurance cover was in place with regard to accidents and incidents, outsourced providers and residents’ personal property.

A sample of three staff files to include the files of the two most recently recruited staff were reviewed. The files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed.

A directory of residents was maintained. The directory contained all the information required by schedule three of the regulations and was maintained up to date. However, the format to record transfers to hospital and readmission to the centre in the directory requires review. It was difficult to track and establish a history of residents’ transfers. There was a reliance on other records separate from the directory of residents’ to establish this information.

Due to the layout of the recording of information it was difficult to track the most current review of a plan of care as sheet were rewritten on and information was not clearly legible. Some care plans were in place since 2012 and had been reviewed many times. All the information was detailed on one page. Chronologically it was difficult to track dates and progress due to the practice of not starting a new sheet to record information when space became limited.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. There is a clinical
nurse manager nominated to deputise while the person in charge is absent.

Judgment:  
Compliant

Outcome 07: Safeguarding and Safety  
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:  
Safe care and support

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

Findings:  
The inspector was provided with a copy of the centre's policy on prevention, detection and response to elder abuse. The policy was specific to the centre. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy. No notifiable incidents of adult protection which are required to be reported to the Authority occurred since the last inspection.

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place. Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. There was an ongoing program of refresher training in protection of vulnerable adults in place.

Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Siochana vetting forms examined by the inspector.

Staff spoken with were very familiar with resident’s behaviours and could describe particular residents daily routines very well to the inspector. However, all staff had not received training in behaviours that challenge to ensure they have up to date knowledge and skills to respond appropriately. This is planned by the person in charge for 2015.

The policy on restraint was based on the national policy on promoting a restraint free environment. The inspector reviewed a sample of assessments that underpinned physical restraint practice (bed rails). Restraint measures in place included the use of bedrails by 17 residents. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative. There is multi disciplinary input in the decision making process. However, further work is required in exploring alternative options prior to using a restraint measure to promote a restraint free environment in line with the
There was a policy outlining procedures to guide staff on the management of residents’ personal property and possessions. Residents’ finances were managed in line with the HSE, private property accounts procedures and subject to internal audit. Residents did not hold any money on their person or in their bedrooms.

**Judgment:**
Non Compliant - Moderate

---

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

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

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

**Findings:**
The governance arrangements to manage risk situations were specified. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy. The health and safety statement and risk assessments were revised.

There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person’s policy and procedures on incident reporting and risk escalation were in place.

The inspector reviewed the fire safety register and training records. Staff to whom the inspector spoke confirmed their attendance at fire training and gave accounts of their understanding of fire procedures in the event of an outbreak of fire. An ongoing program of refresher training in fire evacuation was in place. Training was planned throughout 2015.

Fire safety equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required. The fire alarm was activated weekly and automatic door closers checked. Records indicated fire extinguishers were checked monthly to ensure they were in place and intact.

The majority of staff had participated in an in-house fire drill to reinforce their theoretical knowledge from annual fire training. This was an area identified for improvement on the last inspection. However, the fire drills did not record the scenario/type of simulated practice, the time taken for staff to respond to the alarm and
to evacuate. Records did not evidence simulated fire drills are undertaken to reflect a
night time situation when staffing levels are reduced. There was no evaluation of
learning from fire drills completed to help staff understand what worked well or identify
any improvements required.

There were two residents who smoked at the time of inspection. Cigarettes and lighters
were held in safekeeping by staff. Care plans were in place to detail the level of
supervision and assistance required by the residents.

There were procedures in place for the prevention and control of infection and hand gels
were located outside each bedroom. A separate cleaning and sluice room was provided.
Access to both rooms was restricted in the interest of safety to residents and visitors.

Staff were able to explain how they cleaned a room in the event of an outbreak of
infection. However, the cleaning system in place required review to break the cycle of
infection and minimise the risk of cross contamination. There were separate mops to
clean bathrooms. However, the same mops were used to clean communal areas and
bedrooms. The water was not changed at frequent intervals between cleaning bedrooms.

A contract was in place for servicing of equipment to include breakdown and repairs of
equipment. Each resident’s moving and handling needs were identified and available to
staff at the point of care delivery in bedrooms outlining whether a resident required the
assistance of a hoist, size of sling or one or two staff members. Falls risk assessments
and dependency levels were regularly reviewed. There was an ongoing program of
refresher training in the safe moving and handling of residents.

**Judgment:**
Substantially Compliant

---

**Outcome 09: Medication Management**

Each resident is protected by the designated centre’s policies and procedures for medication management.

**Theme:**
Safe care and support

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

**Findings:**
There was a medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident. The prescription sheets reviewed were legible.
All medication was dispensed from individual packs which are delivered by the pharmacist. On arrival the prescription sheets from the pharmacist were checked to ensure all medication orders were correct for each resident.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medication was being crushed for some residents. Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs being crushed were signed individually by the GP.

**Judgment:**
Compliant

---

**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Authority as required.

**Judgment:**
Compliant

---

**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care.

The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There were 32 residents in the centre during the inspection and one in hospital. There were 21 residents with maximum care needs. Five residents were assessed as highly dependent and four with medium dependency care needs. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

The arrangements to meet residents’ assessed needs were set out in individual care plans. The inspector found a good standard of personal care and appropriate medical and allied health care access. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and moving and handling assessments. There was a record of the resident’s health condition and treatment given completed at a minimum daily.

The inspector reviewed three resident’s care plans in detail and certain aspects within other plans of care to include the files of residents with nutritional issues, a wound problem, potential behaviour that challenges. Care plans for residents at a high risk of falling and with bedrails raised were examined. The plans of care were updated at the required intervals or in a timely manner in response to a change in a resident’s health condition.

The risk assessments completed were suitably linked to care plans where a need was identified. Staff demonstrated good knowledge of the residents care needs and understanding of each resident’s background in conversation with the inspector. However, as identified on previous visits there remained a small number of examples of care plans on review being signed and dated only without a professional judgement of its effectiveness.

There was documentary evidence that residents or their representative were involved in the development and review of the resident’s care plan when being reviewed or updated. A new form was introduced prior to the last inspection to record the outcome of care plan discussions.

Care plans for residents with dementia or behaviours that challenge require more detailed development to ensure they are person-centred and individualised. Information such as who the resident still recognises or what activities could still be undertaken which guide staff practice was not evident. Residents had care plans for mood or anxiety. The pre formatted documentation requires the assessor to tick a box. However, there was no detail of the actual presenting issues. Triggers, preventative and reactive strategies to include the impact of medication prescribed by the mental health team were not outlined.

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents’ medical notes
showed that GP’s visited the centre to review medications. Access to allied health professionals to include speech and language therapist, dietetic service, occupational therapy and psychiatry was available to residents on referral. Residents had access to the optician and dentist.

It was identified on previous visits a large percentage of residents do not get up from bed daily and some only at intermittent intervals. These residents did not have a rehabilitative plan in place. While it was documented in the medical file by the general practitioner individual residents were physically too unwell to get up there was an absence of a rehabilitive plan to minimise contractures. A small number of residents were reviewed by the occupational therapist and provided with specialised aids to include splints or a sleep system. However, each resident was not assessed for suitability for participation in a rehabilitive program to promote mobility. Staff resources to implement the recommendations arising from the planned allied health team review had not been secured to undertake rehabilitive programs.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The centre can accommodate 37 residents. As outlined in the Statement of Purpose there are two beds dedicated to accommodate respite residents and two beds allocated for convalescent care. The remaining 33 beds are for residents accommodated for continuing care. Residents accommodated for short term care are allocated beds in different bedrooms depending on their needs and the current vacancies within bedrooms at the time of their admission. Therefore the accommodation of residents in bedrooms for respite/convalescent care is intermingled with those accommodated on a continuing care basis.

There were a sufficient number of toilets, baths and showers provided for use by residents. An assisted bathroom has been provided on the corridor where bedrooms numbered one to ten are located as required from the action plan of the last inspection.
The bathroom contains a floor entry level shower, toilet and wash hand basin. Grab rails are provided alongside each of the utilities to promote residents’ safety.

There are 22 single bedrooms and three twin bedrooms. There are three triple bedrooms with ensuite facilitates to include toilet, wash hand basin and shower. Two of the ensuite bathrooms in the triple bedrooms are shared with two twin bedrooms as they are accessible from either side. The provider at the time of this inspection did not have in place a plan to reconfigure multiple occupancy bedroom accommodation. This is required in accordance with the premises and physical environment regulatory notice and the National Quality Standards for Residential Care settings for Older People in Ireland.

There is one day sitting room which is suitable in size to meet the numbers of residents. A spacious dining room to meet residents’ needs is located off the kitchen. Other facilities include an oratory and a hair salon. The inspector noted the building was comfortably warm. Hand testing indicated the temperature of hot water and radiators did not pose a risk of burns or scalds.

During the course of the visit the inspector observed some of the mobile equipment utilised in particular catering trolleys were excessively noisy. This was not conducive to a restful environment for residents. Many residents had their bedrooms doors kept open or ajar for observation. A quiet atmosphere was not fully ensured particularly for those who are very unwell or have cognitive impairment.

All parts of the building to include bedrooms and communal areas were repainted since the last inspection. The building was visually clean throughout during the course of the inspection.

There was no grid cover fitted to the ventilation duct located externally at ground level from the dryer in the laundry, posing a risk of possible access for pests. While the laundry was well serviced with fire fighting equipment the area behind the industrial machine was not clean. Large accumulations of dust were evident.

**Judgment:**
Non Compliant - Moderate

---

### Outcome 13: Complaints procedures

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

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

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
There was a local policy and procedure in place to ensure complaints were monitored and responded to. Formal complaint procedures and appeals details were outlined in the HSE complaints policy ‘your service your say’. The local policy was revised since the last inspection. The revised procedures indicated complaints are referred to the nominated provider for review or appeal prior to being forwarded to the person appointed under the HSE complaints policy ‘your service your say’.

The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

The inspector reviewed the complaints procedure and noted this displayed inside the main entrance. A designated individual was nominated with overall responsibility to investigate complaints.

A complaints log was in place which contained the facility to record all relevant information about complaints. A suggestion/comments box was located on the wall in the entrance lobby.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
This outcome was the subject of a thematic inspection in October 2014 and all aspects of end of life were examined in detail during the inspection. The areas identified for improvement from the last inspection were reviewed during the course of this visit.

Resident’s end-of-life care preferences/wishes are identified and documented in their care plans. Records reviewed evidenced good input by the palliative team to monitor and ensure appropriate comfort measures for residents approaching end of life.

The policy of the centre is all residents are for resuscitation unless documented otherwise. A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team. However, there was not a
clear system in place to ensure all (DNR) statuses are regularly reviewed to uphold the validity of the clinical decision.

Eighteen members of the staff team have up to date training in cardio pulmonary resuscitation techniques.

**Judgment:**
Non Compliant - Moderate

---

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/ her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

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

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

**Findings:**
This outcome was the subject of a thematic inspection in October 2014 and all aspects of food and nutrition were examined in detail during the inspection.

The catering staff explained the arrangement to serve meals to resident’s bedrooms was revised since the last inspection. The care staff now collect trays from the kitchen when they are ready to assist those who require help with their meals. This ensures the food is served hot and residents are not left waiting inappropriately. The inspector observed meals being served in this manner during the course of the two days of the inspection.

There was a system developed and in place to ensure each resident’s daily fluid goal was calculated and fluid/food intake records were maintained appropriately to allow for the identification of issues and intervention at the earliest stage possible. Fluid intake records were maintained for all residents at risk of dehydration. There were four residents on subcutaneous fluids at the time of inspection. Care plans were developed and in place for residents who were unable to feed themselves and those at risk of dehydration.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Each need had a corresponding care plan. During the serving of lunch in the dining room the chef went to each table and spoke to residents and assisted with serving their portions. It was evident the residents were very familiar with the chef and a good interaction was observed.

**Judgment:**
### Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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

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

**Findings:**
There was evidence of a very good communication culture amongst residents, their families and the staff team

Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents could practice their religious beliefs. Mass took place on a weekly basis and a Eucharistic Minister visited weekly.

There were opportunities for involvement in activities in the afternoon which were facilitated by an assigned member of the care staff team.

**Judgment:**
Compliant

---

### Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

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

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The centre provided the service to laundry all residents’ clothes and families had the choice to take home clothes to launder if they wished.

The inspector spoke with a member of staff who worked in the laundry. She explained how all clothes were separated and heavily soiled or infected clothing was washed in alginate bags.

A clear system was not in place to ensure all clothes were identifiable to each resident. The inspector noted some clothing in the laundry which was not labelled to ensure it was identifiable to the owner. Many of the residents’ wardrobes required tidying and some hangers contained multiple pieces of clothing. In some cases clothes were on the bottom of the wardrobe.

Judgment:
Non Compliant - Moderate

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The provider employs a whole-time equivalent of 9·56 registered nurses and 10 support staff. In addition, there is catering, household, and multi task attendants employed. The inspector judged there was an adequate complement of nursing staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster detailed their position and full name. The inspector noted that the planned staff rota matched the staffing levels on duty.

However, the inspector found from reviewing the rota and close observation over the course of the two days of inspection that a sufficient number of care assistants were not
rostered to meet all residents’ needs, considering 21 residents have maximum care needs and five residents are assessed as highly dependent. The majority of residents require the assistance of two care staff for the delivery of personal care and moving and handling. Staff resources to implement recommendations arising from the planned allied health team review had not been secured to undertake rehabilitative programs and ensure therapeutic activity for residents unable to get up from bed routinely.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. In addition to mandatory training required by the regulations staff had attended training on infection control, end- of- life care and cardio pulmonary resuscitation techniques. However as identified under Outcome 7, Safeguarding and Safety, all staff were not trained in the management of behaviours that challenge.

**Judgment:**
Non Compliant - Moderate

---

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

PJ Wynne
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>Arus Carolan Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000656</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/02/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/04/2015</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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 02: Governance and Management

Theme: Governance, Leadership and Management

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

A pro active auditing program was not established with key areas identified for review during 2015, with the aim to develop improvement plans to ensure enhanced individual outcomes for residents.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Audit action plan to be developed. Audits will be carried out to ensure that the service provided will be safe, consistent and monitored throughout the year.

Proposed Timescale: 31/05/2015
Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual report on the quality and safety of care was not compiled for 2014 with copies made available to the residents or their representative.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
An annual report on the Quality and safety for 2014 / 2015 is currently being finalised.

Proposed Timescale: 15/05/2015

Outcome 05: Documentation to be kept at a designated centre
Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was difficult to track and establish a history of residents’ transfers. There was a reliance on other records separate from the directory of residents’ to establish this information.

Action Required:
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:
A more robust directory is being sourced which will have the capability of illustrating transfers of residents.
Proposed Timescale: 20/05/2015  
Theme: Governance, Leadership and Management  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Due to the layout of the recording of information it was difficult to track the most current review of a plan of care as sheet were rewritten on and information was not clearly legible. Some care plans were in place since 2012 and had been reviewed many times. All the information was detailed on one page.

Action Required:  
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:  
Nursing staff to rewrite care plans as required.

Proposed Timescale: 14/05/2015  
Theme: Governance, Leadership and Management  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The storage of records requires review to ensure their security. A number of locked filing cabinets were located in an alcove along the rear corridor.

Action Required:  
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:  
Storage being discussed with estates with a view to facilitate safe keeping of records.

Proposed Timescale: 21/06/2015  

Outcome 07: Safeguarding and Safety  
Theme: Safe care and support  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
All staff had not received training in behaviours that challenge to ensure they have up
to date knowledge and skills to respond appropriately.

**Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
Discussion with CNME to facilitate on-site training for all staff over a phased period

**Proposed Timescale:** 30/09/2015

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Further work is required in exploring alternative options prior to using a restraint measures to promote a restraint free environment in line with the national policy.

**Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
Purchase of low low beds being prioritised throughout the year. Equipment being sourced to facilitate a more restraint – free environment.

**Proposed Timescale:** 31/12/2015

---

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

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The cleaning system in place required review to break the cycle of infection and minimise the risk of cross contamination. There were separate mops to clean bathrooms. However, the same mops were used to clean communal areas and bedrooms. The water was not changed at frequent intervals between cleaning bedrooms

**Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published
by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
A closed mop system is currently being reviewed. However we will ensure that the present system of cleaning will not allow for mops to be used between bedrooms and communal areas.

**Proposed Timescale:** 30/06/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The fire drills did not record the scenario/type of simulated practice, the time taken for staff to respond to the alarm and to evacuate. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no evaluation of learning from fire drills completed.

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

**Please state the actions you have taken or are planning to take:**
Night time situation to be included in drills and documented evidence of learning acquired from these exercises. Training will be ongoing.

**Proposed Timescale:** 31/12/2015

**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 remained a small number of examples of care plans on review being signed and dated only without a professional judgement of its effectiveness.

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

**Please state the actions you have taken or are planning to take:**
4 monthly audits of care plans will be undertaken to ensure compliance.
<table>
<thead>
<tr>
<th>Proposed Timescale: 15/05/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care plans for residents with dementia, mood disorders and behaviours that challenge require more detailed development to ensure they are person-centred and individualised.

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

Please state the actions you have taken or are planning to take:
Staff attending training to improve knowledge base around dementia to implement into clinical practice and care plans

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/09/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was identified on previous visits a large percentage of residents do not get up from bed daily and some only at intermittent intervals. Each resident was not assessed for suitability for participation in a rehabilitative program to promote mobility.

**Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
Discussions and implementation of an effective rehabilitation programme continues. This requires staff training to facilitate same. We continue to work closely with the Allied Health Professionals in guiding our rehabilitative practice.

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/10/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
</tr>
</tbody>
</table>

**Outcome 12: Safe and Suitable Premises**

| **Theme:** Effective care and support |

---

Page 26 of 30
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There are three triple bedrooms with ensuite facilities to include toilet, wash hand basin and shower. Two of the en-suite bathrooms in the triple bedrooms are shared with two twin bedrooms as they are accessible from either side. The provider at the time of this inspection did not have in place a plan to reconfigure multiple occupancy bedroom accommodation.

Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
In order to comply with Environmental Standards, application was made to National HSE for a change to the bed designation within Sligo Leitrim and within Arus Carolan. Following this inspection, the bed designation will be 31 long term care beds and 6 short term care beds. The short term beds will be situated in two of the three bedded rooms.

The remaining three bedded room will cater for Long term care clients and will reduce to two beds following a period of 12 – 18 months. This period of time will allow for the unit to move from its existing resident configuration to the new figure as indicated above.

Bed numbers within the Mohill area must be maintained at their current level in order to respond to the needs of the growing number of older people of South Leitrim.

The Statement of Purpose will be changed and submitted to the Chief Inspector with this change in bed designation

Proposed Timescale: 31/12/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no grid cover fitted to the ventilation duct located externally at ground level from the dryer in the laundry, posing a risk of possible access for pests.

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

Please state the actions you have taken or are planning to take:
<table>
<thead>
<tr>
<th><strong>Maintenance</strong></th>
<th>will replace cover to grid.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proposed Timescale:</strong></td>
<td><strong>30/04/2015</strong></td>
</tr>
<tr>
<td><strong>Theme:</strong></td>
<td>Effective care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Some of the mobile equipment utilised in particular catering trolleys were excessively noisy and was not conducive to a restful environment for residents.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
<td>Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
<td>Trolleys being replaced with more user-friendly trolleys on a phased basis.</td>
</tr>
</tbody>
</table>

| **Proposed Timescale:** | **31/07/2015** |

| **Outcome 14: End of Life Care** | |
| **Theme:** | Person-centred care and support |
| **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** | There was not a clear system in place to ensure all (DNR) status' are regularly reviewed to uphold the validity of the clinical decision. |
| **Action Required:** | Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned. |
| **Please state the actions you have taken or are planning to take:** | DNR reviews will be documented and coincide with the residents medical and pharmacy reviews |

| **Proposed Timescale:** | **30/04/2015** |

| **Outcome 17: Residents' clothing and personal property and possessions** | |
| **Theme:** | |
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A clear system was not in place to ensure all clothes were identifiable to each resident. The inspector noted some clothing in the laundry which was not labelled to ensure it was identifiable to the owner.

**Action Required:**
Under Regulation 12(a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

**Please state the actions you have taken or are planning to take:**
All residents' clothes have been labelled.

**Proposed Timescale:** 30/03/2015

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Many of the residents' wardrobes required tidying and some hangers contained multiple pieces of clothing. In some cases clothes were on the bottom of the wardrobe.

**Action Required:**
Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

**Please state the actions you have taken or are planning to take:**
Hangers have been supplied.
A staff member will be assigned an afternoon a month to tidy wardrobes.

**Proposed Timescale:** 30/06/2015

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were not a sufficient number of care assistants rostered to meet all residents’ needs. Staff resources to implement recommendations arising from the planned allied health team review had not been secured to undertake rehabilitative programs and ensure therapeutic activity for residents unable to get up from bed routinely.
**Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
WTE health care assistants being reviewed to facilitate rehabilitation programme. Number and skill mix of staff are regularly reviewed in accordance with a recognised skill mix / staff tool. Application for staff will be pursued where staff numbers fall below recommended numbers. A number of positions are currently for replacement within this unit.

**Proposed Timescale:** 31/08/2015